

Florida SHOTS™

QUICK TIPS

FOR FULL-ACCESS ACCOUNTS

Contact Information

www.flshots.com

Free help desk:

877-888-SHOT (7468)

Monday – Friday, 8 A.M. to 5 P.M. Eastern

A complete user guide and Web-based training can be located under “**Customer Support**” from the registry’s sidebar menu. You may want to print out a copy of the user guide for easy reference. Free web-based training is available 24 hours a day.



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1. LOGGING IN

Login Screen

- URL:
<https://www.flshots.com/flshots/signin.csp>
- For quick access, add this URL to your “Favorites” within Internet Explorer.
- Passwords must be entered *exactly* as they were created. We recommend that passwords be created in all caps and that you keep your computer in CAPS LOCK at login.



Welcome to Florida SHOTS
The statewide immunization registry.

To find out more about this program read
the immunization [registry fact sheet](#).

Current Announcements:

04/05/2013
**Notice concerning use of Internet Explorer
10/11:**

For users attempting to access Florida SHOTS with
Internet Explorer 10 or 11, please [Click Here](#) for
instructions on enabling "Compatibility Mode" to
allow access.

If users have any questions or comments, please
contact the FLSHOTS Helpdesk at 1-877-888-7468.

- FLSHOTS

Log into Florida SHOTS

*Organization LoginID

*User Name

*Password

Login

[Forgot your password?](#)

How to Log In

- **Organization Login ID (OLI):** The OLI is a unique identifier assigned to your organization by the Florida Department of Health (DOH).
 - **User Name:** The user name is a unique alphanumeric identifier that informs the system of the user's identity within the provider organization. DOH assigns the site administrator's user name, and then the administrator may add or delete additional users. (Florida SHOTS will automatically create those IDs, or you can override the names with your own.)
 - **Password:** When your account is activated, DOH or your local administrator will provide you with a password to access the system.
- For security purposes, you will be required to change this password following initial access.
 - Passwords must be at least seven characters long, are case-sensitive, and must be kept confidential.
 - They should be changed once every 90 days.
 - If your password doesn't work after you've tried to enter it twice, use the **"Forgot your password?"** function to reset it.
- After three failed login attempts, the account will be locked, and an administrator will need to unlock it. The local administrator will be able to unlock the individual accounts of staff members they have added to their organization's account. However, if the local administrator on the account is locked out, that person will need to reset their password or call the Florida SHOTS help desk directly to have their account unlocked.

2. FORGOTTEN PASSWORD

Setting Security Questions

Florida SHOTS allows you to reset your password by answering user-selected security questions. If you have not selected security questions and answers, you will be prompted to do so when you log into the system. To change these questions and answers later, select the **“Security Question Edit”** link from the **“Administration”** menu.

The screenshot shows the Florida SHOTS State Health Online Tracking System interface. The header includes the logo and the text 'State Health Online Tracking System'. Below the header is a navigation menu with categories: Patients, Reminder Recall, Assess Imm Levels, Reports, Administration, Change Password, Security Question Edit (highlighted with a red arrow), Organization Edit, Personnel List, Emulate Organization, Customer Support, and Sign out. The main content area is titled 'SECURITY QUESTION EDIT' and contains a form for editing security questions. The form includes fields for Username (SMITHCL), Current Password, and two Security Questions. Each question has a list of options and an Answer field. A red arrow points to the 'Security Question Edit' link in the navigation menu. The form also includes a 'Submit' button and a 'Cancel' button. A note at the bottom states: '* Asterisk indicates a required field'.

Forgotten Password Link

Once questions and answers are on file, if you forget your password, click the **“Forgot your password?”** link on the login screen.

The screenshot shows the Florida SHOTS login screen. The title is 'Log into Florida SHOTS'. There are three input fields: Organization LoginID, User Name, and Password. Below the input fields is a 'Login' button. At the bottom of the screen, there is a link labeled 'Forgot your password?' which is circled in red.

2. FORGOTTEN PASSWORD (cont.)

Security Prompts

You will be prompted to enter your organization login ID and username and then answer your security questions. If the questions are answered correctly, you will be allowed to reset your password. If the questions are not answered correctly after three attempts, your account will be locked and your local account administrator or the Florida SHOTS help desk will need to unlock the account.



