

Organization / Provider Enrollment Form

Maryland's Immunization Information System ([ImmuNet](#)) is a secure web-based registry operated by the Center for Immunization at the Maryland Department of Health (MDH). ImmuNet information is confidential and available only to [authorized users](#).

If you are an [authorized user](#), you may download and print this form, or request a hard copy by contacting the ImmuNet Help Desk at mdh.mdimmunet@maryland.gov or 410-935-9295.

Please complete the information to be granted access to ImmuNet.

Organization / Provider Information

Organization Name: _____

Organization Type: Public Private VFC PIN (if applicable): _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

List the name of your practice management software or Electronic Health/Medical Record if you are able to report data electronically: _____

ImmuNet System Administrator (responsible for creating and maintaining system user access accounts, as well as access ImmuNet's Vaccine Inventory functions, if applicable):

Name and Title/Department: _____

Phone Number: _____ E-mail Address: _____

ImmuNet Back-up System Administrator

Name and Title/Department: _____

Phone Number: _____ E-mail Address: _____

Date completed: _____

If you wish to keep a completed copy of your form, please make a copy before submitting the form.

Mail or Fax to

Maryland Department of Health
Center for Immunization - ImmuNet
201 West Preston Street 3rd Floor, Baltimore, MD 21201
Fax: (410) 333-5893

Once received, your request will be processed as quickly as possible. You should expect to receive your login credentials within 3-5 business days.

MDH (For Official Use Only):

Date Received: _____ Date Fulfilled: _____ Initials: _____