1. From this page: [https://a816-healthpsi.nyc.gov/OnlineRegistration/dohmh/DOHMHService.action](https://a816-healthpsi.nyc.gov/OnlineRegistration/dohmh/DOHMHService.action), choose and find the **Continue** button at the bottom of the screen.
2. Enter your facility’s address, your name, and the CAPTCHA code. Click **Continue**.

   The address verification may take **up to two minutes**, so please wait for the second screen to appear.

3. After the address verification is complete, on the second screen click “New Registration”.

   If you need to look up your Facility Code or submit changes to your registration, type in your **Facility Zip Code** and at least one other field. Click **Search**.
4. On the next screen, enter your facility’s information. You will be able to add additional contact information on the next screens. When done, click **Continue**.

**Facility/School Information**

Please complete this form, even if you are a new registrant.

- **Facility/School Type**: Select the type of facility.
- **Facility/School Sub-Type**: Specify the type of facility subcategory.
- **Specialty**: Indicate the specialty of the facility.
- **Phone Number**: Provide the phone number for the facility.
- **Fax Number**: Provide the fax number for the facility.
- **Address Line 1**: Enter the first line of the facility’s address.
- **Address Line 2**: Enter the second line of the facility’s address.
- **City**: Specify the city of the facility.
- **State**: Indicate the state where the facility is located.
- **Zip Code**: Enter the zip code of the facility.
- **Borough**: Specify the borough.
- **Email**: Provide the email address for the facility.

For **Private Practices**:
- In the **Facility/School Sub-Type** box, choose “In NYC” or “Outside NYC”.
- Select your facility’s **Specialty**.

For **Pharmacies**:
- In the **Facility/School Type** box, choose “Other Medical Facility”.
- In the **Facility/School Sub-Type** box, choose “Pharmacy - Retail”.
- Select your **Funding** type.
5. Next, indicate how you will report the immunizations you administer. When you are finished, click **Continue**.

- **Facility/School Type**: Choose "School".
- **School Sub-Type**: Choose the correct option.
- **Make sure to enter your **School district Number** and **School ATS Number**.
- **If you do not know the district**, enter "99". If you do not know or have an **ATS Number**, enter "99N999".
- **Click “No” for the last question.**

If you select "No" for the last question, the registration website will skip step 4 and take you straight to the provider information screen.

If you represent a school, the registration site will skip steps 4 and 5.

If you check the box next to “HL7 Web service/EMR”, be sure to enter the EMR vendor information requested as well. **If you do not enter this information, your registration will not be processed.** If you do not see your vendor listed, do not check check the box, instead email cir_interop@health.nyc.gov with your information.

If you only check the box next to “Online Registry Website”, click "No" for the Meaningful Use question.
6. On the **Facility Provider Info** screen, enter information for the provider(s) at your facility with immunizing privileges. When you are finished, click **Continue**.

   - Please select at least one primary provider for your facility by checking the **Primary provider** checkbox.
   - To add more than one provider, click the **Add Provider** button.

7. Next, fill out **Contact Information** for as many contacts as you would like for your facility. The registrant’s information will automatically be saved as your first contact.

   - To add more than one contact, click the **Add Contact** button.
8. After you click **Continue**, you will see a **Summary** of your facility’s registration information. Review this page for errors. If everything is correct, click **Continue**.

9. You will now see a confirmation page that contains your **Registration ID**. Please save this information for your records.
Updating an Existing Registration

1. Enter your facility’s contact information, including your name, on the first page. When you are done, click Continue.
   - The address verification can take up to two minutes, so please wait for the second screen to appear.

2. On the second screen, type in your Facility ZIP Code and at least one other field, then click Search.
3. Confirm that you are looking at the correct facility. If not, click the **Not my account** button. If it is correct, click “No” next to “Is this facility information up to date?”, then click **Continue**.

4. Next, update the contact information for your **Facility Providers** and/or **Contacts**. When finished, click **Continue**.

![Image of the Citywide Immunization Registry website showing steps 3 and 4 for registering a practice online.](image-url)
5. Review your changes on the final screen. If everything looks correct, click Continue.

6. You will now see a confirmation page reflecting your submission to update your facility’s registration. Please save the Reference ID for your records.