

# South Dakota Immunization Information System (SDIIS)

## USER ACCESS ACCOUNT APPLICATION

Please complete this form to request a user account for **each** staff member who needs access to the SDIIS. Upon completion and return of this form, a **USER ID** and temporary **PASSWORD** will be assigned. Once the credentials have been assigned, we recommend you change your **password** after you log in for the first time. **Password:** Passwords should be **AT LEAST** characters and include a combination of letters, numbers, and special characters. **PLEASE DO NOT SHARE PASSWORDS AND USER ACCOUNTS.** If you have questions, please contact Brett Oakland at (605) 367-4902 or Radhi Saripalli at (605) 773-7473. **Retain** a copy of this form in your files and email the completed form to [brett.oakland@state.sd.us](mailto:brett.oakland@state.sd.us) or fax to (605) 367-5357.

### SDIIS USER ACCESS ACCOUNT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
*(List your name as you'd like to see it displayed in the Immunization Information System)*

Name of Clinic/ Facility: \_\_\_\_\_

SDIIS PIN: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Individual Email Address: \_\_\_\_\_

**(Shared email accounts are not acceptable)**

Access Required:  New User  Existing User

**View only** – view and print record, but cannot add immunizations or edit record

**Data Entry** - enter immunizations and edit patient records, but no access to inventory

**Inventory Management** - enter immunizations, edit patient records, access to facility inventory

Does user float between clinic sites? (Check one):  Yes  No

**(If yes, a separate application must be completed for each clinic)**

### VACCINATOR STATUS:

I will be administering vaccinations for this facility.

I am:  RN  CMA  PA  Pharmacist  Other

LPN  MD/DO  NP  Student

I will NOT be administering vaccinations for this facility.