

ImmTrac2 Site Registration Guide

Stock # 11-15175 Rev. 03/2025

Table of Contents

- 1. When is a Site Registration Needed?1**
- 2. How to Begin the Registration Process 2**
- 3. Starting the Registration..... 5**
- 4. Registration Sections..... 6**
 - 4A. Registration Questions..... 6
 - 4B. Organization Demographics7
 - 4C. Parent/Headquarters Info 9
 - 4D. Organization Point of Contact (POC)..... 11
 - 4E. Primary Registry Contact..... 12
 - 4F. User Account(s) Info 13
 - 4G. Responsible Medical Provider 14
 - 4H. Practicing Providers with Prescribing Authority..... 16
 - 4I. Agree and Sign..... 18
 - 4J. Agree and Sign – I Am Not the Authorized Signer.....20
 - 4K. Agree and Sign – I Am the Authorized Signer..... 24
- 5. Status of the Registration..... 26**
 - 5A. Incomplete26
 - 5B. Submitted for Signature 27
 - 5C. Submitted for Approval.....29
 - 5E. Approved..... 32
- 6. Accessing Previously Approved Registrations..... 33**
- 7. Troubleshooting Site Registrations 35**
 - 7A. Check for Errors After Submitting Registration 35
 - 7B. Common Issues for Completing Site Registrations36
 - 7C. Save Progress and Exit.....36

1. When is a Site Registration Needed?

A new ImmTrac2 registration must be completed if:

- An organization is registering for the first time.
- An organization was bought out and the physical address changes as well. If the name and staff are the only thing changing, then they can complete a site renewal to update the facility name and add new users.
- Site agreement registrations can take up to 14 business days to approve. The Texas Immunization Registry staff will review the forms and process them in the order they are received.

2. How to Begin the Registration Process

Anyone can register their original site agreement. Go to immtrac.dshs.texas.gov/TXPRD/enrollProviderEntry.do?action=newOrg and click the 'Registration' button on the menu bar near the top of the screen.



Figure 1: Start Registration

Click the Register link that pops up.

[Request Access](#)

Registered Organizations - If your organization is registered with ImmTrac2 and you want to request a username for access, please click on this link for more information.

[Register](#)

Sign up for ImmTrac2 - Select this link if the organization you support is not registered with ImmTrac2. If you are uncertain if your organization is registered, please contact ImmTrac2 Customer Support at (800) 348-9158 or at ImmTrac2@dshs.texas.gov.

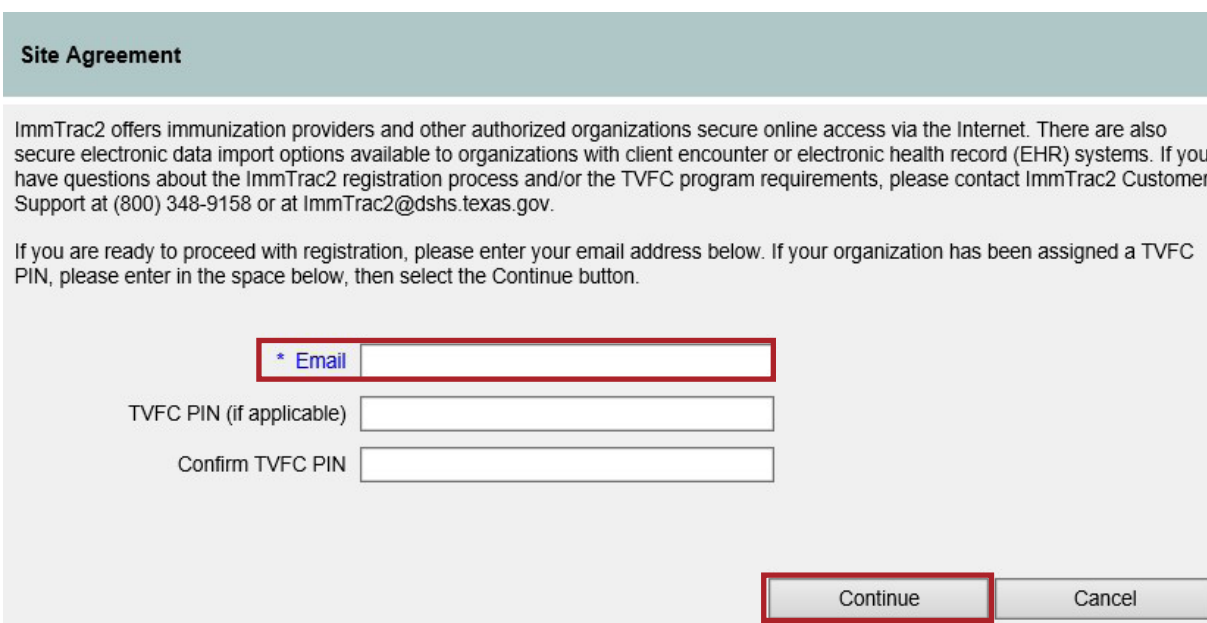
Figure 2: Link to Register

The Site Agreement states:

ImmTrac2 offers immunization providers and other authorized organizations secure online access via the Internet. There are also secure electronic data import options available to organizations with client encounter or electronic health record (EHR) systems. If you have questions about the ImmTrac2 registration process and/or the TVFC program requirements, please contact ImmTrac2 Customer Support at 800-348-9158 or at ImmTrac2@dshs.texas.gov.

If you are ready to proceed with registration, please enter your email address below.

If your organization has been assigned a TVFC PIN, please enter in the space below, then select the Continue button.



The screenshot shows a web form titled "Site Agreement" in a teal header. Below the header, there is a paragraph of text explaining ImmTrac2's secure access and providing contact information for customer support. Another paragraph instructs the user to enter their email address and TVFC PIN (if applicable) to proceed with registration. The form includes three input fields: a red-bordered field for the email address (labeled with a red asterisk and "Email"), a white field for the TVFC PIN (labeled "TVFC PIN (if applicable)"), and another white field for confirming the TVFC PIN (labeled "Confirm TVFC PIN"). At the bottom right, there are two buttons: a red-bordered "Continue" button and a grey "Cancel" button.

Figure 3: Site Agreement Email and TVFC PIN

Enter your email address and your Texas Vaccines for Children (TVFC) PIN number.

If you do not have a TVFC PIN number, please select the "Continue" button.

The email address entered must be unique. If not, an error message will pop up.

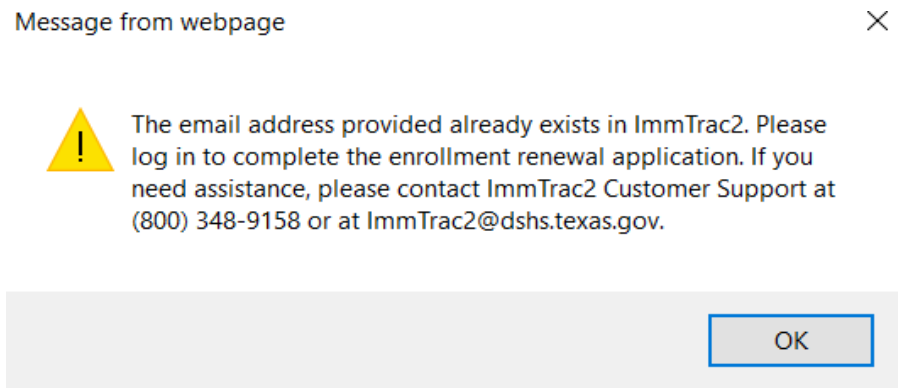


Figure 4: Email Error Message

3. Starting the Registration

Best practice is to expand one section at a time to ensure all required fields are completed (these are the fields with an asterisk and in blue). Navigate to each section by clicking the down arrow ▼ to expand and the up arrow ▲ to minimize. You can also expand all sections or minimize all sections.

Applications left inactive (not updated) for more than 14 calendar days are deleted.

Site Agreement

Welcome to the ImmTrac2 Online Registration!

Please complete each section below. Once all required fields have been completed, please select the proper submit button at the bottom of the form. To save your progress and return at a later time, select "Save Progress and Exit". **Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.**

To reset the Registration application and clear all fields, click the "Start Over" button.

If you have questions about the ImmTrac2 registration process, or you are uncertain if your organization is already registered, please contact ImmTrac2 Customer Support at (800) 348-9158 or at ImmTrac2@dshs.texas.gov.

Warning: Time out will occur after 15 minutes of no activity. Please ensure you save your progress frequently to avoid loss of data.

[\[expand all\]](#) [\[minimize all\]](#)

Registration Questions ▼

Organization Demographics ▼

Parent/Headquarters Info ▼

Organization Point of Contact (POC) ▼

Primary Registry Contact ▼

User Accounts Info ▼

Agree and Sign ▼

[\[expand all\]](#) [\[minimize all\]](#)

Figure 5: Site Agreement

After each Registration section, click the Save Progress and Continue button at the bottom right of each section.

