

Chicago Department of Public Health Instructions for Completing COVID-19 Vaccination Program Provider Enrollment in REDCap

Covid-19 Vaccination Program Provider Enrollment Overview

The COVID-19 Vaccination Program Provider Agreement is now available online via REDCap and serves as an agreement with both the Centers for Disease Control and Prevention (CDC) and CDPH to receive and administer COVID-19 vaccine. The enrollment process includes the completion of three electronic surveys in the order listed below:

1. **COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) – CMO***
2. **COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) – CEO**
3. **COVID-19 Vaccination Program Provider Profile (Section B)**

The enrollment process starts with and is managed by the Chief Medical Officer

Please contact us at COVID19vaccine@cityofchicago.org with any questions!

Save and Return Later

- The REDCap surveys will not time-out if the window is left open, but, before beginning it's important to note that if for any reason you are interrupted and must leave REDCap before the survey is submitted, scroll to the bottom of the page and click the **"Save & Return Later"** button:



- On this page you may choose to:
 - **bookmark the page** and then return later
 - **Enter your email address** and send yourself a return link
 - **Continue the Survey** immediately

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need the survey link to this survey.

Survey link for returning
You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. If you do not receive the email soon afterward, please check your Junk Email folder.

*Your email address will not be stored

Or if you wish, you may continue with this survey again now.

*****WARNING: FAILURE TO OBTAIN THIS LINK WILL MEAN THE LOSS OF ALL CURRENT PROGRESS ON THE FORM*****

SURVEY 1: COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) – CMO

First, the **Chief Medical Officer (CMO), or equivalent**, of the organization must complete the **COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) – CMO**, using the following link: https://redcap.link/COVID19_Provider_Enrollment

- Completion of all fields is a requirement
- In situations where the roles of CMO and CEO are filled by the same person, this information needs to be entered in both surveys (it is ok for information to be repeated)
- The CMO should then review the terms of the agreement, and if they accept, sign the form electronically:
 - This is accomplished by entering the first and last name of the CMO, and then clicking the green "Add signature" button:

- The CMO should then sign using their mouse, stylus, or finger depending on their platform

- To complete the form, simply click Submit

- Upon submission of the form, CMOs will receive a confirmation email with an attached pdf copy of the agreement

Survey Queue

- Once the **COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) – CMO** portion is complete you will be redirected to your Survey Queue:

Status	Survey Title
Begin survey	COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) - CEO
Begin survey	COVID-19 Vaccination Program Provider Profile (Section B) - #1

- To access the link to your survey queue, click the **“Get link to my survey queue”** button on the upper right side of the screen
 - On this page you can **copy and paste the link** to share with the appropriate staff members for the completion of all necessary forms. This is the link that will allow staff at other locations to complete Section B of the provider enrollment form – or –
 - enter a **specific email address** to send a link to access the form directly to an individual.

- Links sent using this method will arrive from an IDPH email address from Megan.Patel@illinois.gov. Please make your staff are aware this is a valid address.

Status	Survey Title
Begin survey	COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) - CEO
Begin survey	COVID-19 Vaccination Program Provider Profile (Section B) - #1

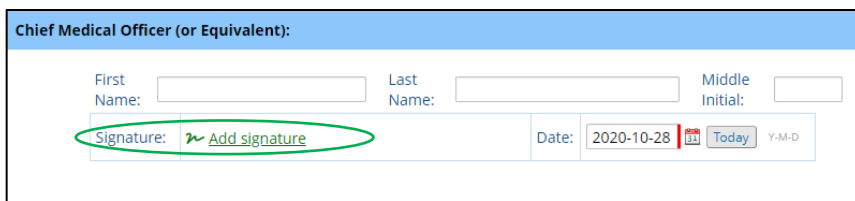
- The form **“COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) – CEO,”** will need to be completed by the organization’s CEO.
 - This form can only be completed **one time** and should be completed before the link to the Survey Queue has been distributed to individual organizational locations.
- Once the CMO and CEO complete the Section A surveys, **each location** will be required to complete the **“COVID-19 Vaccination Program Provider Profile (Section B).”**
- Share your Survey Queue Link with appropriate personnel to facilitate completion of all required forms.

***** WARNING: FAILURE TO OBTAIN THIS LINK WILL MEAN THE LOSS OF ALL CURRENT PROGRESS ON THESE FORMS AND THE NEED TO RESTART THE REGISTRATION PROCESS FROM THE BEGINNING. PLEASE PROTECT THE SURVEY QUE URL AS THIS IS YOUR ONLY WAY BACK TO THIS SURVEY *****

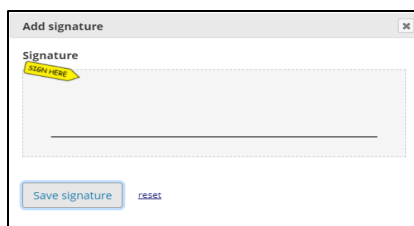
SURVEY 2. COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) – CEO

Next, the **Chief Executive Officer (CEO), or equivalent**, must complete the **COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) – CEO**, using the link located in the Survey Queue above:

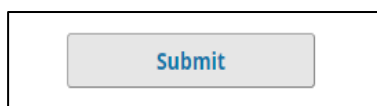
- Completion of all fields is required
- In situations where the roles of CMO and CEO are filled by the same person, this information needs to be entered in both surveys
- The CEO should then review the terms of the agreement, and if they accept, sign the form electronically:
 - This is accomplished by entering the first and last name of the CEO, and then clicking the green “Add signature” button:



- The CEO can sign using their mouse, stylus, or finger depending on their platform



- To complete the form, simply click Submit

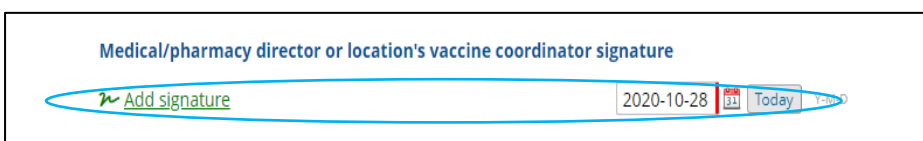


- Upon submission of the form, CEOs will receive a confirmation email with an attached pdf copy of the agreement

SURVEY 3: COVID-19 Vaccination Program Provider Profile (Section B)

After the CMO and CEO have completed the Provider Agreement, the “**COVID-19 Vaccination Program Provider Profile (Section B)**” survey should be distributed to all locations that will receive and administer COVID-19 vaccine. Section B should be completed and signed by each site’s Medical/pharmacy director or vaccine coordinator:

- Completion of all fields is required
- Once all field are complete, the Medical/pharmacy director or vaccine coordinator enters their first and last name and then clicks the green “Add signature” button:
 - The Medical/pharmacy director or vaccine coordinator should then sign using their mouse, stylus, or finger depending on their platform.



- To complete the form, simply click Submit
- Upon submission of the form the Medical/pharmacy director or vaccine coordinator will receive a confirmation email, with an attached pdf copy of their registration.