Florida Shots
keeping shots in check

Forgot Your Password?

To reset your password enter your organization's login id and and your user name.

When you click the Submit button your security questions will be displayed.

If you provide the correct answers to the security questions you will be allowed to enter a new password.

Organization LoginID *

User Name: *

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3. UNLOCKING AND RESETTING USERS (ADMINISTRATIVE USERS ONLY)

Occasionally, users may be locked out or their account may expire. Accounts can become locked after invalid login information is entered three times, and an account can expire if the user hasn't changed their password in over 90 days from the last time it was set or changed. Administrators may unlock these accounts through the **"Personnel Maintenance"** screen of the affected user(s). To get to a particular user's maintenance screen, simply click on the row with the user's name in the **"Personnel List"** screen, accessed by clicking on **"Personnel List"** in the Administration submenu. If a user is locked out, the **"Account Locked"** checkbox will be checked and must be unchecked prior to any further maintenance.

A user's password can be reset at any time by entering a new password and confirming the password.

Only for Staff who sign in to Florida SHOTS

System User ID:* SMITHSX Password Expiration:* 04/27/2013

System User Start Date: 03/28/2013 System User End Date: (Login disabled as of this date)

System Password:* Confirm Password:* **Account Locked:**

Authorization:* Full Access Role:* Local Org Staff

Create Certified Form 680:* Yes Is authorized to create a Certified (e-signed) Form 680 in Florida SHOTS

User must change password at next logon

* Asterisk indicates a required field

Submit Return to Personnel Listing

Changing a password will automatically renew a user's expiration date. After any of these changes are made, the administrator must click the **"Submit"** button to save the changes. The administrator can then verify that the changes have been made by checking the personnel list.

If a password has not been reset for 90 days (expired for 60 days), the system automatically changes the user's status to inactive. To reactivate the user, go to **"Personnel List"** and place a check mark in the **"Inactive"** box and click on **"Display."** Click on the personnel record and take out the end date for the user you are reactivating and assign a new password. (The user must change that password when they log in.)

If you do not know who your Local Organization Administrator is, please click on **"Customer Support"** in the menu and find the **"Contacts"** link. This provides users with the Local Organization Administrator, as well as contact information for the Florida SHOTS Team.

ORGANIZATION PERSONNEL LIST Show Help Text

User: MORGAN MACLEAN

Authorized User/Personnel List BASKSPACE

Show Personnel: Active, Locked & Expired: Inactive: Only VFC: [Display](#)

System User ID	Name	Title	Auth Level	Applicant	Contact	IMM Provider	VFC	Start Date	End Date	Password Exp.	Locked	Role	Status
BASKARK	KRISH ORGADMIN		Full Access	Y	Y	Y	Y	05/09/2014		05/28/2014	N	Local Org Administrator	Active
MACLEANM	MACLEAN MORGAN		Full Access	N	N	N	N	06/05/2014		07/05/2014	N	Local Org Administrator	Active
SMITHCL	SMITH, CHRIS		Full Access	N	N	N	N	05/16/2014		06/15/2014	N	Local Org Staff	Active

[Add New Person](#)

- Administration
 - Change Password
 - Security Question Edit
 - Organization Edit
 - Personnel List**
 - Customer Support
 - Sign out

4. ADDING AND DELETING PERSONNEL (ADMINISTRATIVE USERS ONLY)

Edit Contact Information

Administrative users can edit the contact information in the **“Organization Edit”** screen from the sidebar menu. If any information is incorrect, please send an email to Florida SHOTS staff (flshots@flhealth.gov). Once the **“Organization Edit”** link has been used, the **“Organization Maintenance”** screen will appear.



The local Florida SHOTS administrator is the individual(s) designated by the responsible authorized individual within the enrollment application as a participant in Florida SHOTS with authority to manage system access for other users within the organization. The administrator(s) displayed may or may not be the same as the responsible authorized individual. This person will be able to grant access to others within the facility as approved by the responsible authorized individual. Administrators can also click on any user to change their access information. From the **“Personnel List,”** administrators have the ability to add a new user or change the status and access of an existing user.