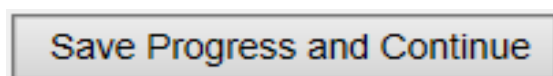


Figure 6: Save Progress and Continue Button

4. Registration Sections

4A. Registration Questions

This section helps to identify your organization.

Registration Questions ▲

1 * 1. Is your organization authorized to administer immunizations? ☒ Yes ☐ No

Note: A Texas licensed doctor or nurse **could potentially be authorized to administer** immunizations if they are also a Prescribing Authority or are under the supervision of a Prescribing Authority. Organizations selecting 'No' are not required to list a prescribing authority and users are granted "view only" access to client/immunization records.

2 * 2. Does your organization administer immunizations, antivirals, or prophylactic injections? ☒ Yes ☐ No

3 3. The TVFC Program serves financially vulnerable children from birth through 18 years of age. Would you like to be contacted with more information on the TVFC Program? ☐ Yes ☒ No

TVFC Program information can be found at www.immunizetexas.com

4 * 4. Would you like to enroll in the TVFC Program now? ☐ Yes ☒ No

5 * 5. Select your Organization Type

6 * 6. The ASN Program serves uninsured adults 19 and over. Would you like to be contacted with more information on the ASN Program? ☐ Yes ☒ No

ASN Program information can be found at www.immunizetexas.com

Figure 7: Registration Questions

Question One: If your organization is licensed in Texas to administer vaccines, select 'Yes'. If not select 'No'.

Question Two: If your organization administers immunizations, antivirals, or prophylactic injections, select 'Yes'. If not select 'No'.

Question Three: If you select 'Yes', the Texas Vaccines for Children Program at DSHS are notified to contact you.

Question Four: This question is grayed out and cannot be selected.

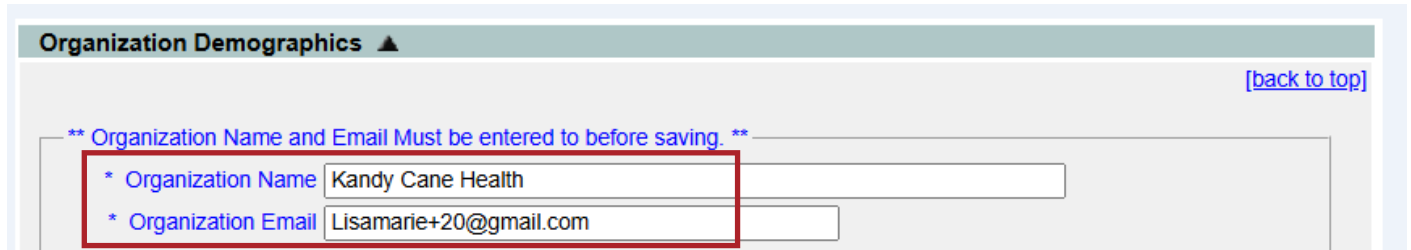
Question Five: You can select from a drop-down box the type of organization.

Question Six: If you click 'Yes', Adult Safety Net staff at DSHS are notified to contact you.

4B. Organization Demographics

Organization Name and Email Address

Enter the Organization Name and Organization Email address. The Organization Name and Email must be entered before saving.



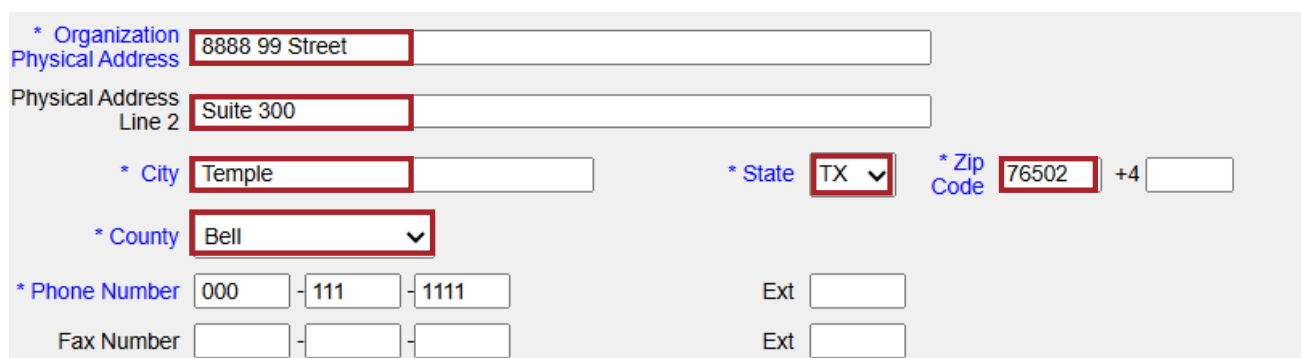
The screenshot shows a web form titled "Organization Demographics" with a green header bar. A blue link "[back to top]" is in the top right. A red-bordered box highlights two required fields: "* Organization Name" with the value "Kandy Cane Health" and "* Organization Email" with the value "Lisamarie+20@gmail.com". Above these fields is a red-bordered box containing the text "** Organization Name and Email Must be entered to before saving. **".

Figure 8: Organization Name and Email Address

Organization Physical Address

ImmTrac2 does not accept exact duplicate physical addresses. Please include one of the following if needed to ensure that your organizations address is unique in 'Physical Address Line 2' by adding one or more of the following:

- Suite,
- Building,
- Section numbers,
- Doctor's name,
- For schools:
 - Elementary,
 - Middle,
 - High, or
 - ISD



The screenshot shows a web form for "Organization Physical Address". Fields include: "* Organization Physical Address" (8888 99 Street), "Physical Address Line 2" (Suite 300), "* City" (Temple), "* State" (TX), "* Zip Code" (76502), "+4" (), "* County" (Bell), "* Phone Number" (000 - 111 - 1111), "Ext" (), "Fax Number" (), and "Ext" ().

Figure 9: Organization Physical Address

Organization Mailing Address

If the organization mailing address is the same as the physical address, select the check box and the physical address will auto-populate in the Organization Mailing Address fields. If the organization mailing address is different from the physical address, do not select the check box; manually enter the mailing address.

☐ Check box if Mailing Address is same as the Physical Address

* Organization Mailing Address 8888 99 Street

Mailing Address Line 2 Suite 300

* City Temple * State TX * Zip Code 76502 +4

Figure 10: Organization Mailing Address

Organization Shipping/Delivery Address

If the organization delivery address is the same as the physical address, select the check box and the physical address will auto-populate in the Organization Delivery Address fields. If the organization delivery address is different from the physical address, do not select the check box; manually enter the delivery address.

Choose “Save and Continue”.

☒ Check box if Delivery Address is same as the Physical Address

* Organization Delivery Address 8888 99 Street

Delivery Address Line 2 Suite 300

* City Temple * State TX * Zip Code 76502 +4

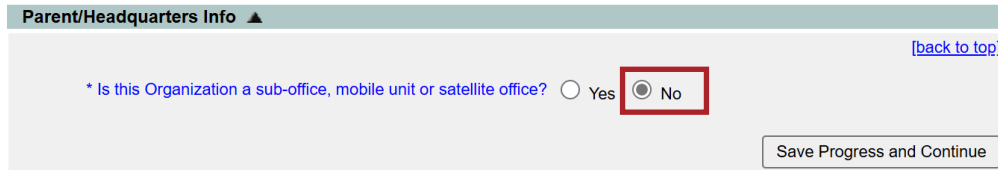
Organization Medicaid ID

Save Progress and Continue

Figure 11: Organization Delivery Address

4C. Parent/Headquarters Info

If you do not have a parent organization because your organization is the parent or is a stand-alone site being registered, the “No” option must be selected.



The screenshot shows a form titled "Parent/Headquarters Info" with a dropdown arrow. Below the title is a question: "* Is this Organization a sub-office, mobile unit or satellite office?". There are two radio button options: "Yes" and "No". The "No" option is selected and highlighted with a red box. To the right of the question is a link "[back to top]". At the bottom right of the form is a button labeled "Save Progress and Continue".

Figure 12: Parent/Headquarters Info

If you have a parent organization:

1. The parent organization must already be registered with ImmTrac2.
2. Enter the parent site's TXIIS ID and click "search" (see Figure 14: Parent TXIIS ID).
If you do not know the parent TXIIS ID, contact ImmTrac Customer Support by emailing ImmTrac2@dshs.texas.gov or call 1-800-348- 9158.

