Enrolling Provider Organizations
Section A Quick Start Guide

Your organization’s designated Organization Coordinator completes Section A of the CDC Provider Agreement in myCAvax to enroll the organization in the COVID-19 Vaccination Program. The agreement will be electronically forwarded to your CMO and CEO (or equivalents) who will sign using DocuSign.

Follow these instructions to minimize application processing delays due to missing data or violations of CDC’s business rules. Fill out Section A of the worksheet to capture the data before logging into myCAvax.

Preparing for Enrollment

Our Enrollment Kit provides a detailed overview of the enrollment and onboarding process.

1. Go to the myCAvax website.
   a) Scroll down for an overview.

2. Designate staff to fill the roles of Organization Coordinator (single Point of Contact) and Location Coordinator (two on-site staff for each vaccination location).

3. Ensure each location is registered and able to submit vaccine administration data to your local immunization registry.

4. Organization and Location Coordinators must complete required training in myCAvax before proceeding with enrollment.
   a) Vaccination providers and key practice staff storing, handling, managing, or administering vaccines must complete the training here before vaccines arrive.
5. Review Enrollment Overview to preview enrolling the organization and locations.
   a. Complete Section A of the Provider Agreement Worksheet before getting started.
   b. Each location must meet CDC’s vaccine storage guidelines prior to enrollment.

Register Organization

1. Go to the myCAvax website.
   Click Enroll your organization to get started.

2. Enter the required (*) information.
   a. Make sure auto-fill doesn’t overwrite your data; data cannot be easily changed later.
   b. Enter Organization Legal Name—not the name of the person registering the account. No special characters [? * % & = < >~ TM ( ) | ] allowed in names or addresses.
   c. Enter Organization physical address; must not include “P.O. Box” or “PO box” or “PO Drawer;” select address from Google search as you type.

3. Enter contact information for the Organization Coordinator.
   a. Tip: This role completes Section A; monitors COVID-19 Vaccination Program emails; registers with VaccineFinder and determines who will report vaccine inventory.
   b. Click Register.
4. If prompted, make sure your Organization has not already created an account and submitted an enrollment application. If not, continue to log in after account has been created.

Happy Pediatrics
1234 Sample Street
City, CA 91234-1234
United States

Does your organization already have an account?

Based on the information you provided, we have found a similar organization account already in the COVID-19 Vaccination Program. If this is your organization, please cancel this request and confirm with your organization before moving forward with creating an account.

Happy Pediatrics
1234 Sample Street
City, CA 91234-1234
United States

I understand that if I proceed with creating another organization account, my enrollment in the COVID-19 Vaccination Program will be delayed.

Cancel Continue with account creation

Welcome [Organization Coordinator’s Name]

Your account has been created. Please check your email and use the link provided to verify your password for the myCAvax system.

Continue to log in

Set Up Organization Coordinator Account

1. Organization Coordinator (Point of Contact) will receive an email to set up their account in myCAvax.
   a. Log in with User Name provided.

Subject: Invitation to Register
From: no-reply-mycavax@cdph.ca.gov

2. Create a password and click **Change Password**.
   a) Save your ID/PWD to access myCAvax.
   b) Bookmark the myCAvax website in your browser.

```plaintext
Enter a new password for sample@email.com.mycavax. Make sure to include at least:

- 12 characters
- 1 uppercase letter
- 1 lowercase letter
- 1 number
- 1 special character

* New Password

* Confirm New Password

Change Password
```
3. From the **Home** menu, click **Start** to complete the training, which satisfies CDC requirements for program participation.

   a) Click the required Training URL and complete the training before enrolling.

   ![Training URL Image]

   **Please complete the below trainings.**

<table>
<thead>
<tr>
<th>Training Name</th>
<th>Training URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>California COVID-19 Vaccination Program</td>
<td>California COVID-19 Vaccination Program</td>
</tr>
</tbody>
</table>

   **Successful!**

   We have successfully recorded your training completion.
Enroll Your Organization

1. From the Home menu, click Start to complete Section A – CDC Provider Agreement.

![Enrollment checklist](image1)

2. Click to confirm that provider Organization meets all required Enrollment Criteria.

   a) Click Next Step.

