

# Citywide Immunization Registry Private Practitioner Registration Form

For Office Use Only

CIR Facility Code \_\_\_\_\_ assigned by DOH

Complete this form and mail/fax to: **New York City Department of Health & Mental Hygiene  
Citywide Immunization Registry  
125 Worth Street, Box 64R, New York, NY 10013  
Phone: (212) 676-2323 Fax: (212) 676-2314**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Name of Group Practice (if any): \_\_\_\_\_

Address: \_\_\_\_\_ Borough: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact Person Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ E-mail: \_\_\_\_\_

**Estimated number of Immunization Visits per week in your practice:** \_\_\_\_\_

**How will your practice report to the CIR? Please check any or both boxes below:**

- Online ([www.nyc.gov/health/cir](http://www.nyc.gov/health/cir)).** You will receive further information.
- Electronically (clinical/billing systems).** You will receive further information.

Please list below all MD/DOs, PAs and NPs providing immunization services at this site (**PLEASE PRINT**):

Last Name	First Name	Title	MD/DO/PA/NP (specify)	E-mail	Provider NYS License Number