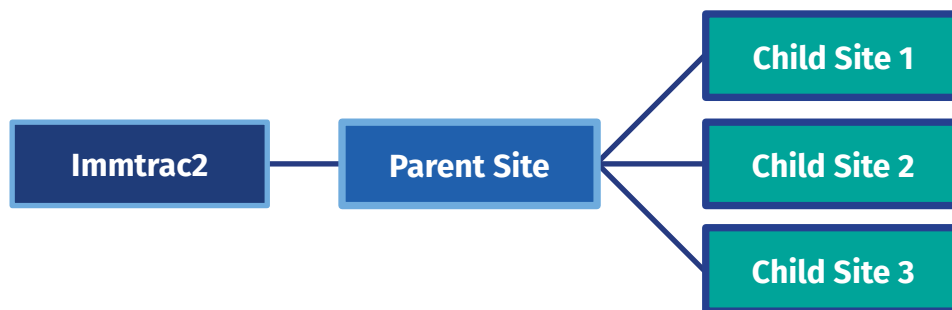


Figure 13: Parent/Sub-Sites

Parent/Headquarters Info ▲ [\[back to top\]](#)

* Is this Organization a sub-office, mobile unit or satellite office? ☐ Yes ☐ No

Please Specify

If this Organization is owned and/or managed by a Primary Organization (e.g. this Organization is a sub-office or mobile unit), the Parent Organization must already be registered with ImmTrac2. Please enter the Parent Organization's TXIIS ID, referred to as PFS# or ImmTrac Provider Number, then select "Search". If you do not know the Parent Organization's TXIIS ID or are unsure if it is registered, please contact ImmTrac2 Customer Support at (800) 348-9158 or visit [www.immtrac2.com](#).

* Parent Organization's TXIIS ID

Parent Organization's Name:
Parent Organization's Physical Address:
Parent Organization's Phone:
Parent Organization's Fax:

Figure 14: Parent TXIIS Search

1. The "Please Specify" box is now visible. Click the drop-down arrow and select: Sub-office, Mobile Unit, or Satellite Office.
 - A. Providers with multiple locations sharing one EHR (electronic health records) system/vendor must indicate Parent/Sub-site relationship for each location.
 - B. Definitions of organization types:
 - i. A sub-office is a public organizational site that reports up to the Main Office in their company.
 - ii. A mobile unit is the same as a sub-office, but this is a unit that moves physically from site to site by some means of transportation.
 - iii. A satellite office is a government site that reports up to another government office.

Once the Parent Organization's TXIIS ID is entered, select "search". The Parent Organization's Name, Parent Organization's Physical Address, Parent Organization's Phone and Parent Organization's fax number will automatically fill in the information.

Parent/Headquarters Info ▲ [\[back to top\]](#)

* Is this Organization a sub-office, mobile unit or satellite office? ☒ Yes ☐ No

Please Specify

If this Organization is owned and/or managed by a Primary Organization (e.g. this Organization is a sub-office or mobile unit), the Parent Organization must already be registered with ImmTrac2. Please enter the Parent Organization's TXIIS ID, referred to as PFS# or ImmTrac Provider Number, then select "Search". If you do not know the Parent Organization's TXIIS ID or are unsure if it is registered, please contact ImmTrac2 Customer Support at (800) 348-9158 or visit [www.immtrac2.com](#).

* Parent Organization's TXIIS ID

Parent Organization's Name: Kandy Cane Health
Parent Organization's Physical Address: 888 99 Street Suite 300. Temple, Tx 76502
Parent Organization's Phone: 655-257-1200
Parent Organization's Fax:

Figure 15: Parent/Headquarters Info - Sub-Office

4D. Organization Point of Contact (POC)

The Organization Point of Contact (POC) serves as the Organization's main POC for ImmTrac2. This individual is responsible for completing the ImmTrac2 registration/renewal and updating the organization's demographics and/or a user's profile. The Organization POC may be the assigned Registry and/or Texas Vaccines for Children (TVFC) Program contact and may assign individuals within their organization as Registry and/or TVFC contacts. This individual may also be the Authorized Signer with the ability to electronically sign the registration/renewal.

For more information, please review the "Authorized Signer" tab.

The title for the Organization Point of Contact is now required and is highlighted below.

When completing the Organization Point of Contact section, do not check the box if this contact already has an ImmTrac2 user account.

Note: The Organizational Point of Contact can be the same person as the Primary Registry Contact at your organization.

Organization Point of Contact (POC) ▲

[\[back to top\]](#)

The Organization Point of Contact (POC) serves as the Organization's main POC for ImmTrac2. This individual is responsible for completing the ImmTrac2 registration/renewal and updating the organization's demographics and/or a user's profile. The Organization POC may be the assigned Registry and/or Texas Vaccines for Children (TVFC) Program contact and may assign individuals within their organization as Registry and/or TVFC contacts. This individual may also be the Authorized Signer with the ability to electronically sign the registration/renewal. For more information, please review the "Authorized Signer" tab.

Access privileges to manage users within an organization are restricted to certain organization types within ImmTrac2 and require "Provider Supervisor Role" training. For more information and to enroll in the online "Provider Supervisor Role" training, please visit the ImmTrac2 Training website at: www.immunizetexas.com

* First Name

Paul

Middle

M

* Last Name

Stone

* Title

Pediatrician

* Contact Phone Number

512

-

123

-

4567

Ext

* Email

EmailAddress@gmail.com

☐

If an ImmTrac2 user account is necessary for this person, check here to copy data you have entered to the User Account Info accordion tab, which will be used to create user accounts.

Save Progress and Continue

Figure 16: Organization Point of Contact

4E. Primary Registry Contact

The Primary Registry contact is the main point of contact for ImmTrac2 related matters and client immunization related items. The ImmTrac2 Primary Registry contact may be the assigned Organization Point of Contact (POC) and/or TVFC Program contact.

These contact roles may or may not be the same person.

The title of the Primary Registry Contact is now a required field and is highlighted below.

When completing the Primary Registry Contact section, do not check the box if this contact already has an ImmTrac2 user account.

Primary Registry Contact ▲

[\[back to top\]](#)

Primary Registry contact is the main point of contact for ImmTrac2 related matters and client immunization related items. The ImmTrac2 Primary Registry contact may be the assigned Organization Point of Contact (POC) and/or Texas Vaccines for Children (TVFC) Program contact. These contact roles may or may not be the same person.

* First Name	<input type="text" value="Paul"/>	Middle	<input type="text"/>	* Last Name	<input type="text" value="Smith"/>
--------------	-----------------------------------	--------	----------------------	-------------	------------------------------------

* Title

* Contact Phone Number	<input type="text" value="512"/>	-	<input type="text" value="123"/>	-	<input type="text" value="4567"/>	Ext	<input type="text"/>
------------------------	----------------------------------	---	----------------------------------	---	-----------------------------------	-----	----------------------

* Email	<input type="text" value="EmailAddress@gmail.com"/>
---------	---

☐

If an ImmTrac2 user account is necessary for this person, check here to copy data you have entered to the User Account Info accordion tab, which will be used to create user accounts.

Save Progress and Continue

Figure 17: Primary Registry Contact - Add User Account

4F. User Account(s) Info

In this section enter people in your organization who need to be ImmTrac2 users, but do not have a current ImmTrac2 username.

Each individual accessing ImmTrac2 is assigned a username. Usernames must not be shared. For security purposes, each user is required to provide a unique email address. [See section 2, line M of the legal agreement.](#) All email addresses will be verified by the system for uniqueness.

Complete each section one at a time before adding another. If additional users need to be added, select “Add Additional Users”.

The screenshot shows the 'User Accounts Info' form with a teal header bar containing the title and a triangle icon. A '[back to top]' link is in the top right. Below the header, a paragraph explains the username and email requirements. The form contains several input fields: 'First Name' (Paul), 'Middle' (empty), 'Last Name' (Stone), 'Phone Number' (512-123-4567), 'Email' (EmailAddress@Yahoo.com), and 'Current ImmTrac2 Username' (empty). At the bottom, there is a '+ Add Additional Users' link highlighted with a red box and a 'Save Progress and Continue' button.

Figure 18: User Accounts Info

If the “Add Additional Users” hyperlink was incorrectly selected, the entry can be removed by clicking the “Delete Entry” button.

This screenshot shows the same 'User Accounts Info' form but with two user entries. The first entry is for 'Paul Stone' with email 'EmailAddress@gmail.com'. The second entry is for 'George Stone' with email 'AnotherEmailAddress@gmail.com'. In the second entry, the 'Delete Entry' button is highlighted with a red box. The '+ Add Additional Users' link and 'Save Progress and Continue' button are still at the bottom.

Figure 19: Delete Entry

Note: Users can only report immunizations for organizations that they have access to. Users must be associated to each organization where the immunization was administered.

4G. Responsible Medical Provider

This section is for the Chief/Senior Medical Authority or a Texas Licensed Medical Professional (Example: MD, DO, PA, APRN, or Pharmacist) over that organizational site. Organizations must have a designated Chief Medical Officer or Senior Practicing Provider for the “Responsible Medical Provider” section. They must be a Texas licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations.

Responsible Medical Provider ▲[\[back to top\]](#)

Organizations must have a designated Chief Medical Officer or Senior Practicing Provider for the “Responsible Medical Provider” section. They must be a Texas licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations.

