

Provider/Organization Enrollment Guide for Manual Entry into CAIR2

(Revised 12-14-2022)

The purpose of this guide is to assist medical providers/organizations wishing to enroll a site in CAIR2 for the first time and intend to enter data directly into CAIR2 (i.e., manual entry), not via electronic data transfer.

THIS GUIDE COVERS THE STEPS FOR ENROLLING IN CAIR2 FOR MANUAL ENTRY ONLY.

To enroll your site in CAIR2 for Manual Entry [click here](#).

If your site has an Electronic Health/Medical Record system (EHR/EMR) and wants to submit data electronically to CAIR2 you should enroll via the [Data Exchange CAIR IZ Enrollment Portal](#).

For additional support, the following resources are available:

[CAIR2 Manual Enrollment Frequently Asked Questions \(FAQs\)](#)

Local CAIR Representatives (LCRs): <https://go.cdph.ca.gov/cair-lcr>

CAIR2 Website: <https://cdph.ca.gov/cair>

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Section I

Who should enroll in CAIR2?

As a general requirement for enrolling in CAIR2, your organization/site must meet one of the following criteria:

- a) Administer immunizations
- b) Have a valid need to know patient/client/student immunization status

If you are unsure whether your organization/site is eligible to use CAIR2 please contact your [Local CAIR Representative \(LCR\)](#).

How to enroll in CAIR2?

There are two different ways to enroll in CAIR2:

- o **Manual Entry:** Medical providers/organizations whose site is not yet enrolled in CAIR2 **and** want to enter information into CAIR2 directly via manual entry or want read-only access should complete the [CAIR2 Manual Enrollment](#).
- o **Data Exchange:** Providers/organizations wanting to enroll in CAIR2 to submit immunization data electronically via their Electronic Health/Medical Record system (EHR/EMR) should complete and submit a Data Exchange (DX) Enrollment application via the [Data Exchange CAIR IZ Enrollment Portal](#).

This guide covers the steps for Enrolling in CAIR2 for Manual Entry only.

When you visit the CAIR2 New Organization/Site Enrollment website you will first need to confirm that your site is not already using CAIR2.

1. Read the brief instructions on screen and confirm by clicking the **click here** link provided.

If your site is NOT currently using CAIR [click here](#) 

2. Enter the street number (e.g. if the address is 586 Main Street, enter **586**) and Zip Code of your organization and click the **Submit** button.

Enter the following information below for your Organization's address:

1. The street number (e.g., if the address is 2417 Main Street, then enter 2417).
2. The Zip Code.

To begin the New CAIR Organization/Site Enrollment registration process, please enter your Zip Code and click 'Continue'.

***Street number:** ***Zip Code:**



If a match for Street Number and Zip Code is found:

If your organization/site is listed:

- Review the information to check whether it matches your organization/site. **If it is listed, DO NOT submit an enrollment application** - your organization/site may already be enrolled in CAIR2. **Exit out of the system and contact the Primary CAIR Contact listed for more help to access your organization/site's existing CAIR2 account.**
- If the Primary CAIR Contact is no longer at your organization/site or you are unable to reach them, **exit out of the system and contact your [Local CAIR Representative](#) for assistance.**

If your site is listed below, please follow these steps:

1. Contact the Primary CAIR Contact listed below for information on how to access your Organization's CAIR account. If the Primary CAIR Contact is no longer at your Organization, please contact the [Local CAIR Representative](#) for your area.
2. Click [here](#) to exit this system.

If your Organization is NOT listed below please click [here](#).

Practice Name	Address	Phone	Primary CAIR Contact
PLUMAS RURAL SERVICES WOMEN INFANTS AND CHILDREN	586 JACKSON ST , QUINCY , CA 95971	(530)283-4093	FRIDA KAHLO (530)283-4093

If your org is NOT listed, continue to the enrollment application by clicking the “**here**” link.

If your site is listed below, please follow these steps:

1. Contact the Primary CAIR Contact listed below for information on how to access your Organization's CAIR account. If the Primary CAIR Contact is no longer at your Organization, please contact the [Local CAIR Representative](#) for your area.
2. Click [here](#) to exit this system.

