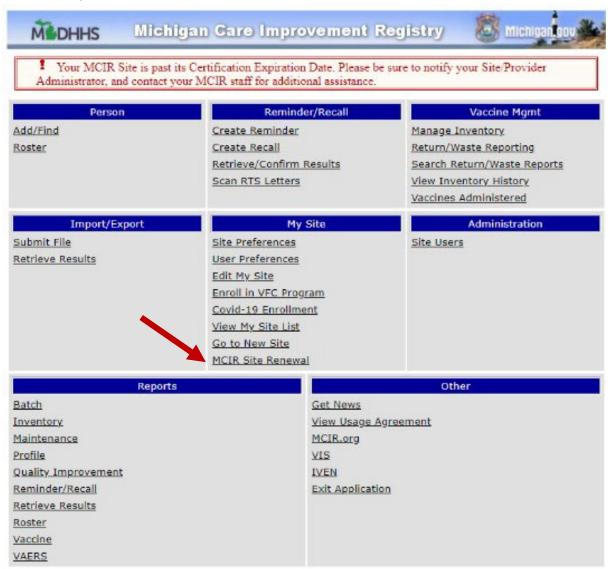
MCIR Immunizing Provider Site Renewal Tip Sheet

MCIR Provider Site Usage Agreements must be renewed every 3 years. The MCIR Site Administrator can renew electronically within MCIR to update site information and retain access to MCIR. New sites should request access to MCIR using the <u>Provider Site Usage Agreement</u> form. Renewals can also be requested using the paper form if needed.

If you need assistance, contact the <u>MCIR Education and Training Analyst</u> for your region or the MCIR Help Desk at 888-243-6652 or <u>MDHHS-MCIRHelp@michigan.gov</u>.

- 1. MCIR Site Administrators will see a red banner displayed on their MCIR Home Screen if the site agreement is expired or eligible for online renewal. Site Users will see the red banner displayed only when the MCIR Site Agreement is past the expiration date.
 - a. Only a Site Administrator can apply for site renewal. If there are no Site Administrators left at the facility, complete a <u>Provider Site Usage Agreement</u> form to gain access as an Administrator and apply for renewal.
- 2. Under the My Site section, select MCIR Site Renewal.



Need Help using MiLogin? Contact DTMB Client Services 1-877-932-6424



Need Help with MCIR? Contact MCIR Help Desk 1-888-243-6652

- 3. Review the site agreement renewal form. Fields with an asterisk (*) are required and editable fields. The Primary Contact field should list the Supervising Provider information. Required fields include:
 - a. Facility: Street Address (City, State, and Postal Code), Phone Number, and Email
 - b. Supervising Provider: Type (MD, DO, NP, PA, or Pharmacist), First and Last Name, License Number, Phone Number and Email

