

# Clinic Tools

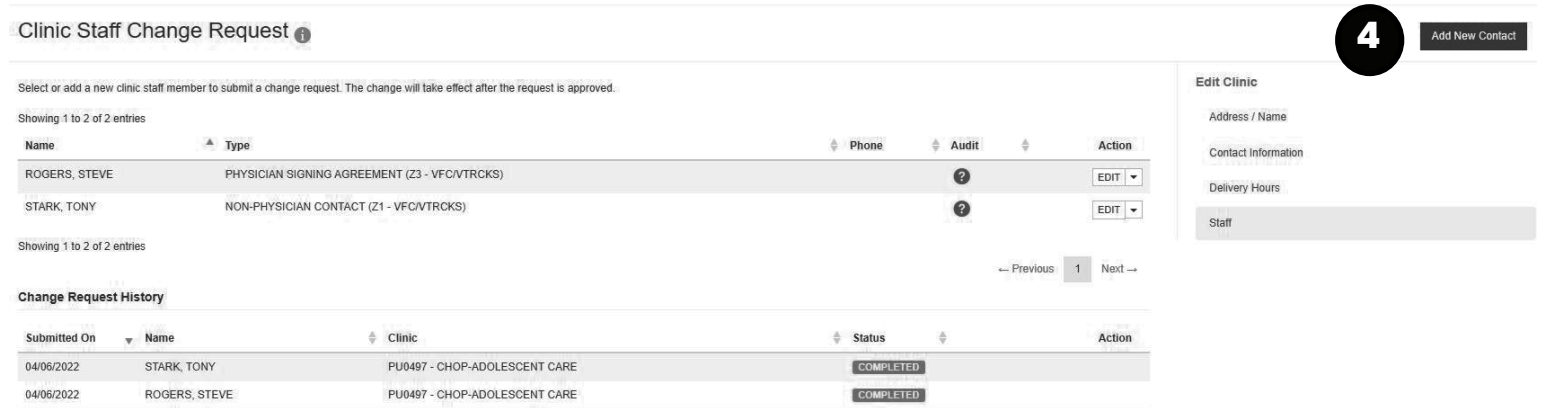
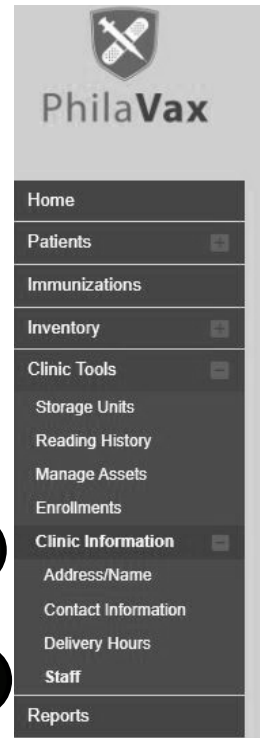
## Staff Changes Job Aid

Ensure that your site is getting the most up to date information from the Immunization Program by keeping your staff contact information up to date in PhilaVax.

1. Login to PhilaVax
2. On the left-hand menu select **Clinic Tools** → **Clinic Information** → **Staff**.
3. Once on the **Clinic Staff Change Request** page, follow the steps in the section below that outlines the change you need to complete.

### Adding Staff

4. Click on **Add New Contact** in the upper right-hand corner of the screen.
5. Choose the appropriate **Contact Type** from the drop-down menu. Use the table below as a guide. **DO NOT** select an **Alternate Contact Type**.



**Table 1: Staff Contact Types**

Staff Member	PhilaVax Contact Type	Required Fields
Medical director (or equivalent)	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)	Email, Phone number, License Number, Specialty, Title
Primary Vaccine Coordinator	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	Email, Phone number
Back-up Vaccine Coordinator	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	Email, Phone number
Prescribing Clinician (i.e. MD, DO, PA, NP, CRNP)	PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)	License Number, Specialty, Title

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6. Enter the First and Last Name of each contact and the other required information based on the contact type as listed in Table 1: Staff Contact Types on page 1.
7. For the primary and back-up vaccine coordinators, jump to step 2 under **Adding Training**.
8. Click **Update** in the upper right-hand corner to save your changes. Allow 1-2 business days for our staff to review and approve the entered changes.

### Clinic Staff Change Request

8

Cancel Update

**Contact Type \***  
PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)

**Alternate Contact Type**  
CHOOSE

**First Name \*** STEVE **Middle Name** **Last Name \*** ROGERS

**Email** ROGERSSTEVE@AVENGERS.COM **NPI**

**Telephone** 999-999-9999 **Ext** 99999 **Fax Number** 999-999-9999

**License Number** 9999 **Comments**

**Medicaid Provider ID** 9999 **Employer ID Number**

**Specialty** PEDIATRICS **Title** MD

**Training Section**

Course Name	CE Number	Completion Date	Upload Certificate

Add Training

#### Edit Clinic

Address / Name

Contact Information

Delivery Hours

Staff

## Editing Staff Information

1. To update a contact's information (name, email address, etc), click on the **EDIT** button to the right of their name and contact type.
2. Update their information as needed. Include all the required information based on the contact type as listed in Table 1: Staff Contact Types on page 1.
3. Click **Update** in the upper right-hand corner to save your changes. Allow 1-2 business days for our staff to review and approve the entered changes.

