



# COLORADO IMMUNIZATION INFORMATION SYSTEM (CIIS) SCHOOL SITE ADMINISTRATOR FORM



**Instructions:** Use this form to designate a CIIS Site Administrator for your site. \*You can only complete this form if your site has a signed Letter of Agreement with CIIS.\* Please complete the form and either fax it to 303.758.3640 or email it to [CDPHE.CIIS@state.co.us](mailto:CDPHE.CIIS@state.co.us).

**NOTE: All fields marked with \* are required.**

**Have questions on how to complete this form? Call us toll-free at 1.888.611.9918, option #1 or 303.692.2437, option #2.**

\* Date \_\_\_\_\_

**PARTICIPATING SCHOOL SITE INFORMATION**

	Please PRINT clearly.
*School District Name	
*School District Address	
Site Suite, Floor or Building Number	
*City, State and Zip Code	
*School District Phone Number	
*School District Fax Number	

**CIIS SCHOOL SITE ADMINISTRATOR INFORMATION**

	Please PRINT clearly.
* CIIS Site Admin Name	
*Position/Title	
*Site Admin Direct Phone Number	
*Site Admin Direct Fax	
*Site Admin Email Address	
*Hours Available	

\*What is the best way to contact you?    Phone    Email

Are you replacing the previous CIIS Site Administrator for your school?    Yes    No

**\*CIIS School Site Administrator Responsibilities Agreement**

I understand that by accepting the role of CIIS School Site Administrator, I am:

- Required to approve the creation, deletion or inactivation of any user accounts for my site
- The sole authority for account approval – no account creation will occur without my approval and signature
- The point of contact for account verifications, system alerts and policy changes
- Responsible for ensuring that my staff:
  - Comply with all applicable laws, regulations and CIIS policies
  - Access immunization information only to ensure compliance with Colorado school entry laws and regulations for enrolled students
  - Treat all information in CIIS as confidential
  - Not release or re-disclose any information in CIIS to any unauthorized person
  - Not allow another person to use their account information to access CIIS
  - Receive training on the appropriate use of CIIS
- Responsible for notifying CIIS if staff members leave site and require account inactivation
- Responsible for notifying CIIS at least one week in advance that I am no longer able to perform these tasks to allow for the transition to a new CIIS Site Administrator.

\*Site CIIS Administrator Signature: \_\_\_\_\_

- CIIS Office Use Only -		
Site Code: _____	Entered into production by: _____	Date: _____
	Entered into CRC by: _____	Date: _____