4. ADDING AND DELETING PERSONNEL (cont.)

Adding New Users

ORGANIZATION PERSONNEL LIST

Authorized User/Personnel List
BASKSPACE

Show Personnel: Active, Locked & Expired: Inactive: Only VFC: [Display](#)

System User ID	Name	Title	Auth Level	Applicant	Contact	IMM Provider	VFC	Start Date	End Date	Password Exp.	Locked	Role	Status
BASKR0K	KRISH.ORGADMIN		Full Access	Y	Y	Y	Y	05/08/2014		06/28/2014	N	Local Org Administrator	Active
BACLEANM	BACLEAN.MORGAN		Full Access	N	N	N	N	06/05/2014		07/05/2014	N	Local Org Administrator	Active
SMITHCL	SMITH.CHRIS		Full Access	N	N	N	N	05/19/2014		06/15/2014	N	Local Org Staff	Active

[Add New Person](#)

Navigation: Patients, Reminder Recall, System Transactions, Assess Imm Levels, Reports, Administration (Change Password, Security Question Edit, Organization Edit, Personnel List), Customer Support, Sign out

The “Add New Person” button within the “Personnel List” screen takes administrators to the “Personnel Maintenance” screen for creating a new system user. There, administrators can enter several key pieces of information regarding the new user to be added. The system administrator must have the user’s start prior to entry into the system. End dates are not required but should be added when a user leaves or no longer requires access to Florida SHOTS. The system will only accept an end date that is equal to or less than the password expiration date.

Add Authorized User/Personnel Information
Florida SHOTS is a confidential system. Only the name of a person is to be entered.

Last Name: * SMITH First Name: * SUE Middle Name:

Prefix: Title:

Email Address: National Provider ID:

Specialty: --select-- Other (specify): Medicaid Number:

Medical License Data

Prefix: Number:

Florida SHOTS Applicant: Florida SHOTS Contact:

Start Date: * 03/28/2013 End Date:

Immunization Provider: * Yes Provider Person ID: * SMITHS (Displays as Provider ID for adverse events and shots given)

Certify Form 680: * No Medical professional is authorized to [e-sign](#) a Form 680

System User: (Check the box if the Staff member will be signing in to Florida SHOTS)

4. ADDING AND DELETING PERSONNEL (cont.)

Adding New Users cont.

Users who physically inject patients with vaccine should have a “Yes” in the **Immunization Provider** box. Users who do not provide immunizations should have a “No.” Any user who can legally sign their own name on the DH Form 680 should have a “Yes” in the **Certify From 680** box. Users who cannot sign Form 680s should have a “No” in that box. The **Provider Person ID** is generated by the system for immunization providers only. This is a unique ID that cannot be changed once submitted. The **System User** box should only be checked for all users who will require access to Florida SHOTS. If the box is left unchecked, the user will not be able to log into Florida SHOTS, but will appear on your organization’s list of immunization providers.

Add Authorized User/Personnel Information
Account Status: Active
Florida SHOTS is a confidential system. Only the name of a person is to be entered.

Last Name:* SMITH	First Name:* SUE	Middle Name:
Prefix: <input type="text"/>	Title: <input type="text"/>	
Email Address: <input type="text"/>		National Provider ID: <input type="text"/>
Specialty: --select--	Other (specify): <input type="text"/>	Medicaid Number: <input type="text"/>

Medical License Data

Prefix: <input type="text"/>	Number: <input type="text"/>
Florida SHOTS Applicant: <input type="checkbox"/>	Florida SHOTS Contact: <input type="checkbox"/>
Start Date:* 06/05/2014	End Date: <input type="text"/>
Immunization Provider:* Yes	Provider Person ID:* SMITHS (Displays as Provider ID for adverse events and shots given)
Certify Form 680:* No <small>Medical professional is authorized to e-sign a Form 680</small>	
Work Location: --Select-- <small>Site where the staff member usually works</small>	
System User: <input checked="" type="checkbox"/> <small>(Check the box if the Staff member will be signing in to Florida SHOTS)</small>	

4. ADDING AND DELETING PERSONNEL (cont.)

Adding New Users cont.