If your Organization is NOT listed below please click [here](#) ←

Practice Name	Address	Phone	Primary CAIR Contact
PLUMAS RURAL SERVICES WOMEN INFANTS AND CHILDREN	586 JACKSON ST , QUINCY , CA 95971	(530)283-4093	FRIDA KAHLO (530)283-4093

If a match for Street Number and Zip Code is NOT found:

- Select the corresponding bubble to indicate how your site plans to use CAIR2
Option A: If your org wants to submit data to CAIR2 from your EHR using electronic Data Exchange you will be directed to the [Data Exchange Enrollment site](#).
Option B: If your site wants staff to manually enter immunization/patient information into CAIR2 you will continue to the next screen.

How do you plan to enter information into CAIR? (please check only one option below):

Option A: Have my EHR send information directly to CAIR.
OR
Option B: Have my staff manually enter/look-up information in CAIR.

- Re-enter your **Zip Code** and click **Continue** to be directed to the CAIR2 Enrollment application.

Please enter your Zip Code: ←

Section II

Filling out the CAIR2 Enrollment form

Organization Information

1. **Organization Name:** Enter the *full name* of your organization—please ***DO NOT*** use acronyms.
 - If your organization has multiple sites, please include a distinguishing identifier in the name such as city, street name, branch, etc.
Example: “La Clinica Medical – Riverside” or “Trinity Pediatrics – Main St”

Organization Name *

2. **Organization Type:** Click the dropdown menu to select your organization type. There are over 30 organization types to choose from. If you are not sure which Org Type to choose, [contact your LCR](#) for assistance.

Organization Type *

Childcare Facility Clinic) * Yes No
College/University
Community HC
Corrections Facility - All Ages
Drug Treatment Facility
Family Planning
Department) * Yes No

Public Organization: select **Yes** if your site is a public clinic (Ex: community health center or FQHC); otherwise select **No**.

County Organization: select **Yes** if your site is part of a County Government; otherwise select **No**.

Organization Type *

Public Organization (eg. Community Clinic) * Yes No ←
County Organization (eg. Local Health Department) * Yes No ←

3. **Provider of Record:** This step is ***REQUIRED*** for all sites that administer immunizations. If this field appears, enter the first name, last name, CA license number, and license type of the clinician/pharmacist you would like to have on record for your site in CAIR.

Provider of Record *

First Name as it appears on your medical/pharmacist license * CA Medical/Pharmacist License *
Last Name as it appears on your medical/pharmacist license * License Type *

Address Information

4. **Physical Address:** Fill out the physical address (including suite number if applicable), city and zip code of the site you are enrolling in CAIR2.
 - If your site administers vaccines, the address should be the address where shots are given. NOTE: If you are a VFC provider the address provided *must* be the site where vaccines are administered.

Physical Address *

Address 1 * Address 2 PO Box
City * State ZIP Code *

5. **Mailing Address:** If different than the physical address, fill out your site’s mailing address. If it is the same as the physical address, select the box for **Same As Physical Address**.

Mailing Address

Same As Physical Address

Address 1 Address 2 PO Box

City State ZIP Code

VFC Information

6. **State Supplied Vaccine Profile:**

- If your site does *NOT* receive State-supplied Vaccine (VFC, 317, SGF), select the **No** radio button and skip to step 8 below.
- If your site receives State-supplied Vaccine select the **Yes** radio button and indicate which vaccines you provide by selecting **VFC, 317, and/or State General Fund** as applicable.
- If you are a VFC provider, you are *required* to enter your site’s 6-digit **VFC PIN**.

State Supplied Vaccine Profile

Do you receive State-supplied Vaccine (VFC, 317, SGF)? * Yes No

VFC 317 State General Fund

VFC PIN

7. **Vaccine Delivery:** (Optional; BUT *Required for VFC Providers)

Enter your site’s delivery address if it differs from your physical address. If your delivery address is the same, select the box for **Same As Physical Address**.

Vaccine Delivery

Same As Physical Address

Address 1 Address 2 PO Box

City State ZIP Code

Contact Information

8. **Primary CAIR Contact:** (Required)

Enter contact information for the person your site would like to designate as the Primary CAIR Contact. This person will be the main point of contact regarding any CAIR2 related questions for your site.

