Reset Form

VOMS INDIVIDUAL USER ACCESS FORM

State Form 57842 (10-25)
INDIANA DEPARTMENT OF HEALTH
IMMUNIZATION DEPARTMENT

INSTRUCTIONS:
1. *Each user within your facility must complete this form individually.*
2. *Return via email to CHIRPAccess@health.in.gov*

Part A – To be completed by Primary and Backup coordinators

Full Name (First and Last): _____

Job Title: ☐ **Primary VFC Coordinator** ☐ **Back-up Coordinator** ☐ **Other:**_____

Replacing (please provide full name): _____

VFC PIN Number (must be included): _____

E-mail Address (must be included): _____

Medical Director's Name: _____

Facility Phone Number: _____

Part B - Check the appropriate box

☐	**New CHIRP User**	▪ User is new to CHIRP ▪ This is user's first request for VOMS access
☐	**Existing CHIRP User**	▪ User has been assigned a CHIRP log in and password ▪ User access needs to be updated to include access to VOMS ▪ **CHIRP user name**_____
☐	**Removal of VOMS Access**	▪ Access needs to be deactivated ▪ User no longer requires VOMS access
☐	**Name Change / E-mail Address Change ONLY**	▪ User needs to change name and/or e-mail address ▪ User does NOT need to change CHIRP access permissions ▪ **Complete Part C**
☐	**Facility Change ONLY**	▪ User needs to change access from one facility to another ▪ **Complete New CHIRP user agreement form** ▪ ***Change of facilities, requires a new CHIRP user agreement form***

Part C - Name change and/or e-mail address changes ONLY (This section is for an existing VOMS user)

Current Name: _____

New Name: _____

Current E-mail Address: _____

New E-mail Address: _____

Part D – Signatures Required

User (Printed)	User (Signature)	Date Submitted

Medical Director Name (Printed)	Medical Director (Signature)	Date Approved

Warning: You are requesting access to a secure module within the state registry and improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent that you shall maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of health information. Registry staff may conduct periodic assessments on privacy and security policies. Your facility is held responsible for all publicly funded vaccines ordered through the VOMS system.

Internal Use Only :

CHIRP Helpdesk (Printed)	CHIRP Helpdesk (Signature)	Date Completed