Users that will require access to Florida SHOTS must have the following information included in their user account: **System User ID** is generated by the system, but can be changed by the administrator. **Expiration Date** is also generated by the system each time a new password is created. **System Password** must initially be set by the administrator. The password will need to be entered again in the **Confirm Password** box. **Authorization** must be set to “Full Access” for the user to have access to have Florida SHOTS. **Role** will be determined by the administrator, but the majority of users are set as “Local Org Staff.”

When a new user signs into Florida SHOTS, they will see a task in the ‘User Task List’ to acknowledge training. From there, they can link to the training and resources page within the registry and check the box to acknowledge training. Administrators may also check the box within the personnel record to acknowledge training on behalf of the user.

System User ID: * PANPETER

System User Start Date: 04/11/2016

System Password: * [REDACTED]

Authorization: * Full Access

Only for Staff who sign in to Florida SHOTS

Password Expiration: * 07/10/2016

System User End Date: [REDACTED] (Login disabled as of this date)

Confirm Password: * [REDACTED]

Account Locked:

Roles: * Local Org Inventory Only
Local Org Staff
Org View Only
View Transaction Stats

Selected Roles: Local Org Staff

Create Certified: Yes Is authorized to create a Certified (e-signed) Form 680 in Florida SHOTS

Form 680: *

User must change password at next logon Florida SHOTS training acknowledged

* Asterisk indicates a required field

Submit [Return to Personnel Listing](#)

5. FUNCTIONS AVAILABLE ON THE REGISTRY'S MAIN MENU

Use the menu on the left side of the screen to perform various functions regarding your patients' records, administration of your account, running reports, extracts, and reminder recall, getting help with using Florida SHOTS, and providing feedback.

Menu Options

- **Submit:** IMPORTANT—This button results in *data being permanently stored* on the central server. This button becomes active (yellow) once changes are made to a record, and allows users to save the data at any point during the patient registration or update process, after all required information is entered.
- **Patients:** Search, complete, or update patient information (e.g., demographics, immunization, etc.), generate forms, reports, and release the patient record.
- **Reminder Recall:** Run reports and create labels for patients who are or will be due for immunizations within specified date ranges or for certain vaccinations.
- **Assess Imm Levels:** Run reports used to evaluate immunization coverage levels for your organization.
- **Reports:** Create, view, print, and download various useful reports including vaccine utilization, physical inventory, and immunization statistics.
- **Administration:** Manually update your password or security questions/answers, view organization details and, for users with administrative rights, add users within your facility, unlock passwords, manage user accounts, and update limited information about your organization.
- **Customer Support:** Access links to announcements, contacts, provider feedback, user guide, and Web-based training.

Note: Every screen has a help text toggle link. Click on it to show or to hide helpful information about how to complete that page.

6. ENTERING VACCINATIONS IN THE REGISTRY

Once a patient is in the registry, you are ready to add vaccinations to their record. Click the **“Vaccinations”** link on the left side menu. Choose one of the two options to add shots: **“Add a Vaccination Record”** or **“Add Historical Vaccination Records.”**

Option 1: “Add a Vaccination Record”

(Required for VFC Participants)

As of January 2016, all VFC providers are required to record all VFC administered vaccines in Florida SHOTS. Filling in all of the information required on the **“Add a Vaccination Record”** screen meets VFC auditing requirements. Following this method to enter VFC information will allow you to track your shot records and manage your VFC inventory.

Select **“Add a Vaccination Record.”** The system will display the **“Add Vaccination Record”** screen that is equipped with pull-down lists that are kept up-to-date with new vaccines added at the central registry. To display the selections, simply click the down arrow next to each box.

