

## 2009 Operational Immunization Registry Certification

<b>Federal/State Requirements: To meet the definition of an operational registry, the following activities must occur. To be eligible for Medical Assistance funding, a registry must meet this definition.</b>	
<b>County/Region:</b> _____	<b>Registry Coordinator:</b> _____
<b>Required activities</b>	<b>Briefly describe the methods used to complete this activity:</b>
1. Enrollment of eligible children, ages 0-20, in the registry, i.e., birth records, historical data, provider input, etc.	
2. Notification of families of the existence and function of the registry and of the enrollment of their children in the registry. Families must be told that they have the option of removing their children's records from the registry.	State level activities: Registry brochure in newborn packet Notice with birth record verification 800# for parent inquiries Regional/individual county registry activities (Please be specific):
3. Enrollment of private immunization providers as active contributors to the registry. What percentage of private providers in your county/region actively contribute to the registry? <i>Note: A minimum of 65% of providers must be contributing to receive funding for 2009.</i>	Describe the efforts at the regional and local levels to recruit private providers as contributors to the registry:  _____% of providers actively contributing
4. Assurance of data security and quality, including completeness and accuracy, identifying and merging duplicate records. Please provide specific examples of how this activity will be carried out.	
5. Enabling access to immunization records by authorized persons. (Secure internet access, phone or fax number for requesting records/access, etc.)	
6. Identification of individuals due/late for immunization(s) to enable the production and distribution of reminder/recall notifications.	

I certify that our county or regional immunization registry performs all of the above functions and the above information is accurate.

\_\_\_\_\_  
Name/Title (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date