![Enrollment Criteria](image2)
Enrolling Provider Organizations (continued)

3. Complete the Organization profile in Section A of the CDC Provider Requirements and Legal Agreement.
   a. Make sure auto-fill doesn’t overwrite your data; data cannot be easily changed later.
   b. Enter number of affiliated locations receiving or administering COVID-19 vaccines.
   c. **Organization Email serves as Point of Contact for COVID-19 matters.**
   d. Select address from Google search as you type; **must not include “P.O. Box” or “PO box” or “PO Drawer”**.
   e. Enter all required (*) fields.

4. Organization must sign additional agreement and receive authorization to routinely receive and redistribute vaccines to affiliated locations; locations must be enrolled and approved sites.
   a. See [Redistribution: Before You Apply](#).
   b. Select your response from dropdown menu.
   c. Click **Next Step**.
Enrolling Provider Organizations (continued)

5. Review **Section A** Agreement Requirements.
   
   a. Click **Next**.

   ![Section A Agreement Requirements](image)

6. Provide contact information for CMO (or equivalent).
   
   a. **Make sure auto-fill doesn't overwrite your data; data cannot be easily changed later.**
   
   b. **Enter First, Middle and Last Name exactly as they appear on the California licensure.**
   
   c. Email is 40 characters max.
   
   d. Carefully enter the Licensure Number (**numeric digits only**).
   
   e. Enter all required (*) fields.
   
   f. Click **Verify License**.

7. Provide contact info for CEO (or Chief Fiduciary).
   
   a. Check **Same as CMO** if applicable.
   
   b. Email is 40 characters max.
   
   c. Click **Next Step**.
Enrolling Provider Organizations (continued)

Requests for e-signature are automatically sent. Click **Re-send Request** if necessary.

8. CMO will receive email from **myCAvax Program Notification**.

   Subject: E-Signature Requested
   
   From: no-reply-mycavax@cdph.ca.gov
   
   a. Review CDC COVID-19 Vaccination Program Provider Agreement.
   
   b. Use DocuSign to sign (and download a copy of) the legal agreement.
   
   c. CMO does not need to register in myCAvax to complete this task.
   
   d. If CMO and CEO are the same person, only one request for e-signature is emailed.

9. Next, CEO will receive a similar email.

   a. Use DocuSign to sign (and download a copy of) the legal agreement.
   
   b. CEO does not need to register in myCAvax to complete this task.
10. Email is sent to CMO and CEO with Section A attachment once both parties have signed the Provider Agreement.

✉️ Subject: Completed: E-Signature

11. Organization Coordinator receives email that CMO and CEO have signed the agreement.

✉️ Subject: Complete Section B

a. You can now add location(s) to Section B for your organization.

b. Each location identified must complete Section B.

Enrollment cannot proceed until e-signatures are received and Section A is **Completed**.
Invite Locations to Complete Section B

1. Log in to myCAvax.
   a. Click **Setup Locations** to add at least one location that will receive or administer COVID-19 vaccines.

2. Click **Add Location** or **Bulk Add Locations**. (Bulk upload uses a CSV file to load locations.)
3. Enter the required (*) information.

   a. **Location Name** is 35 characters max including spaces; must be the legal name of the facility—not the provider—and must be unique; do not enter street number. For example, if the Organization is HealthPlus Clinics, Location Names might be HealthPlus Clinics - Roseville and HealthPlus Clinics - Folsom.

   b. **Tip:** Location Coordinators are on-site staff who receive & store vaccines; manage inventory; receive emails regarding orders, shipments, and temperature monitoring; may report inventory to VaccineFinder.

   c. **First/Last Names** combined cannot exceed 35 characters including spaces.

   d. **Email** must be 40 characters or less.

   e. Make sure auto-fill doesn’t overwrite your data; data cannot be easily changed later.

   f. **No special characters** [? * % & = < >~ TM( ) | ] allowed in names or addresses.

   g. Click **Save and New** to invite other Location Coordinators, or click **Save**.

4. Location Coordinators will receive an email to set up their account in myCAvax.

   ✉️ Subject: Invitation to Register

   They must complete the required training in myCAvax in order to complete Section B.

   If Organization Coordinator is adding one or more locations, refer to Enrolling Provider Locations to continue.