

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 [Provider Site Usage Agreement](#) form. Renewals can also be requested using the paper form if needed.

If you need assistance, contact the [MCIR Education and Training Analyst](#) for your region or the MCIR Help Desk at 888-243-6652 or MDHHS-MCIRHelp@michigan.gov.

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 [Provider Site Usage Agreement](#) form to gain access as an Administrator and apply for renewal.
2. Under the My Site section, select MCIR Site Renewal.

Person	Reminder/Recall	Vaccine Mgmt
Add/Find Roster	Create Reminder Create Recall Retrieve/Confirm Results Scan RTS Letters	Manage Inventory Return/Waste Reporting Search Return/Waste Reports View Inventory History Vaccines Administered
Import/Export	My Site	Administration
Submit File Retrieve Results	Site Preferences User Preferences Edit My Site Enroll in VFC Program Covid-19 Enrollment View My Site List Go to New Site MCIR Site Renewal	Site Users
Reports	Other	
Batch Inventory Maintenance Profile Quality Improvement Reminder/Recall Retrieve Results Roster Vaccine VAERS	Get News View Usage Agreement MCIR.org VIS IVEN Exit Application	

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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

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.

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