Person	Rem/Rcl		Imp/Exp	My Site	A	dm	Rpts	0	th
Site Pref Use	er Pref Edit My Site	Enroll in VE	C Covid19 Er	roll View My Sit	e List Go	to New :	Site MCI	R Site Re	newa
If you are	re-enrolling in the '	VFC progra	m, please <u>clici</u>	<u>k here</u> . This form	n is for M	CIR Site	Renewa	l only.	
tatus: In Pro						01-0		100000	500
acility Info					1.5		lumber:	100000	533
Name Test P	rovider Site			Facility Type F	amily Prac			~	
County No C	ounty Affiliation	Cert	Expires 12/3	1/2006	. 22	Immuni	zation Pro	ovider	
acility Addres	55								
Street* 12	3 Test								
City* Al	pena	State* M	Y Postal C	ode* 49701					
hone Numbe	rs			Email Address					
Office* (51	7) 335 - 93			-					
		40 EXE		Email*					
((Email*					
· · · ·		Ext		Email*					
)	Ext		Email*					
rimary Con				Email*					
rimary Con	itact Information	Ext	M [Email*	Hoyle			Jr/Sr.	
rimary Con)	Ext ese	MI [Hoyle			Jr/Sr.	
Title)	Ext Ext	nse State*	Last Name'	Hoyle			Jr/Sr.	
rrimary Con Type* Title License #*)	Ext Ext	nse State*	Last Name'	Hoyle			Jr/Sr.	
rrimary Con Type* Title License #*)	Ext Ext	nse State* to reach the se	Last Name'	Hoyle			Jr/Sr.	
rrimary Con Type* Title License #* NPI Specialty	First Name* There An error occurred in Not Specified	Ext Ext	nse State* to reach the se	Last Name'	• Hoyle			Jr/Sr.	
rrimary Con Type* Title License #* License #* NPI Specialty hone Numbe	First Name* There An error occurred in Not Specified	Ext Ext	nse State* to reach the se	Last Name'		1.90V		Jr/Sr.	
rrimary Con Type* Title License #* NPI Specialty hone Numbe Office* (First Name* There An error occurred in Not Specified	Ext Ext	nse State* to reach the se	Last Name'		1.gov		Jr/Sr.	
rrimary Con Type* Title License #* NPI Specialty hone Numbe Office* (Fax (First Name* There An error occurred in Not Specified	Ext Ext	nse State* to reach the se	Last Name'		1.gov		Jr/Sr.	
rrimary Con Type* Title License #* NPI Specialty hone Numbe Office* (First Name* There An error occurred in Not Specified	Ext Ext	nse State* to reach the se	Last Name'		1.gov		Jr/Sr.	
rrimary Con Type* Title License #* NPI Specialty hone Numbe Office* (Fax (Information First Name* Then An error occurred in Not Specified rs	Ext Ext	nse State* to reach the se	Last Name'		1.gov		Jr/Sr.	
rimary Con Type* Title License #* NPI Specialty hone Numbe Office* (Fax (Cell/Pgr (Iser Agreen	Information First Name* Then An error occurred in Not Specified rs	Ext Ext	nse State* to reach the s licaid Provider	Last Name v ervice ID v Email Address Email* HoyleT(@michigar		, and co		MCL

- 4. Review the User Agreement and check the box to indicate your acceptance. This is a legally binding agreement, only complete the application if you have the authority to enter this agreement. Enter the Applicant's Full Name and Email. The Applicant does not need to be the Supervising Provider/Primary Contact.
- 5. Select Save and Done. After successfully submitting the form the MCIR team will process the renewal.

Agreement Information						
Organization/Practice Name:		Test Provider Site				
Facility Type:		Family Practice (Private)				
Supervising Physician's Name:		John Doe				
Supervising Physician's	Degree:	Medical Doctor (MD)				
Supervising Physician's	License #:	1234567890				
Issuing State:		Michigan				
Address:		123 Test Street Detroit, Michigan 48201				
County Health Jurisdiction:		City of Detroit (84)				
Applicant's Information		YPING YOUR NAME BELOW. YOU AGREE THAT THE FOLLOWING IS TRUE:				
Applicant's Information BY CHECKING THE (1) YOU REPRESE OF PROVIDER: (2) STATED ABOVE: (UNDER THE UNIFO	E BOX AND T NT THAT YOU) THAT YOU H 4) A PRINTO DRM ELECTRO	YPING YOUR NAME BELOW, YOU AGREE THAT THE FOLLOWING IS TRUE: U HAVE ACTUAL AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF HAVE RAED THE TERMS STATED ABOVE: (3) YOU UNDERSTAND THE TERMS UIT OF THE TERMS STATED ABOVE WILL CONSTITUTE AND "AGREEMENT" ONIC TRANSACTION ACT (MCL 450.831 et seq; Act 305 of 2000) AND (5) IIDER) AGREE TO ABIDE BY ALL THE TERMS OF THE AGREEMENT STATED				
Applicant's Information BY CHECKING THI (1) YOU REPRESE OF PROVIDER: (2) STATED ABOVE: (UNDER THE UNIF(YOU (AND EACH L	E BOX AND TY NT THAT YOU) THAT YOU) THAT YOU) A PRINTO DRM ELECTRO ISTED PROV	U HAVE ACTUAL AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF HAVE READ THE TERMS STATED ABOVE: (3) YOU UNDERSTAND THE TERMS UT OF THE TERMS STATED ABOVE WILL CONSTITUTE AND "AGREEMENT" ONIC TRANSACTION ACT (MCL 450.831 et seq; Act 305 of 2000) AND (5)				

Need Help using MiLogin? Contact DTMB Client Services 1-877-932-6424



Need Help with MCIR? Contact MCIR Help Desk 1-888-243-6652