

New Jersey Department of Health  
Vaccine Preventable Disease Program  
P.O. Box 369, Trenton, NJ 08625-0369  
www.njiis.nj.gov

NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)  
"INSURED FOR SURE" USER ENROLLMENT

Complete one (1) form per individual.

Part 1 should be filled out by the individual; part 2 should be filled out by a Site Administrator (site manager, health officer, etc.).

Please print legibly or type.

Fax the completed form to 609-341-5098.

**PART 1. USER INFORMATION**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**PART 2. YOUR SITE INFORMATION**

Site Name: \_\_\_\_\_ County: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

Site Administrator Name (Print): \_\_\_\_\_ Email Address: \_\_\_\_\_

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

User ID: \_\_\_\_\_ Assigned By: \_\_\_\_\_

Initial Password: \_\_\_\_\_ Date Set Up: \_\_\_\_\_

Date Trained: \_\_\_\_\_ Other: \_\_\_\_\_