

**HiSIS Pre-Enrollment Instructions
(VFC Providers)
Updated 10.28.25**

1. **Ensure the Medical Director (MD, DO, ND, PA, APRN-Rx, or Pharmacist) who will sign the VFC Enrollment Agreement and HiSIS Facility Agreement has an active HiSIS account.**
VFC and HiSIS enrollment will not be complete until your Medical Director agrees to comply with requirements for VFC and HiSIS participation via online attestation in HiSIS.
 - a. **NEW:** If the Medical Director (MD, DO, ND, PA, APRN-Rx, or Pharmacist) who will sign your VFC Enrollment Agreement requires access to HiSIS only for the purpose of signing and will not access HiSIS for any other reason, completion of HiSIS training modules is not required. To denote this type of access request, please select “Physician Signing Agreement” from the “Access Requested” drop down menu on the [HiSIS New Account Registration](#) page. Note that accounts with this designation will be deactivated once 2025-26 VFC enrollment is complete.
 - b. If the Medical Director does wish to access HiSIS for other purposes (e.g., patient immunization history lookups, VFC vaccine ordering, inventory, etc.), please see the attached “New User Enrollment Instructions” for account request procedures.



Account Registration

Contact

Enter your contact information.

First Name * <input type="text"/>	Middle Name <input type="text"/>	Last Name * <input type="text"/>
Phone Number * <input type="text" value="999-999-9999"/>	Email * <input type="text" value="EMAIL@DOMAIN.COM"/>	Fax <input type="text" value="999-999-9999"/>
Role <input type="text"/>	VFC Pin <input type="text"/>	Access Requested * ⚠ <div style="border: 1px solid #ccc; padding: 2px;"><div style="background-color: #f0f0f0; padding: 2px;">DATA ENTRY</div><div style="background-color: #f0f0f0; padding: 2px;">SCHOOL NURSE</div><div style="background-color: #f0f0f0; padding: 2px;">VIEW ONLY</div><div style="background-color: #f0f0f0; padding: 2px;">DATA ENTRY/REPORTS</div><div style="background-color: #f0f0f0; padding: 2px;">DATA ENTRY/REPORTS/INVENTORY</div><div style="background-color: #444; color: white; padding: 2px;">PHYSICIAN SIGNING AGREEMENT</div></div>
Requesting Registrant's NPI <input type="text"/>		

Organization


Enter your organization information.

Organization Name * <input type="text"/>	Type * <input type="text"/>
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2. **Check current Medical Director (if/when available), Primary, and Back-Up Coordinator information in HiSIS to ensure it is correct.** To check the staff listed for your site, click on the “Clinic Tools” menu option, followed by “Clinic Information,” then “Staff.” If changes need to be made, please submit a clinic staff change request in HiSIS BEFORE initiating re-enrollment.

a. Required Clinic Staff:

- i. Medical Director - “Physician Signing Agreement”
- ii. Primary Coordinator - “Physician Contact (Primary)” or “Non-Physician Contact (Primary)”
- iii. Back-Up Coordinator - “Physician Contact (Back-Up)” or “Non-Physician Contact (Back-Up)”



- Home
- Patients
- Immunizations
- Education
- Education (New)
- IZ Quick Add
- Inventory
- Clinic Tools
- Storage Units
- Reading History
- Manage Assets
- Enrollments
- Clinic Information
 - Address/Name
 - Contact Information
 - Delivery Hours
 - Staff**

Clinic Staff Change Request i

Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

Clinic Staff

Name	Type	Phone	Main Contact/Shipping Contact	Audit	Action
PRIMARY, COORDINATOR	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)		YES	?	<button>VIEW</button>
BACK-UP, COORDINATOR	PHYSICIAN CONTACT (BACK-UP) (Z7 - VFC/VTRCKS)		NO	?	<button>VIEW</button>
MEDICAL, DIRECTOR	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)		NO	?	<button>VIEW</button>

Showing 1 to 3 of 3 entries

Previous 1 Next

Change Request History

Name	Submitted On	Clinic	Status	Audit	Action
PRIMARY, COORDINATOR	10/07/2025	TRAINEE 2	COMPLETED	?	