6. ENTERING VACCINATIONS IN THE REGISTRY (cont.)

- **Vaccine Type:** Enter the type of vaccine the patient received.
- **Date Given:** Enter the date, or if vaccine was given today, enter “T” and the current date will automatically populate.
- **VIS Date:** Enter the date of the Vaccine Information Statement provided for this vaccination. Some combination vaccines may require multiple VIS publication dates for each statement needed. If a single VIS statement is developed where multiple are needed currently, for a limited time you may see a button labeled “Other VIS Options,” allowing you to use either the separate statements or the newer combined statement. To view current and historical VIS information, please click on the “CDC Vaccine Information Statements (VIS)” link found above “VIS Recipient,” or visit <http://www.cdc.gov/vaccines/hcp/vis/index.html>.
- **VIS Recipient:** Select the person receiving the VIS statements for this patient. Mother, father, guardian and patient names will be available when present in the patient record. “Other” may be selected and you may enter the name of the person receiving the form as well as that person’s relationship to the patient. If the relationship is mother, father, or guardian and the name entered is different than what is already on record, the user will be given the option to replace the current information with the new information. This information will be included on the Form DH687, Clinic Record Card along with whether or not this person also gave consent for treatment.
- **Consent for Treatment Given by VIS Recipient:** When VIS information is recorded, this field is enabled and required. Leave the default value at “Yes” if the person receiving the VIS gave consent for treatment. If the person giving consent is not the same as the person that received the statements, local policy on documentation of consent for treatment should be used. This information will be included on the Form DH687, Clinic Record Card along with the name of the VIS recipient.
- **Injection Site:** This field records the specific place on the body where an immunization is administered.
- **Injection Route:** This field records the method used to administer the immunization. When Intranasal or Oral is selected, an Injection Site is not required.
- **Private Provider Org. ID:** The name of the practice administering the vaccination defaults to your practice. (If you are entering historical shots not administered at your practice, you must select OTHER from the drop-down menu.)
- **VFC Eligibility:** Specify the patient’s eligibility for receiving VFC vaccine as it applies to this vaccination. This field will not be displayed unless a VFC pin number and start date are recorded for your organization by Florida SHOTS staff.

6. ENTERING VACCINATIONS IN THE REGISTRY (cont.)

Option 2: “Add Historical Vaccination Records”

(Recommended When Entering Historical Records for Patients Who Have Received Vaccines from Other Providers)

We recommend that you use the option “**Add Historical Vaccination Records**” when you are entering historical shots for patients who’ve received vaccinations from other providers and those shots aren’t yet in the registry. The “**Historical Shots**” screen lets you simultaneously enter several shots. Select a vaccine type, and then enter all the dates in which that vaccine type was given. Additionally, you can select a date and then all vaccines given on that date. (A capital “**T**” can be used to indicate today’s date.)

HISTORICAL SHOTS [Show Help Text](#)

Vaccine Type	Date Given1	Date Given2	Date Given3	Date Given4	Date Given5	
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Date Given	Vaccine Type1	Vaccine Type2	Vaccine Type3	Vaccine Type4	Vaccine Type5
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--

Next Cancel

If you click on the checkboxes next to “**Date Given,**” you indicate that the shot was provided by your organization. (**Do not click the checkbox if your organization did not give this particular shot.**) Once you’ve entered all historical shots for a patient, click “**Next**” and you will be returned to the “**Vaccination List**” screen where you must click “**Submit**” or “**New Imm Status**” to evaluate and save the vaccinations.

7. D.H. FORM 680 (FLORIDA CERTIFICATION OF IMMUNIZATION)

Printing 680s

Use the **“Form 680”** link located in the left menu to view and print the D.H. Form 680. Once this link is clicked, the Florida Certification of Immunization selection criteria screen appears. You have the option to print the form in several different formats, according to the intended use of the form and status of the patient.

Submit FORM 680 Show Help Text

Create a current Form 680

Please Select the Type(s) of Florida Certificate of Immunization:

Part A (K-12 Requirements, Excluding 7th Grade)

Part A (7th Grade Requirements Only)

Part-B (Temporary Medical Exemption) Expiration Date:

Part-C (Permanent Medical Exemption)

IMM Service Site:* --Select--

Show SSN Show the patient's SSN on the Form 680

Please choose the parent/guardian name to show on the form:

* Mother Parent/Guardian Name: * TEST MOM

Create Current Form 680

Electronically Certifying a Form 680

You may also be able to create an electronically certified form 680 if authorized by your local Florida SHOTS administrator. If authorized, select a name from the “Physician or Authorized Signature” drop-down list. The “Create Current Form 680” button will now appear as “Create Certified (e-signed) Form 680.” Click on it to proceed. Please note that the system will default to create a Parent PIN to allow parents to access the Certified 680 from a personal computer. If you do not wish to issue a PIN, please uncheck the box.

