Applying for an Individual I-CARE User Account

Individual I-CARE Access

Navigate to the Site:

I-CARE Enrollment - Smartsheet.com

Select Individual I-CARE Access

I-CARE Individual User Agreement Form

All individuals requesting I-CARE access must complete the **I-CARE Individual User Agreement Form***: The user and their leadership must sign I-CARE's user and confidentiality policies before access can be granted.

***PRA Applicants**: If you have registered or need to register to become the Portal Registration Authority (PRA) at your organization, **please do not complete.** Your user agreement will be completed as part of the PRA designation process.

Individual to Complete

I-CARE Individual User Agreement Form

Select I-CARE Individual User Agreement Form

I-CARE Application Process

I-CARE reviews the submission:

- If clarification is needed, I-CARE will reach out by email to resolve.
- Once approved, I–CARE will email a signature request **(via DocuSign)** to the user. Once signed it will then route to the supervisor and PRA for signing.
- When the completed document is received, the account will be sent to OKTA.
- **The user will receive an email to activate an OKTA account. This will need to be completed within 7 days of receiving the email.**
- **I-CARE will notify the user** by email when their account is ready.

⭐ Submitter Information

Submitter Information

Please provide your information here so that we may contact you with any questions.
_____

What is your first name? *

What is your last name? *

What is your email address? *

This must be your individual work email address (ex. name@facility.com). Office-wide email address will not be accepted (ex. vaccines@facility.com).

I am submitting on behalf of a: *

New User: User has never had access to I-CARE at this organization.
Existing I-CARE User: User I-CARE access has been denied due to inactivity.
Existing OKTA User: User has access to other IDPH programs and is requesting access to I-CARE.

- [ ] New User
- [ ] Existing I-CARE User
- [ ] Existing OKTA User

*Complete all fields with red asterisks.

If submitting for someone else, provide their first and last name, work email address, and phone number.

User Information

Is the submitter also the user? *

○ Yes

○ No

User's email for OKTA: *

This needs to be a business email, not personal.

User Phone: *

🇺🇸 ▾ | +1 (___) ___-____

User Job Title/Role: *

Please select all that apply.

☐ Certified Nursing Assistant/Medical Assistant

☐ Nurse (RN, LPN)

☐ Nurse Practitioner/Physician Assistant

☐ Physician

☐ Pharmacist

☐ General Office/Office Manager

☐ PRA Designee

☐ Other

*Complete all fields with red asterisks.

★ User Information

How will I-CARE be used to fulfill user job duties? *

☐ Review immunizations for patients, students, or residents, etc.

☐ Report administered vaccines.

☐ Administer vaccines (vaccinator).

☐ Record inventory counts, temperatures logs, and/or other information for Vaccine Programs.

☐ Review HL7 Error Logs.

☐ PRA Only - No clinical function.

☐ Other/Comments:

Has the user ever had or applied for I-CARE with a previous employer? *

We ask this question so that duplicate accounts are not created.

○ Yes   ○ No   ○ Not Sure

Does the user currently access OKTA for any other IDPH programs at this site? *

○ Yes   ○ No

○ User has applied but yet to access other programs

*Complete all fields with red asterisks.

Organization/Site Information

Organization/Site Information
_____

What is the name of the user's primary work location? *

If you belong to a school district, please use the district information in this section. If you belong to a larger health organization please use the clinic you primarily work at.

[ ]

Street address: *

[ ]

City: *

[ ]

State: *

[Select or enter value ▼]

Zip code: *

[ ]

Which option best describes the user's organization? *

[Select or enter value ▼]

*Complete all fields with red asterisks.

Signature of Supervisor

Signature of Supervisor

_____

Is the submitter the user's supervisor? *
Please list the person that the user reports to. **You cannot list yourself as your own supervisor.**

Unless the user is the site owner (i.e Private Practice Physician) or School Superintendent, no user may report themselves as the supervisor.

○ Yes

○ No

Supervisor's Title: *

*Complete all fields with red asterisks.

Final Disclaimers

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_____

☐ I understand that the applicant and the identified leader will receive email messages from IDPH/Docusign that must be reviewed and eletronically signed to complete the document. *

☐ I understand that completing this form does not guarantee the applicant access to the ICARE system. *

☐ Send me a copy of my responses

Submit

Final Disclaimers: Review the disclaimers, check the boxes to indicate that you understand, and click Submit. You will also have the option to have responses email to you.

Next Steps

- The user will receive a DocuSign. This should be signed and then it will be routed to supervisor and then PRA for approvals.

- We will process and reach out if there are any questions.

- The user will receive an email with login information when it is complete.

Congratulations!

Your Individual I-CARE Account Has Been Submitted

For help, questions, or feedback please contact:

IDPH Immunization Section at dph.icare@illinois.gov or call 217-785-1455 and select option 1.

Provider offices within the City of Chicago can also reach out to:

dominique.chandler@cityofchicago.org
Office Number: 312-744-0300
Cell Number: 312-502-6442