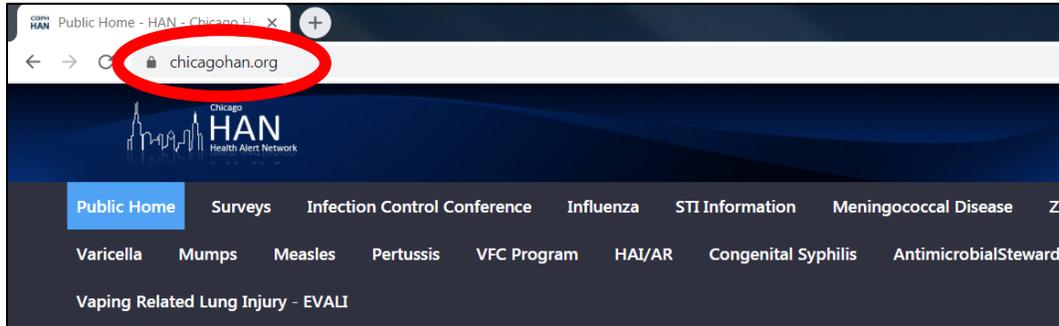


How to Enroll in the Chicago Health Alert Network (HAN)

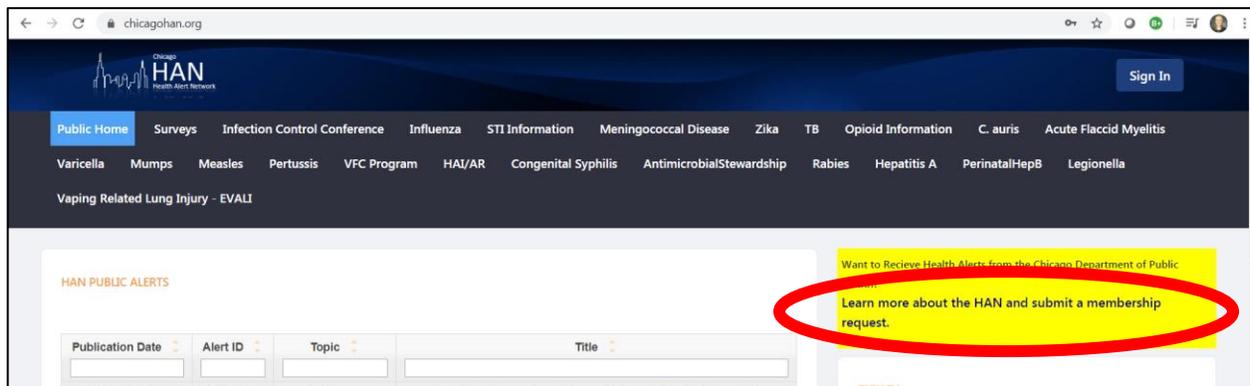
Step 1

Navigate to www.ChicagoHAN.org



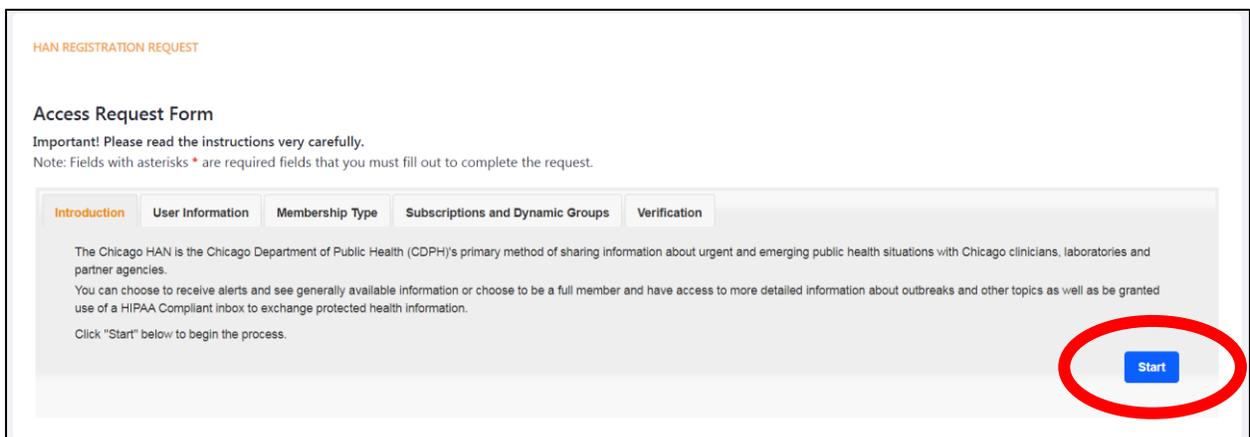
Step 2

Click on “Learn more about the HAN and submit a membership request.”



Step 3

Read the instructions, then click “Start.”



Step 4

On the “User Information” page, fill out required fields, then click “Continue.”
Use a unique, personal email. Using a group or clinic-wide email will lead to issues with registration.

Access Request Form
Important! Please read the instructions very carefully.
Note: Fields with asterisks * are required fields that you must fill out to complete the request.

Introduction **User Information** Membership Type Subscriptions and Dynamic Groups Verification

First Name: *
Last Name: *
Middle Name:
Telephone: *
E-mail Address: *
Confirm your email: *

Organization Type: *
Organization: *
Title: *
Department: *
Area/Field: *
Role: *

Cancel Back **Continue**

Step 5

On the “Membership Type” page, select “No” to the question, then click “Continue.”

HAN REGISTRATION REQUEST

Access Request Form
Important! Please read the instructions very carefully.
Note: Fields with asterisks * are required fields that you must fill out to complete the request.

Introduction User Information **Membership Type** Subscriptions and Dynamic Groups Verification

Are you requesting Full Membership (such as access to Inbox and detailed outbreak information, etc.) to HAN? Yes No

Cancel Back **Continue**

Step 6

HAN REGISTRATION REQUEST

Access Request Form

Important! Please read the instructions very carefully.
Note: Fields with asterisks * are required fields that you must fill out to complete the request.

Introduction | User Information | Membership Type | **Subscriptions and Dynamic Groups** | Verification

Subscriptions
Choose Subscription Topics (mouse over label for description)
 EVALI or Vaping Issues

Dynamic Groups
Choose any dynamic group that you would like to join. Once your account is approved, your request to join the dynamic group will be sent to the dynamic group manager. You will be able to manage your dynamic group request(s) under the "My Account" section of HAN once you are logged in.
Choose Dynamic Groups (mouse over label for description)
 Chicago Healthcare Coalition Emergency Preparedness POC
 Chicago Healthcare Coalition – General
 VFC Providers

Cancel | Back | **Continue**

On the "Subscriptions and Dynamic Groups" page, select "VFC Providers," then "Continue."

Step 7

Review the information on the "Verification" page, then click "Submit."

HAN REGISTRATION REQUEST

Access Request Form

Important! Please read the instructions very carefully.
Note: Fields with asterisks * are required fields that you must fill out to complete the request.

Introduction | User Information | Membership Type | Subscriptions and Dynamic Groups | **Verification**

Please verify your information below. If any changes are needed, use the back button or click the tabs above. Once changes are made, return to the "Verification" step and click "save" to confirm.

Personal Information

First Name:

Last Name:

Middle Name:

Work Information

Organization Type:

Organization:

Organization Name:

Organization Description:

Title:

Department:

Area/Field:

Role:

Telephone:

E-mail Address:

Subscriptions

Subscriptions:

Dynamic Groups: VFC Providers

Cancel | Back | **Submit**