Submit FORM 680 Show Help Text

User: REEMAN FARRAR

Create a current Form 680

Please Select the Type(s) of Florida Certificate of Immunization:

Part A (K-12 Requirements, Excluding 7th Grade)

Part A (7th Grade Requirements Only)

Part-B (Temporary Medical Exemption) Expiration Date: * 05/01/2013

Part-C (Permanent Medical Exemption)

Please choose the parent/guardian name to show on the form:

* Mother Parent/Guardian Name: * FARRAR K

If creating a Certified (e-signed) Form 680:

Physician or Authorized Signature: SMILE DOCTOR

Create a parent access PIN to enable the parent to retrieve the Certified (e-signed) Form 680 from their own computer

Create Certified (e-signed) Form 680

Asterisk indicates a required field
Certified (e-signed) 680s
B4KQ4BQ7LM On 02/02/2013 by BUREAU OF IMMUNIZATION Part A(K-12) View Decertify

Show historical Certified (e-signed) 680s

7. D.H. FORM 680 (cont.)

The form 680 will appear. To complete the certification scroll to the bottom of the screen where you can choose one of two options:

- “Certify (e-sign) & Print”
- “Certify (e-sign) Only”

Certificate of Immunization for K-12
PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:	Physician or
TAMPA FAM NEBRASKA	Authorized Signature: PETER PAN
8108 N NEBRASKA AVE	Electronic Certification: TBD
TAMPA, FL 33604	Date: 05/05/2014
(813) 866-0950 x327	


DH 680 7/10

When one of the two buttons has been selected the completed form 680 will appear. The certified form will show the embedded authorized signature as well as a unique electronic certification number and the Florida SHOTS logo. A certified 680 form is not valid without this special number and logo.

Certificate of Immunization for K-12
PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:	Physician or
TAMPA FAM NEBRASKA	Authorized Signature: PETER PAN
8108 N NEBRASKA AVE	Electronic Certification: P9RB39MP434
TAMPA, FL 33604	Date: 05/05/2014
(813) 866-0950 x327	Issued By: PETER PAN

DH 680 7/10



7. D.H. FORM 680 (cont.)

Setting Preferences to Produce Certified 680s

Your local account administrator must select **“Personnel List”** under **“Administration”** in the left menu. On the **“Personnel Maintenance”** screen:

- Set up permissions for individuals whose names will be used to electronically sign the new 680 Forms (**“Certify Form 680”**).
- Set up permissions for users who will need access to issue the certified forms (**“Create Certified Form 680”**).

Add Authorized User/Personnel Information
Florida SHOTS is a confidential system. Only the name of a person is to be entered.

Last Name:* SMITH	First Name:* SUE	Middle Name:
Prefix: ▾	Title:	
Email Address:		National Provider ID:
Specialty: --select-- ▾	Other (specify):	Medicaid Number:

Medical License Data

Prefix: ▾	Number:
Florida SHOTS Applicant: <input type="checkbox"/>	Florida SHOTS Contact: <input type="checkbox"/>
Start Date:* 03/28/2013	End Date:
Immunization Provider:* Yes ▾	Provider Person ID:* SMITHS (Displays as Provider ID for adverse events and shots given)
Certify Form 680:* No ▾ Medical professional is authorized to e-sign a Form 680	
System User: <input checked="" type="checkbox"/> (Check the box if the Staff member will be signing in to Florida SHOTS)	

Only for Staff who sign in to Florida SHOTS

System User ID:* SMITHSX	Password Expiration:* 04/27/2013
System User Start Date: 03/28/2013	System User End Date: (Login disabled as of this date)
System Password:* ●●●●●●	Confirm Password:* ●●●●●●
Authorization:* Full Access ▾	Role:* Local Org Staff ▾
Create Certified Form 680:* Yes ▾ Is authorized to create a Certified (e-signed) Form 680 in Florida SHOTS	
<input checked="" type="checkbox"/> User must change password at next logon	

* Asterisk indicates a required field