* First Name	<input type="text" value="Paul"/>	Middle	<input type="text"/>	* Last Name	<input type="text" value="Rock"/>
* Job Title	<input type="text" value="Chief Medical Officer"/>				
* Specialty	<input type="text" value="Doctor"/>				
* License Type	<input type="text" value="MD Doctor of Medicine"/>				
* License Number	<input type="text" value="M4567"/>		* NPI Number	<input type="text" value="8765432109"/>	
Provider Medicaid ID	<input type="text"/>				
Employee ID Number	<input type="text"/>				
* Email	<input type="text" value="Paul+1Rock@gmail.com"/>				
* Phone Number	<input type="text" value="512"/>	<input type="text" value="- 123"/>	<input type="text" value="- 456"/>	Ext	<input type="text" value="100"/>

Save Progress and Continue

Figure 20: Responsible Medical Provider

Texas Medical Professional License Types for the drop-down menu labeled “License Type”.

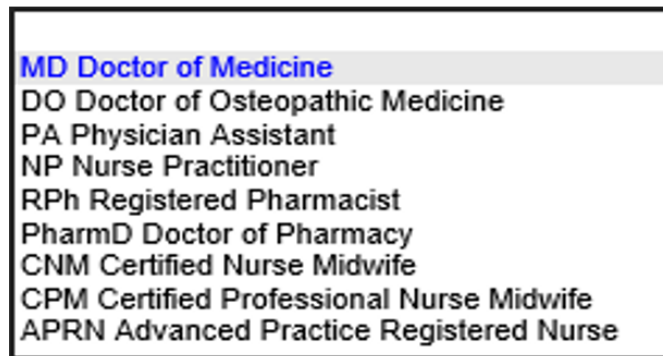


Figure 21: License Types

The formats for license numbers are:

- MD is a letter and four numbers Example: N5678
- PA is “PA” followed by four or five numbers.
- Example: PA12345
- The NPI Number consists of 10 numbers (all numeric) Example: 1234567893
- Advanced Practice Nurses put the “AP” in front of their license number. Up to six numeric characters are accepted here. Example: AP123456 or NP123456
- There are no RN or LVN license types available here to select. The RN and LVN license types will never be collected on this screen

4H. Practicing Providers with Prescribing Authority

This section is for Texas Licensed Medical Professional(s) that will be prescribing immunizations. These providers must have a Texas license number and an NPI number. They will be the ones that are attached to the immunization information in the “Administered by” field in ImmTrac2.

Note: A free NPI Number (National Plan and Provider Enumeration System (NPPES)) can be applied for at nppes.cms.hhs.gov/#/.

If the “Add Additional Entry” hyperlink was mistakenly selected, the entry can be removed by clicking the “Delete” button.

Practicing Providers with Prescribing Authority ▲

[\[back to top\]](#)

List all Texas licensed health care providers (MD, DO, NP, PA, APRN, Pharmacist) at your facility who have prescribing authority.

* First Name

Jane

Middle

* Last Name

Lane

* Job Title

Doctor

* Specialty

Pediatrics

* License Type

MD Doctor of Medicine ▼

* License Number

M1234

* NPI Number

1234567890

Provider Medicaid ID

Employee ID Number

* Email

Jane+1Lane@Gmail.com

* First Name

Middle

* Last Name

* Job Title

* Specialty

* License Type

▼

* License Number

* NPI Number

Provider Medicaid ID

Employee ID Number

* Email

Delete

[+ Add Additional Entry](#)

Save Progress and Continue

Figure 22: Practicing Providers with Prescribing Authority

The drop-down menu of License Type.

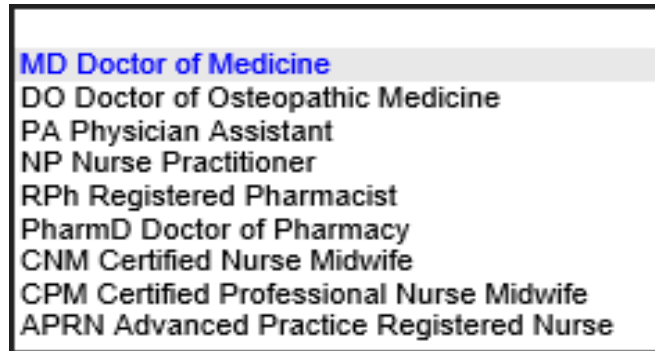


Figure 23: License Types

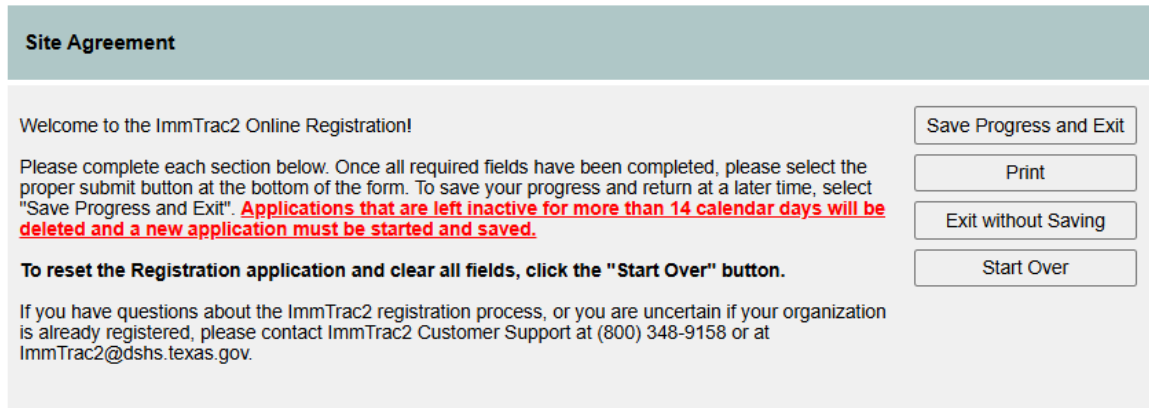
The formats for license numbers are:

- MD is a letter and four numbers. Example: N5678
- PA is “PA” followed by four or five numbers. Example: PA12345
- The NPI Number consists of 10 numbers (all numeric). Example: 1234567893
- Advanced Practice Nurses put the “AP” in front of their license
- number. Up to six digits are accepted here. Example: AP123456 or NP123456
- There are no RN or LVN license types available here to select. The RN and LVN license types will never be collected on this screen.

4I. Agree and Sign

This is a long document so only the top, middle, and bottom portions are displayed below. You must read and agree with the Organization Agreement and Confidentiality Statement.

Organization Agreement and confidentiality Statement



The screenshot shows the 'Site Agreement' page of the ImmTrac2 Online Registration. It includes a welcome message, instructions on how to save progress or start over, and contact information for customer support. On the right side, there are four buttons: 'Save Progress and Exit', 'Print', 'Exit without Saving', and 'Start Over'.

Site Agreement

Welcome to the ImmTrac2 Online Registration!

Please complete each section below. Once all required fields have been completed, please select the proper submit button at the bottom of the form. To save your progress and return at a later time, select "Save Progress and Exit". **Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.**

To reset the Registration application and clear all fields, click the "Start Over" button.

If you have questions about the ImmTrac2 registration process, or you are uncertain if your organization is already registered, please contact ImmTrac2 Customer Support at (800) 348-9158 or at ImmTrac2@dshs.texas.gov.

Save Progress and Exit

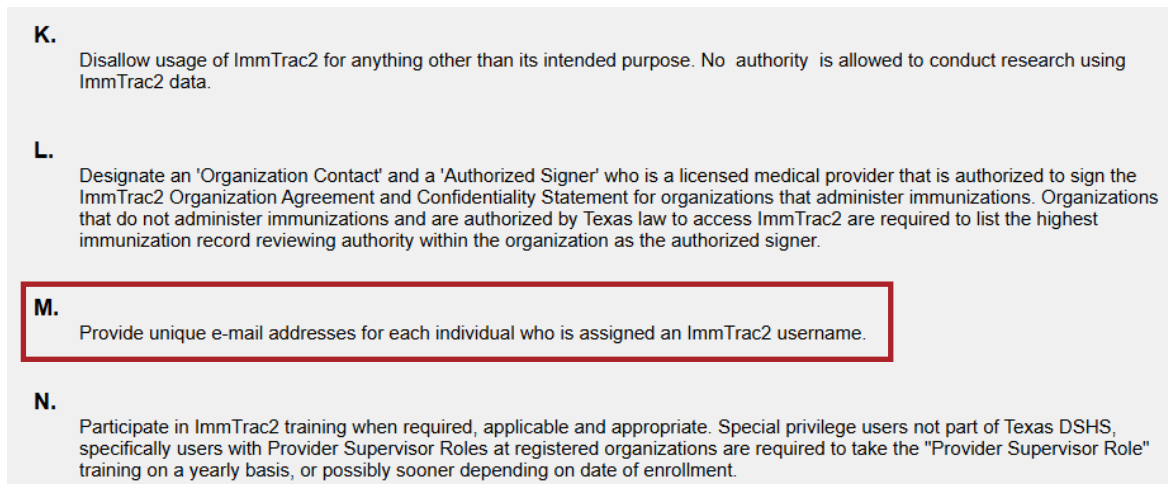
Print

Exit without Saving

Start Over

Figure 24: Organization Agreement and Confidentiality Statement

Section Two: Organizations/individuals accessing ImmTrac2 agree to:



The screenshot displays a list of agreement terms labeled K through N. Term M, 'Provide unique e-mail addresses for each individual who is assigned an ImmTrac2 username.', is highlighted with a red rectangular border.

