



# Instructions for Enrolling in CHIRP View-Only Providers

Dear Provider:

Thank you for your interest in enrolling with the Children and Hoosiers Immunization Registry Program (**CHIRP**). Before filling out the enclosed paperwork for enrollment in CHIRP please view the enclosed CD for View-Only Training. This video is approximately 8 minutes long and will instruct you on how to use CHIRP. After viewing the video please fill out the enclosed paperwork. Additional information is enclosed about the Registry and our Confidentiality policy.

Please fill out the following to enroll in CHIRP:

**1. Provider Site Enrollment Agreement**

- Please fill out this form with your **Practice** Information.

**2. Additional Site Enrollment**

- This form is only needed if you have additional locations that also need to be enrolled in CHIRP.

**3. Individual User Agreement**

- Please fill out the top with your **Practice** information
- Please fill in the grid at the bottom with each user that needs access. Mark “**V**” for view access.

**4. Confidentially Agreement**

- Please fill out this form for **EACH USER** (you may need to make copies of this form)
- Make sure your temporary password has a minimum of 8 characters and at least 1 number
- Fill in the email address blank if you have one. This enables you to use the Forgot Password Feature if you forget your password.

After completing the forms listed above, please fax them to the CHIRP Support Center (Fax: 317-233-8827).

In the future, if a user needs to be removed please fill out the **User Removal Form** and fax it to the CHIRP Support Center.

These forms can also be found under the **Document Center** link located on the CHIRP homepage.

Thank You,  
The CHIRP Support Center Team

**CHIRP Support Center:**  
Phone: 1-888-227-4439  
Fax: 317-233-8827  
Email: [chirp@isdh.in.gov](mailto:chirp@isdh.in.gov)  
Website: <https://chirp.isdh.state.in.us>