Primary CAIR Contact *

First Name * Address 1

Last Name * Address 2

Middle Name PO Box

Email * City

Telephone * () - Ext State

Facsimile () - Ext Zip Code

9. **Other Contact:** (Optional)

We encourage you to add an “**Other Contact**” in the case we cannot reach the Primary CAIR Contact or they leave your organization. You may also select the box for **Same as Primary CAIR Contact** if applicable.

Other Contact	
<input type="checkbox"/> Same as Primary CAIR Contact	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Middle Name	<input type="text"/>
Email	<input type="text"/>
Telephone	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext <input type="text"/>
Facsimile	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext <input type="text"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
PO Box	<input type="text"/>
City	<input type="text"/>
State	CA <input type="button" value="v"/>
Zip Code	<input type="text"/>

Additional Contact Information

There are several additional contact fields that we encourage sites to complete as appropriate. These fields help us at CAIR2 to get in contact with your site to provide assistance with CAIR2 or if we have questions.

10. **CAIR Technical Contact:** (Optional)

If you would like to enter a contact to handle Technical/IT issues regarding CAIR2 at your site, enter their contact information in this section of the application.

11. **Vaccine Coordinator (*Required for VFC Providers)**

Sites that provide VFC vaccine *must* enter contact information for your site’s vaccine coordinator. If the contact is the same as the Primary CAIR Contact, select the box for **Same as Primary CAIR Contact**.

12. **Primary VFC/AFIX Contact:** (Optional)

If you are a VFC provider and would like to enter the VFC/AFIX contact person at your site, enter their contact information in this section of the application.

CAIR2 User Agreement

Once you have completed the application you will need to read the **CAIR2 Individual User Access Agreement** (shown partially below). It is important to read the agreement to understand the rights and responsibilities of everyone at your site that will be using CAIR2.

CAIR Individual User Access Agreement
<p>CAIR Providers/Organization Terms & Conditions</p> <p>The California Immunization Registry (CAIR) is a secure, computerized online information system developed to assist medical providers and other approved agencies to track and review immunization information and TB test results for individuals, assess immunization needs and remind/recall patients, avoid unnecessary or redundant immunizations, and control disease outbreaks. Information in CAIR is only available to authorized users. Based on the access level approved, this Agreement will allow the Organization to access, view, add, or modify immunization information/TB test results in CAIR either via the web interface or through electronic data exchange under the conditions listed below. As conditions for participating in CAIR, the above Organization agrees to:</p> <ul style="list-style-type: none">• Comply with California Health and Safety Code Section 115440 regarding immunization registry use, as well as State and Federal laws and HIPAA regulations regarding maintaining the confidentiality of patient information.• Ensure your Organization staff receive appropriate CAIR training prior to accessing information in CAIR.• Access information in CAIR only as needed to perform immunization/TB-related activities for individuals presenting to your Provider/Organization for services.• Safeguard and ensure no sharing of assigned passwords.

If you would like to read the full CAIR2 User Agreement before submitting an enrollment, click [here](#).

After reading the New CAIR2 Organization & Individual User Access Agreement, check the box acknowledging the agreement, enter your contact information, and click **Submit** at the bottom of the screen.

By checking this box and entering your name below, you as the Organization Representative agrees that the Organization and all listed Users associated with the Organization have read and will abide by the CAIR rules set forth in this Agreement. If the Organization/Site closes or is bought by another Organization, the Organization/Site must inform CAIR staff within 14 days so that the existing Organization/Site and user accounts can be terminated or reassigned. CAIR reserves the right to terminate this Agreement if the Organization or it's Users violate this Agreement or use the system in an unauthorized manner. This Agreement will remain in effect until terminated by either party.

Full Name *:

Title *:

Email Address *:

Contact Number *:

Section III

Processing of your Enrollment Application

Once you submit your Enrollment application, you will see the following confirmation screen:



Both you (the submitter of the Application) as well as the Primary CAIR Contact listed in the application will receive a confirmation email from CAIR acknowledging that we have received your application. If you do not receive a confirmation email, contact your [Local CAIR Representative](#).

It may take up to 10 business days for your application to be processed. The Local CAIR Representative (LCR) for your region will contact you if they need additional information. If you do not hear from your LCR within 10 business days, or if you have any questions about your application, feel free to contact your [Local CAIR Representative](#).

If you have any additional questions about submitting an enrollment after reviewing this guide, please read our [CAIR2 Manual Enrollment FAQs](#) or contact your [Local CAIR Representative](#).