K. Disallow usage of ImmTrac2 for anything other than its intended purpose. No authority is allowed to conduct research using ImmTrac2 data.

L. Designate an 'Organization Contact' and a 'Authorized Signer' who is a licensed medical provider that is authorized to sign the ImmTrac2 Organization Agreement and Confidentiality Statement for organizations that administer immunizations. Organizations that do not administer immunizations and are authorized by Texas law to access ImmTrac2 are required to list the highest immunization record reviewing authority within the organization as the authorized signer.

M. Provide unique e-mail addresses for each individual who is assigned an ImmTrac2 username.

N. Participate in ImmTrac2 training when required, applicable and appropriate. Special privilege users not part of Texas DSHS, specifically users with Provider Supervisor Roles at registered organizations are required to take the "Provider Supervisor Role" training on a yearly basis, or possibly sooner depending on date of enrollment.

Figure 25: Enter Unique Email Address

Section Three: Organization Agreement and Confidentiality Statement

Agree and Sign

The screenshot shows a web form titled "Agree and Sign" with three numbered items (F, G, H) for agreement. Below these is a section for the "Authorized Signer" with two radio button options. A note explains that selecting "I am not the Authorized Signer" will send a request for signature by the Authorized Signer identified in the form. A red box highlights the text "Responsible Medical Provider or Authorized Signer: Sally Salley". At the bottom are three buttons: "Save Progress and Continue", "Submit for Signature", and "Submit for Approval".

F. I agree to protect the ImmTrac2 username and password from unauthorized users.

G. I verify that I am an authorized ImmTrac2 Registry user and will only use the ImmTrac2 username assigned by DSHS.

H. I have read and agree to the terms on this ImmTrac2 Organization Agreement and Confidentiality Statement.

Authorized Signer

* Select one

☐ I am not the Authorized Signer

Note: Selecting this option confirms that you are not an Authorized Signer and unable to sign for this Organization. Clicking the Submit for Signature button below will send a request for signature by the Authorized Signer identified in this form.

☐ I am the Authorized Signer

Responsible Medical Provider or Authorized Signer: Sally Salley

Save Progress and Continue Submit for Signature Submit for Approval

[\[expand all\]](#) [\[minimize all\]](#)

Figure 26: Agree and Sign

The applicant filling out the registration or renewal may or may not be the person who electronically signs the form.

Note: Anyone authorized by the Medical Authority may sign the form on their behalf.

The Responsible Medical Provider accordion tab lists information about the Responsible Medical Provider. See [Figure 20: Responsible Medical Provider](#).

All required fields on the electronic form must be filled out before the registration or renewal applicant can 'Submit for Signature' or 'Submit for Approval'.

A Site Agreement Renewal is required every two years.

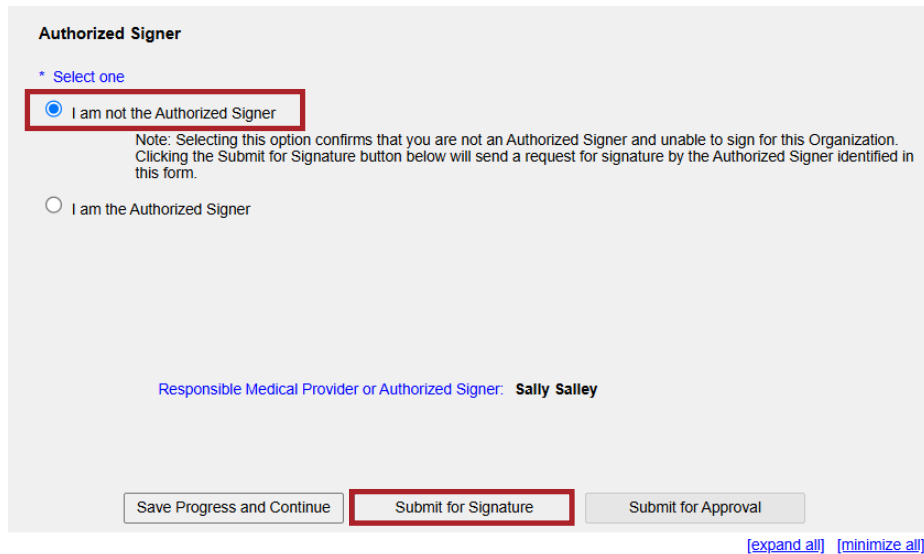
The details of the site agreement include the legal requirements for who can access the registry as well as the usage policies that each organization agrees to abide by. ImmTrac2 contains Protected Health Information (PHI) and Personal Identifiable Information (PII). At the point the responsible medical provider or authorized signer submits the form for approval to the Texas Immunization Registry, the person is required to acknowledge (check box) that they have read and agree to the terms of the agreement and confidentiality statement.

4J. Agree and Sign – I Am Not the Authorized Signer

This section is to be completed by the medical staff completing the form for the Texas Medical Licensed Professional who will be taking responsibility to ensure all users comply with the agreement for all PHI and PII data contained in ImmTrac2.

If the person filling this form out is not the Authorized Signer, then:

- Select the option “I am not the Authorized Signer”,
- Click the “Submit for Signature” box to have the form emailed to the
- Authorized Signer’s email address to sign the form.



The screenshot shows a web form titled "Authorized Signer". It features a radio button selection with two options: "I am not the Authorized Signer" (which is selected and highlighted with a red box) and "I am the Authorized Signer". A note explains that selecting the first option confirms the user is not an authorized signer and that clicking "Submit for Signature" will send a request to the authorized signer. Below the options, it identifies the "Responsible Medical Provider or Authorized Signer" as "Sally Salley". At the bottom, there are three buttons: "Save Progress and Continue", "Submit for Signature" (highlighted with a red box), and "Submit for Approval". Links for "[expand all]" and "[minimize all]" are located at the bottom right of the form area.

Authorized Signer

* Select one

☒ I am not the Authorized Signer

Note: Selecting this option confirms that you are not an Authorized Signer and unable to sign for this Organization. Clicking the Submit for Signature button below will send a request for signature by the Authorized Signer identified in this form.

☐ I am the Authorized Signer

Responsible Medical Provider or Authorized Signer: **Sally Salley**

[\[expand all\]](#) [\[minimize all\]](#)

[Save Progress and Continue](#) [Submit for Signature](#) [Submit for Approval](#)

Figure 27: I Am Not the Authorized Signer

Who is the Authorized Signer? The default Authorized Signer is the Responsible Medical Provider. Asterisk (*) in blue are required.

Responsible Medical Provider ▲

[\[back to top\]](#)

Organizations must have a designated Chief Medical Officer or Senior Practicing Provider for the "Responsible Medical Provider" section. They must be a Texas licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations.

* First Name Middle * Last Name

* Job Title

* Specialty

* License Type

* License Number * NPI Number

Provider Medicaid ID

Employee ID Number

* Email

* Phone Number - - Ext

[Save Progress and Continue](#)

Figure 28: Responsible Medical Provider

The Authorized Signer will receive an email with a Random-Access Code, a link to “review and sign”, and a link to “decline signing”.

ImmTrac2 Registration – Your action is needed.

ImmTrac2@dshs.texas.gov
to

The Organization Point of Contact (POC) for your [Organization](#), (Suzie Smith) had identified you as an Authorized Signer who qualifies to sign the ImmTrac2 Registration/Renewal for (Newman Test ORG). We have temporarily saved the data entered during the ImmTrac2 Registration process. Your action is required within 30 calendar days to proceed with this Registration.

Please click a link below to access the incomplete Registration/Renewal and continue. Please provide your email address and this access code: **FVA3XKT0**. Should you have any issues, please contact the ImmTrac2 Customer Support Team at (800) 348-9158 or at ImmTrac2@dshs.texas.gov

The URL to review and sign the incomplete Registration/Renewal is:
<https://immtrac.dshs.texas.gov/TXPRD/enrollProviderEntry.do?action=LOADBYRACSIGNER>.

The URL to decline signing the incomplete Registration/Renewal is:
<https://immtrac.dshs.texas.gov/TXPRD/enrollProviderEntry.do?action=DECLINE>.

Figure 29: Authorized Signer Email

If the link to review and sign is clicked, a webpage asks for the random-access code and the email of the official signer.

Note: Do not copy and paste the period (.) at the end of the Random-Access Code.

Site Agreement

* Random Access Code

* Email

Submit

Figure 30: Random Access Code

The Site Agreement is displayed with the message, “Successfully Submitted Organization Enrollment for signature”.

Successfully Submitted Organization Enrollment for signature.