### Clinic Staff Change Request

3

Cancel Update

**Contact Type \***  
PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)

**Alternate Contact Type**  
CHOOSE

**First Name \*** STEVE **Middle Name** **Last Name \*** ROGERS

**Email** ROGERSSTEVE@AVENGERS.COM **NPI**

**Telephone** 999-999-9999 **Ext** 99999 **Fax Number** 999-999-9999

**License Number** 9999 **Comments**

**Medicaid Provider ID** 9999 **Employer ID Number**

**Specialty** PEDIATRICS **Title** MD

**Training Section**

Course Name	CE Number	Completion Date	Upload Certificate

Add Training

#### Edit Clinic

Address / Name

Contact Information

Delivery Hours

Staff

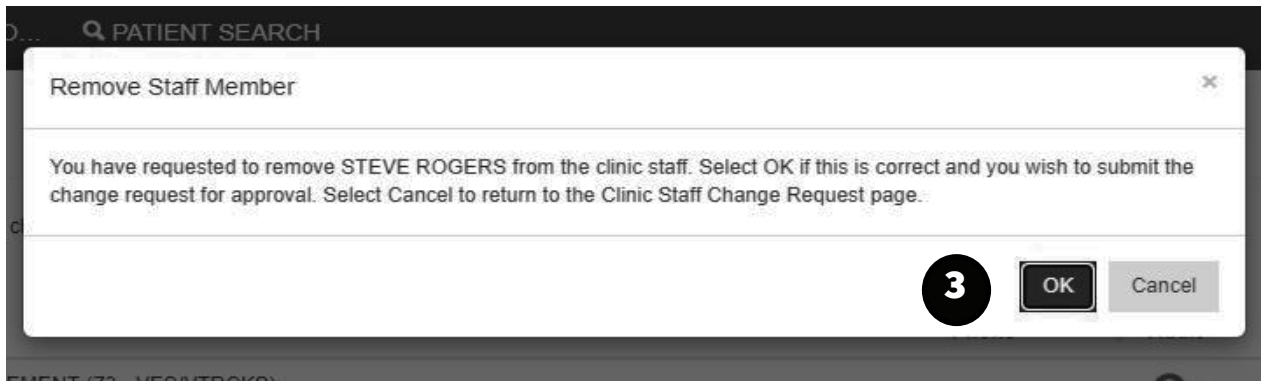
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# Clinic Tools

## Staff Changes Job Aid

### Removing Staff

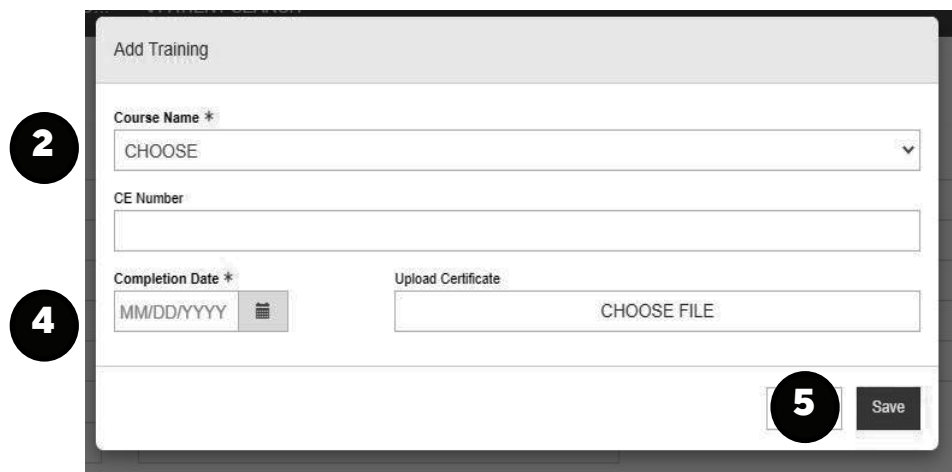
1. To remove a contact, click on the **arrow** to the right of the **EDIT** button on the right of their name and contact type. (see previous page)
2. Select **Remove** from the drop down.
3. Confirm that you want to remove the selected individual by selecting **OK** in the pop-up.



### Adding Training

The **Online Ordering & Clinic Tools Training** and VFC and Storage and Handling modules from **You Call the Shots** are required for all Vaccine Coordinators. Follow these steps to document completion.

1. Click on the **EDIT** button to the right of their name and contact type.
2. Click on **Add Training**.
3. In the pop-up window select the training completed the **Course Name** dropdown.
4. Double-click in the date box and the current date will populate.
5. Click **Save** to add the training to the vaccine coordinator's record. Repeat steps 2-5 as needed to document completed training.
6. Once the appropriate training is indicated, return to the main page.
  - For a new contact: Click on Update in the upper right-hand corner.
  - For an edited contact: Click on Cancel in the upper right-hand corner.

A screenshot of a web application window titled 'Add Training'. The form has several fields: 'Course Name \*' with a dropdown menu showing 'CHOOSE'; 'CE Number' with a text input field; 'Completion Date \*' with a date picker showing 'MM/DD/YYYY' and a calendar icon; and 'Upload Certificate' with a 'CHOOSE FILE' button. At the bottom right, there is a 'Save' button. A large black circle with the number '2' is overlaid on the 'Course Name' dropdown, and another large black circle with the number '4' is overlaid on the 'Completion Date' field. A third large black circle with the number '5' is overlaid on the 'Save' button.