

COVID-19 Pandemic Online Enrollment

In response to the current pandemic, GRITS has added a new functionality to allow COVID-19 Providers to submit their Enrollment forms electronically versus paper form.

1. The enrollment form can be accessed by clicking the 'pandemic enrollment' link found under the 'Enrollment' tab
2. After choosing the appropriate site to be enrolled, please read both the "Pandemic Enrollment Letter" and "Pandemic Provider Enrollment Checklist"... Now you are ready to Start Enrollment.

The screenshot shows the GRITS website interface. At the top, there is a header with the DPH logo and the text 'GRITS GA Registry of Immunization Transactions & Services'. Below the header is a navigation bar with links for Home, Resources, About Us, and Help. A left sidebar contains a menu with categories like General, Maintenance, Inventory, Patients, Immunizations, Reports, Admin Support, Data Exchange, Assessment Reports, and Enrollment. The 'Enrollment' category is expanded, showing 'pandemic enrollment' and 'vfc enrollment'. The main content area is titled 'Welcome To Pandemic Enrollment' and contains the following text: 'Please read the below documents before proceeding with your enrollment process:'. Below this text are two links: 'Pandemic Enrollment Letter' and 'Pandemic Provider Enrollment Checklist'. A 'Start Enrollment' button is positioned below the links. A note at the bottom of the page states: 'Note: Your application is stored while clicking the Save button. You could resume your enrollment from the last visited screen until submission of the application.'

3. Please complete all the requested data fields. The information gathered will populate the Provider Agreement as well as the Provider Profile.

Links for the mandatory trainings are listed and will allow for upload of certificates upon completion.

Electronic signature and license number of a Medical Director and Chief Executive Officer are required.

The screenshot displays the 'Pandemic Enrollment' form. At the top, there is a progress bar with five steps: 'Provider Agreement - Section 1', 'Provider Agreement - Section 2', 'Provider Profile - Section 3', 'Provider Profile - Section 4', and 'Practicing Providers'. The form is divided into two main sections: 'Organization Identification' and 'Responsible Officers'. The 'Organization Identification' section includes fields for 'Organization's Legal Name' (Make Believe Pediatrics), 'Number Of Affiliated Vaccination Locations Covered By This Agreement', 'Street Address 1', 'Street Address 2', 'City', 'County' (Appling), 'State' (AK), 'Zip', 'Phone', and 'e-Mail'. The 'Responsible Officers' section includes a sub-section for 'Chief Medical Officer (or Equivalent) Information' with fields for 'Last Name', 'First Name', 'Middle Initial', 'Title', 'Licensure State' (AK), 'Licensure No.', 'Street Address 1', 'Street Address 2', 'City', 'County' (Appling), 'State' (AK), and 'Zip'.