Site Agreement

Welcome to the ImmTrac2 Online Registration!

Please complete each section below. Once all required fields have been completed, please select the proper submit button at the bottom of the form. To save your progress and return at a later time, select "Save Progress and Exit". **Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.**

To reset the Registration application and clear all fields, click the "Start Over" button.

If you have questions about the ImmTrac2 registration process, or you are uncertain if your organization is already registered, please contact ImmTrac2 Customer Support at (800) 348-9158 or at ImmTrac2@dshs.texas.gov.

Save Progress and Exit

Print

Exit without Saving

Start Over

Figure 31: Successfully Submitted for Signature

If the link to decline signing the Site Agreement is chosen, then the option to decline is displayed. Please be careful when copying and pasting the random access code, do not include a period at the end of the code.

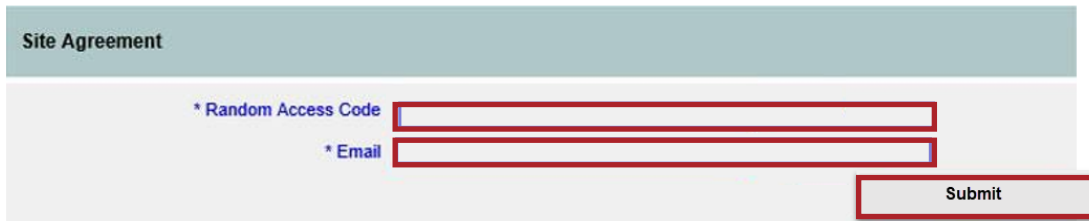
A screenshot of a web form titled "Site Agreement" in a teal header. Below the header, there are two input fields: "* Random Access Code" and "* Email", both with red borders. To the right of these fields is a "Submit" button with a red border.

Figure 32: Decline to Sign

If the “Decline” button is chosen, an email is sent to the person who submitted the registration for signature, stating that the Authorized Signer declined the request to submit the registration, and to select someone else as the Authorized Signer and resubmit the registration for signature.

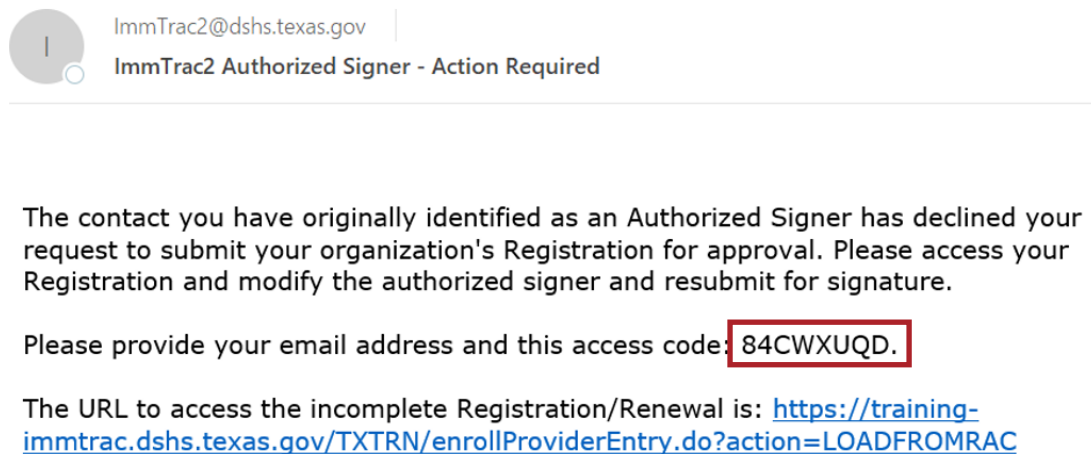
An email notification from ImmTrac2@dshs.texas.gov. The header shows a profile icon with the letter 'I' and the text "ImmTrac2 Authorized Signer - Action Required". The body of the email states: "The contact you have originally identified as an Authorized Signer has declined your request to submit your organization's Registration for approval. Please access your Registration and modify the authorized signer and resubmit for signature." It then says "Please provide your email address and this access code:" followed by a red-bordered box containing the code "84CW XUQD.". Finally, it provides a URL to access the incomplete registration/renewal: <https://training-immtrac.dshs.texas.gov/TXTRN/enrollProviderEntry.do?action=LOADFROMRAC>

Figure 33: Authorized Signer Declined

Note: Do not copy and paste the period (.) at the end of the Random-Access Code.

4K. Agree and Sign – I Am the Authorized Signer

This section is to be completed by the Responsible Medical Provider or a person Authorized to Sign the agreement. The Responsible Medical Provider is responsible to ensure all users comply with the agreement for the Protected Health Information (PHI) and Personally Identifiable Information (PII) data contained in ImmTrac2.

Authorized Signer

* Select one

☐ I am not the Authorized Signer

Note: Selecting this option confirms that you are not an Authorized Signer and unable to sign for this Organization. Clicking the Submit for Signature button below will send a request for signature by the Authorized Signer identified in this form.

☒ I am the Authorized Signer

Organization Agreement and Confidentiality Statement Acceptance

☒ * I have read and agree to comply with the Organization Agreement and Confidentiality Statement as presented in this section

Responsible Medical Provider or Authorized Signer: **Sally Salley**

* Signature
To sign, please type your name.

* Title

* Email

Date/Time

[\[expand all\]](#) [\[minimize all\]](#)

Figure 34: Signed by the Responsible Medical Provider

- The checkbox “I have read and agree to comply with the Organization Agreement and Confidentiality Statement as presented in this section” must be checked.
- The Signature line must be entered, along with the title and email address of the Authorized Signer. Then click “Submit for Approval”.

Although the Responsible Medical Provider is listed on the Authorized Signer page, an Authorized Signer who is not the Responsible Medical Provider can also sign on behalf of them and submit the form for approval.

Authorized Signer

* Select one

☐ I am not the Authorized Signer

Note: Selecting this option confirms that you are not an Authorized Signer and unable to sign for this Organization. Clicking the Submit for Signature button below will send a request for signature by the Authorized Signer identified in this form.

☒ I am the Authorized Signer

Organization Agreement and Confidentiality Statement Acceptance

☒ * I have read and agree to comply with the Organization Agreement and Confidentiality Statement as presented in this section

Responsible Medical Provider or Authorized Signer: **Paul M Stone**

* Signature:

To sign, please type your name.

* Title:

* Email:

Date/Time

Figure 35: Authorized Signer Who Is Not the Responsible Medical Provider

Once the application is successfully submitted, the Authorized Signer will receive a “Submitted Successfully” message at the top of the screen.

Note: Please allow up to 14 business days (Monday–Friday) to process the registration. For additional assistance, please contact the ImmTrac2 Customer Support Team at ImmTrac2@dshs.Texas.Gov or via phone at 800-348-9158, press option four.

5. Status of the Registration

The types of Registration Application status are as follows:

5A. Incomplete

There is some missing or partial information that needs to be added or updated per the email you were sent. The information must be complete before it can be successfully submitted and processed in the system.

Manage Registrations

Manage Renewals
Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations
Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal
Select this link to access the previously approved Registration or Renewal

Registration of Intent - Unidirectional Data Exchange
Select this link to access the Registration of Intent for unidirectional data exchange with the Texas Immunization Registry. This link is NOT for bidirectional data exchange. For bidirectional data exchange ROI, please contact ImmTracMU@dshs.texas.gov.

Registrations
When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calander days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application. Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Randy Dandy Health	45 Funny Cide street, Temple TX 76502	Incomplete	14 days

Figure 36: Incomplete Registration

5B. Submitted for Signature

The person filling out the registration is not the Authorized Signer.

Manage Registrations

Manage Renewals

Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations

Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal

Select this link to access the previously approved Registration or Renewal

Registration of Intent - Unidirectional Data Exchange

Select this link to access the Registration of Intent for unidirectional data exchange with the Texas Immunization Registry. This link is NOT for bidirectional data exchange. For bidirectional data exchange ROI, please contact ImmTracMU@dshs.texas.gov.

Registrations

When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calander days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application.

Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Jack and Jill Healthcare	334 Jack Test Road, Austin TX 78731	Submitted for Signature	
Lisa Marie's Private Practice	333 49th Street, Austin TX 78756	Submitted for Approval	

Figure 37: Submitted for Signature

The Authorized Signer indicated in the registration will receive an email with a random access Code who will then sign the registration and submit it for approval. The default for the authorized signer will be the name used in the Responsible Medical Provider tab. When copying the access code, do not include the period (.)

ImmTrac2 Registration – Your action is needed.

ImmTrac2@dshs.texas.gov
to

The Organization Point of Contact (POC) for your Organization, (Suzie Smith) had identified you as an Authorized Signer who qualifies to sign the ImmTrac2 Registration/Renewal for (Newman Test ORG). We have temporarily saved the data entered during the ImmTrac2 Registration process. Your action is required within 30 calendar days to proceed with this Registration.