3. Check current Address/Name, Contact Information, and Delivery Hours

information in HiSIS to ensure it is correct. Click on the “Clinic Tools” menu option, followed by “Clinic Information,” to view the Address/Name, Contact Information, and Delivery Hours sections. If changes need to be made, please update your Clinic Information and submit change requests in HiSIS BEFORE initiating re-enrollment.

The screenshot displays the HiSIS web application interface. On the left is a dark green sidebar menu with white text. The 'Clinic Tools' option is highlighted with a green background. Below it, the 'Clinic Information' sub-menu is expanded, and its items—'Address/Name', 'Contact Information', 'Delivery Hours', and 'Staff'—are circled in red. A red arrow points from the 'Clinic Information' header to the 'Address/Name' item. The main content area on the right has a green header 'Default Provider/Clinic'. Below it is a form for 'Provider/Clinic *' with a text input field containing '[HAWAII DEPARTMENT OF HEALTH] HAWAII DEPARTMENT OF HEALTH - HAWADEPAHEAL ()' and a hint 'Select a clinic by typing Provider, Clinic, VTrckS PIN, or Clinic Code'. Further down is a 'Login History' section with a list of six successful login events. At the bottom is a 'News' section with a 'Modify News' link.

Default Provider/Clinic
Provider/Clinic *
[HAWAII DEPARTMENT OF HEALTH] HAWAII DEPARTMENT OF HEALTH - HAWADEPAHEAL ()
Select a clinic by typing Provider, Clinic, VTrckS PIN, or Clinic Code

Login History
<ul style="list-style-type: none">• SUCCESSFUL LOGIN on 10/06/2025, 12:45 PM• SUCCESSFUL LOGIN on 10/06/2025, 12:43 PM• SUCCESSFUL LOGIN on 09/30/2025, 9:58 AM• SUCCESSFUL LOGIN on 09/30/2025, 9:50 AM• SUCCESSFUL LOGIN on 09/26/2025, 3:51 PM• SUCCESSFUL LOGIN on 09/26/2025, 3:46 PM

News
Modify News

4. Ensure Primary and Back-Up Vaccine Coordinators have completed You Call the Shots Modules 10 and 16 within the last year and you have transcripts on file:

- [Immunization: You Call the Shots-Module Ten-Storage and Handling - 2025 \(Web Based\) - WB4905 - Hawaii TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#) (course and link expires on 12/31/25)
- [Immunization: You Call the Shots-Module Sixteen-Vaccines for Children Program—2025 \(Web Based\) - WB4906 - Hawaii TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#) (course and link expires on 12/31/25).

IMPORTANT NOTES:

- If your training transcript is current (i.e., indicates training has been completed less than 1 year ago) you may use it for reenrollment purposes.
- Once training exceeds one year from completion, course(s) will need to be retaken. The CDC TRAIN site will not permit users to retake courses if less than one year has elapsed.
- Please be aware that after current training links expire on 12/31/25, it may take a few weeks for CDC to provide links to the 2026 training modules.

- 5. Tabulate the estimated number of VFC and non-VFC eligible patients at your clinic/office based on patients seen during the previous 12 months.** This data must be entered into HiSIS as a part of the VFC re-enrollment process – it will help to have the information available before you begin

Eligibility Categories	< 1 Year	1 - 6 Years	7 - 18 Years	Total
VFC Eligible - Medicaid Eligible	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - No Health Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - American Indian/Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - Underinsured At FQHC/RHC ^[1]	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Total	0	0	0	0

POPULATION CATEGORY FOOTNOTES

[1] "Underinsured" includes children with health insurance that does not cover vaccines or only covers specific vaccine types. Children are eligible only for vaccines that are not covered by their insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the Hawaii immunization program in order to vaccinate underinsured children.

Non-Eligibility Categories	< 1 Year	1 - 6 Years	7 - 18 Years	Total
Not VFC Eligible - Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
NOT VFC Eligible - underinsured not at FQHC/RHC ^[1]	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Total	0	0	0	0

POPULATION CATEGORY FOOTNOTES

[1] "Other Underinsured" are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider.

If you have any questions, please contact the Hawaii VFC Program at
 (808) 586-8300, 1-800-933-4832 (toll-free) or HawaiiVFC@doh.hawaii.gov
 Mahalo!