

Washington State Immunization Information System

Access Account Application for Head Start and/or ECEAP Grantee Agencies with a Licensed Healthcare Provider on Staff

Directions: Please complete this form and return it, with two copies of your Information Sharing Agreement, to the Washington State Department of Health. This information will be used to create the Immunization Information System account for your agency as grantee to Head Start and/or ECEAP programs. Please identify the primary contact person in your administrative office as well as the technical lead. We will create a user name and password for each. Additional program personnel user accounts can be created once they have completed training and signed the confidentiality agreement. If you have questions, please contact the Immunization Information System Help Desk at 1-800-325-5599 or 206-205-4141.

Head Start and/or ECEAP Grantee: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Agency Contact Person (*primary contact for coordination and communication*):

Name and Title/Department: _____

Phone: _____ Fax: _____ Email: _____

Technical Lead (*primary contact for resolving system issues*):

Name and Title/Department: _____

Phone: _____ Fax: _____ Email: _____

Complete this form and return it, with two signed copies of your Information Sharing Agreement, to:

Washington State Department of Health
Office of Immunization and Child Profile
PO Box 47843
Olympia, WA 98504-7843

Phone: 360-236-3595 or 1-866-397-0337