Please click a link below to access the incomplete Registration/Renewal and continue. Please provide your email address and this access code: **FVA3XKTC**. Should you have any issues, please contact the ImmTrac2 Customer Support Team at (800) 348-9158 or at ImmTrac2@dshs.texas.gov

The URL to review and sign the incomplete Registration/Renewal is:
<https://immtrac.dshs.texas.gov/TXPRD/enrollProviderEntry.do?action=LOADBYRACSIGNER>.

The URL to decline signing the incomplete Registration/Renewal is:
<https://immtrac.dshs.texas.gov/TXPRD/enrollProviderEntry.do?action=DECLINE>.

Figure 38: Authorized Signer Email

Responsible Medical Provider ▲ [\[back to top\]](#)

Organizations must have a designated Chief Medical Officer or Senior Practicing Provider for the "Responsible Medical Provider" section. They must be a Texas licensed medical provider and/or a licensed prescribing authority for Organizations administering immunizations.

* First Name Middle * Last Name

* Job Title

* Specialty

* License Type

* License Number * NPI Number

Provider Medicaid ID

Employee ID Number

* Email

* Phone Number - - Ext

Figure 39: Default Signer is the Responsible Medical Provider

5C. Submitted for Approval

The registration has been successfully signed and sent to DSHS for processing.

Manage Registrations
Manage Renewals
Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.
Manage Registrations
Select this link to register a new organization or to continue working on an incomplete registration.
Access previously approved Registration or Renewal
Select this link to access the previously approved Registration or Renewal
Registration of Intent
Select this link to access the Registration of Intent to pursue electronic data exchange and immunization reporting with ImmTrac2.

Registrations

When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application. Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Pauls Fifth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Submitted for Approval	
Pauls Sixth Pediatric Practice	1100 W. 49th Street, Austin TX 78756	Submitted for Signature	
Chips Ahoy Pediatric Clinic	1100 Buddy Holly Avenue, Lubbock TX 79424	Submitted for Approval	
Pauls Fourth Pediatric Practice	1100 W. 53rd, Austin TX 78756	Approved	
Pauls Third Pediatric Practice	1100 W. 53RD STREET, AUSTIN TX 78756	Approved	

Figure 40: Submitted for Approval

Note: Please allow up to 14 business days (Monday–Friday) to process. For additional assistance, please contact the ImmTrac2 Customer Support Team.

After your registration has been successfully submitted to DSHS, the Organization Point of Contact will receive an email confirming receipt by DSHS.

ImmTrac2@dshs.texas.gov

May 6, 2020, 12:59 PM



Your ImmTrac2 Registration request for Pauls Fifth Pediatric Practice has been received. Please allow 10-14 days for processing. If you do not receive an e-mail after 14 days of your registration submission date confirming approval or denial, contact the ImmTrac2 Customer Support Team at 1-800-348-9158 or at ImmTrac2@dshs.texas.gov.

Figure 41: Submitted for Approval Email

5D. Returned

The registration has been reviewed by DSHS and returned to the Organization email to be corrected and resubmitted. The reviewer at DSHS will notate what needs to be changed.

Manage Registrations

Manage Renewals

Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations

Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal

Select this link to access the previously approved Registration or Renewal

Registration of Intent - Unidirectional Data Exchange

Select this link to access the Registration of Intent for unidirectional data exchange with the Texas Immunization Registry. This link is NOT for bidirectional data exchange. For bidirectional data exchange ROI, please contact ImmTracMU@dshs.texas.gov.

Registrations

When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calander days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application.

Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Jack and Jill Healthcare	334 Jack Test Road, Austin TX 78731	Returned	

Figure 42: Returned

See the example below of a Returned Registration Email which displays an email informing an organization that their registration was returned with specific instructions to correct before resubmitting.

From: ImmTrac2@dshs.texas.gov

Date: 18 August 20, 2023

Subject: ImmTrac2 Enrollment Action Required – Changes Made to Enrollment Form

To: john@johnspharmacy.com

You have been identified as the Authorized Signer of record for the following organization:

Authorized Signer: John Smith

Organization: Johns Pharmacy

Type: REGISTRATION

FORM ID: DSHS175618

Date Submitted: 08/18/2023

During an initial review of your organization's Registration form, the following values were changed:

Summary of Changes

NONE – See DSHS Specific Instructions at the bottom of this email

The changes listed above or described in the DSHS Specific Instructions section below, require your review and the enrollment form previously submitted must be resubmitted for approval.

You must re-access your Registration form to complete this action. To access the Registration form, please click the link below and continue. Enter the provided access code S4J13ABC, your email address and then click the Submit button. Once you have accessed the Registration form, review changes made and then resubmit your form for approval.

The URL to access the Registration form is:

<https://immtrac.dshs.texas.gov/TXPRD/enrollProviderEntry.do?action=LOADBYRACSIGNER>

DSHS Specific Instructions

Please provide a valid medical license for John Smith

If you have any questions about this email or the recertification process, please contact the ImmTrac2 Customer Support Team at 1-800-348-9158 or ImmTrac2@dshs.texas.gov.

Figure 43: Example of Returned Registration Email

5E. Approved

When your site registration has been approved by DSHS, the Organization Point of Contact will be emailed notification of approval.

Welcome to ImmTrac2 Inbox x

ImmTrac2@dshs.texas.gov

Your enrollment application for ImmTrac2 has been approved. You will soon receive a separate e-mail with your login information.

If you have any questions, please contact the ImmTrac2 Customer Support Team at 1-800-348-9158 or at ImmTrac2@dshs.texas.gov.

Figure 44: Example of Approved Site Registration Email

6. Accessing Previously Approved Registrations

- If you want to see your previously approved Site Registration,
1. Click the “registration/renewal” tab at the top of the screen.
 2. Select “Access previously approved Registration or Renewal”.

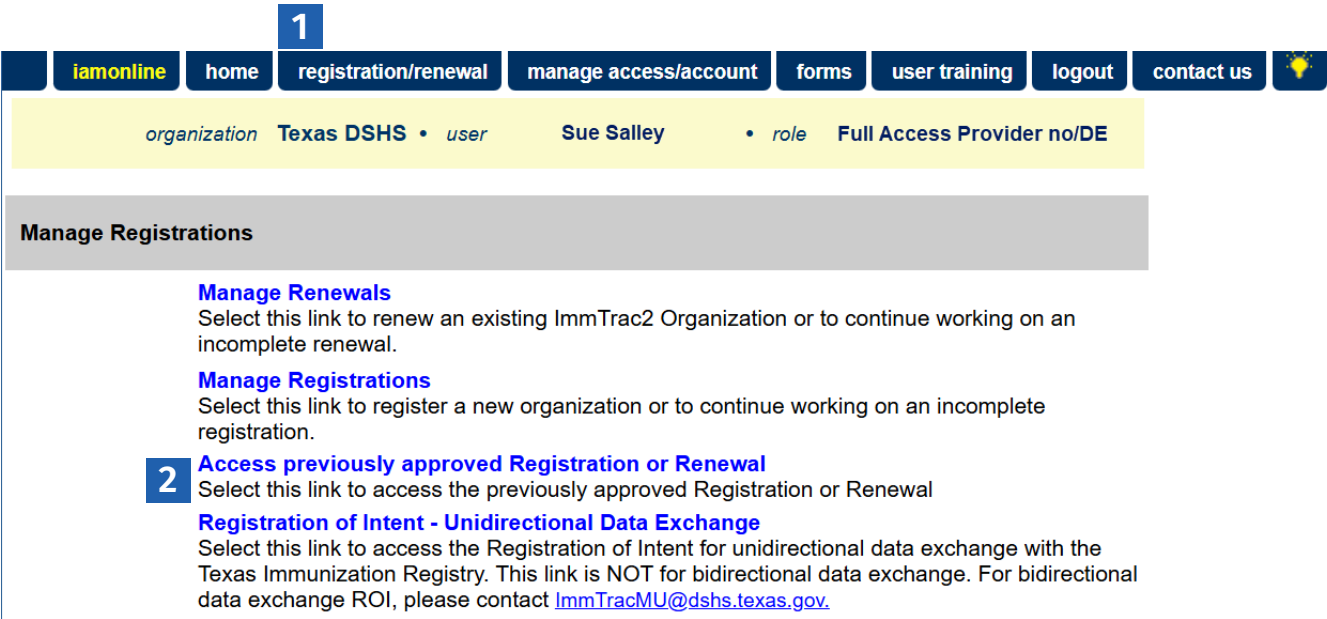


Figure 45: Access Previously Approved Registration or Renewal

You can print out the Site Agreement once it is opened. [See Figure 46: Site Agreement.](#)

Site Agreement

Welcome to the ImmTrac2 Online Registration!

Please complete each section below. Once all required fields have been completed, please select the proper submit button at the bottom of the form. To save your progress and return at a later time, select "Save Progress and Exit". **Applications that are left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.**

To reset the Registration application and clear all fields, click the "Start Over" button.

If you have questions about the ImmTrac2 registration process, or you are uncertain if your organization is already registered, please contact ImmTrac2 Customer Support at (800) 348-9158 or at ImmTrac2@dshs.texas.gov.

Save Progress and Exit

Print

Exit without Saving

Start Over

Warning: Time out will occur after 15 minutes of no activity. Please ensure you save your progress frequently to avoid loss of data.

[\[expand all\]](#) [\[minimize all\]](#)

Registration Questions ▼

Organization Demographics ▼

Parent/Headquarters Info ▼

Organization Point of Contact (POC) ▼

Primary Registry Contact ▼

User Accounts Info ▼

Responsible Medical Provider ▼

Practicing Providers with Prescribing Authority ▼

Agree and Sign ▼

[\[expand all\]](#) [\[minimize all\]](#)

Figure 46: Site Agreement

7. Troubleshooting Site Registrations

7A. Check for Errors After Submitting Registration

When you click “Submit for Approval” at the end of the site agreement, the registration will be checked for missing or invalid information on required fields.

For some fields with missing or invalid information, an error message will appear at the top of the registration. Carefully go back through the application, open each section one at a time, and look for any required fields marked with asterisks that are blank or any sections that have red error messages.

Validation Errors

- Please scroll down through each accordion tab to review validation error(s) listed at the top of the section.
- Please enter information in all required fields with an asterisk (*)

Figure 47: Validation Error Message at Top of Registration Form

User Accounts Info ▲

[\[back to top\]](#)

Validation Errors

- Currently an email address is entered more than once. Each user should only have one section filled out with their information and email addresses cannot be duplicated. Please review the entries on this tab for duplicates.

Each individual accessing ImmTrac2 is assigned a username. Usernames must not be shared. For security purposes, each user is required to provide an e-mail address. All e-mail addresses will be verified by the system for uniqueness.

* First Name

Paul

Middle

* Last Name

Stone

Phone Number

Ext

* Email

Paul.Stone@yahooooooo.com

Current ImmTrac2 Username

* First Name

Paul

Middle

* Last Name

Stone

Phone Number

Ext

* Email

Paul.Stone@yahooooooo.com

Current ImmTrac2 Username

Delete Entry

[+ Add Additional Users](#)

Save Progress and Continue

Figure 48: Validation Error Message at Top of Section

7B. Common Issues for Completing Site Registrations

Required fields have an asterisk (*) and are in blue. Before submitting a registration, review each section of the application and look for required fields that are blank.

Unique organization name: The organization name must be unique. For large organizations with similar names, use a unique identifier specific to the site. (Ex: “Pediatric Clinic – Dr. Paul Smith” or “Kindercare – 1003” or “Martin Luther King Middle – Austin ISD”)

Unique physical address: If the address already exists in ImmTrac2 by a different business, use address line 2 to make the address unique, such as adding a suite number.

Look out for spaces before, after, or in the Email addresses:

User Account Info: If you are a “current user”, do not add yourself as an additional user.

Advanced Practice Nurses (APN) should put an “AP” in front of their license number.

Reminder: Each individual user should not share their credentials as this violates the organization site agreement.

7C. Save Progress and Exit

To save your progress and return later, select “Save Progress and Exit”.

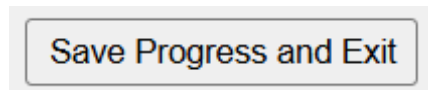


Figure 49: Save Progress and Exit Button

Then a message appears asking if you are sure you want to exit.

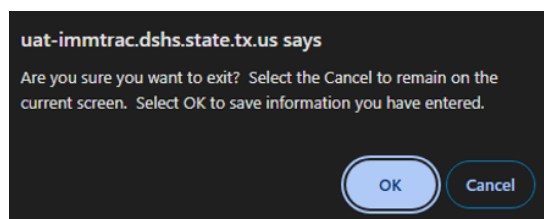


Figure 50: Exit Message

If “OK” is selected and you want to save and exit, a message appears that progress has been saved and ImmTrac2 has sent you an email with instructions on how to return to the incomplete application.

From: <ImmTrac2@dshs.texas.gov>
Date: Tue, Feb 18, 2025 at 11:06 AM
Subject: ImmTrac2 Registration - Saved Progress
To: <jdopeter+TEST@gmail.com>

We have temporarily saved the data entered during the ImmTrac2 Registration/Renewal process. Should you lose connectivity and need to return to the last saved version of the Registration/Renewal you are working on, please click the link below. Please provide your email address and this access code **EC2SBL6J**. Should you have any issues, please contact the ImmTrac2 Customer Support Team at (800) 348-9158 or at ImmTrac2@dshs.texas.gov

The URL to access the incomplete Registration/Renewal is: <https://immtrac.dshs.texas.gov/TXPRD/enrollProviderEntry.do?action=LOADFROMRAC>

Figure 51: Saved Access Code Email

When copying the access code, do not include the period (.). If you think you did not receive an email, please check the Authorized Signer email box (and your spam, junk mail, and clutter folders) and verify that the email listed is correct.

Note: Applications left inactive for more than 14 calendar days will be deleted and a new application must be started and saved.

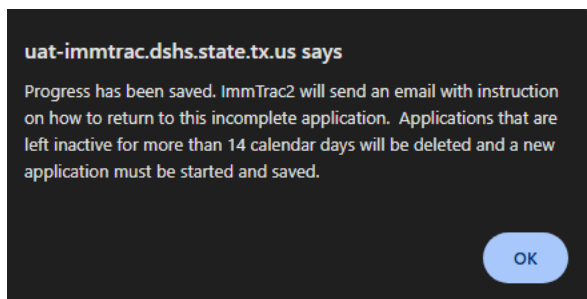


Figure 52: Progress Saved Message

If you have started the registration process, then saved it and exited, when coming back to open the registration, the “Incomplete” application status may be clicked to open the registration and continue. [See Figure 36: Complete Registration.](#)

Manage Registrations

Manage Renewals

Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations

Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal

Select this link to access the previously approved Registration or Renewal

Registration of Intent - Unidirectional Data Exchange

Select this link to access the Registration of Intent for unidirectional data exchange with the Texas Immunization Registry. This link is NOT for bidirectional data exchange. For bidirectional data exchange ROI, please contact ImmTracMU@dshs.texas.gov.

Registrations

When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calander days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application.

Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Jack and Jill Healthcare	334 Jack Test Road, Austin TX 78731	Incomplete	14 days
Lisa Marie's Private Practice	333 49th Street, Austin TX 78756	Submitted for Approval	

Figure 53: Incomplete Registration

An email is sent to the Authorized Signer email address listed in the Site Agreement. The opened email tells you to allow up to 14 business days for processing.

ImmTrac2@dshs.texas.gov

3:44 PM (11 minutes ago)



Your ImmTrac2 Registration request for Pauls Seventh Pediatric Practice has been received. Please allow 10-14 days for processing. If you do not receive an e-mail after 14 days of your registration submission date confirming approval or denial, contact the ImmTrac2 Customer Support Team at 1-800-348-9158 or at ImmTrac2@dshs.texas.gov.

Figure 54: Registration Request Received

To continue the in-progress registration,

- Go back into ImmTrac2, select the “registration/renewal” tab in the menu bar near the top of the screen,
- Select “Manage Registrations”, and
- Select the registration that is still in progress by clicking on the word “Incomplete” in that row.

Manage Registrations

Manage Renewals

Select this link to renew an existing ImmTrac2 Organization or to continue working on an incomplete renewal.

Manage Registrations

Select this link to register a new organization or to continue working on an incomplete registration.

Access previously approved Registration or Renewal

Select this link to access the previously approved Registration or Renewal

Registration of Intent - Unidirectional Data Exchange

Select this link to access the Registration of Intent for unidirectional data exchange with the Texas Immunization Registry. This link is NOT for bidirectional data exchange. For bidirectional data exchange ROI, please contact ImmTracMU@dshs.texas.gov.

Registrations

When submitting a registration for a new organization, please complete each section of the application. To save your progress and return at a later time to complete the registration, select "Save Progress and Exit". To continue working on your incomplete registrations, click the "Incomplete" link below.

Applications that are left inactive for more than 14 calander days will be deleted and a new application must be started and saved.

Click the "Start New Registration" button to begin a new registration application.

Start New Registration

Organization Name	Organization Address	Application Status	Application Expires
Jack and Jill Healthcare	334 Jack Test Road, Austin TX 78731	Incomplete	14 days
Lisa Marie's Private Practice	333 49th Street, Austin TX 78756	Submitted for Approval	

Figure 55: Manage Registrations Screen

When incomplete registrations are left inactive for more than 14 calendar days, they will be deleted from ImmTrac2. After 14 days, a new application must be saved or submitted.

For more information and support with renewals or registrations, contact the Texas Immunization Renewal/Registration Team.

Email: ImmTrac2@dshs.texas.gov

Phone: 800-348-9158, press option four

Registration Website: dshs.texas.gov

ImmTrac2 Information Website: dshs.texas.gov/immunize/immtrac/



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