

How to Add/Edit a Physician/Vaccinator



For primary care physicians and other employees who administer vaccines (vaccinators).

Step 1: Navigate to ASIIS
<https://asiis.azdhs.gov/> & Log in

Step 2: Locate the Physicians & Vaccinators tab, then click **Search/Add**

Step 3: After clicking Search/Add, the Add Physician/Vaccinator Maintenance page opens. Click **Search** to generate a list of all active and inactive Physician/Vaccinator's at your facility.

Add a Physician/Vaccinator



Step 4: To add a new physician/vaccinator click the **Add button** on the bottom right

Physician/Vaccinator Maintenance.
Search/Add Physician or Vaccinator - Search Required Before Adding

Type: Entire List
Physician/Vaccinator Last Name:
Organization: 60133 - VOMS TEST
Facility: TEST FACILITY
Facility Group:
VFC PIN:

Back

Search Results
Show 10 entries Search:

Select	First Name	Middle Name	Last Name	Title	Inactive	Type	
-->	First Name		Last Name	MD		P	<input checked="" type="checkbox"/>
-->	First Name		Last Name	MD	Y	P	<input checked="" type="checkbox"/>
-->	First Name		Last Name	MD		B	<input checked="" type="checkbox"/>
-->	First Name		Last Name	BSN		B	<input checked="" type="checkbox"/>

Showing 1 to 4 of 4 entries

Add

Step 5: Enter as much information about the physician/vaccinator as possible (the required fields are in bold red text), select the type (vaccinator, physician or both) and click Save.

Physician/Vaccinator Maintenance [Add]

First Name:

Middle Name:

Last Name:

Title: --none--

Specialty: --none--

SSN:

BOMEX:

DO:

Medicaid PIN:

Medicaid Group:

Medicare PIN:

Medicare Group:

NPI:

Medical License Number:

Terminal Distributor's License:

Group NPI:

Other Provider Id:

Organization: VOMS TEST (60133)

Facility: TEST FACILITY

Phone Number:

Phone Number Extension:

Fax Number:

Email:

District/Region:

Inactive:

Automatic Ownership Blocked:

Comments:

Provider Tax ID:

Provider Tax ID Type:

Provider Taxonomy (Alopathic/Osteopathic/Internal Medicine): --select--

Type: VACCINATOR

Cancel Save

Edit a Physician/Vaccinator



Step 1: To edit a physician/vaccinator's information, search for the physician/vaccinator and click on the arrow button in the Select column for that physician/vaccinator in the Search Results list.

Physician/Vaccinator Maintenance.
Search/Add Physician or Vaccinator - Search Required Before Adding

Type: Entire List
Physician/Vaccinator Last Name:
Organization: 60133 - VOMS TEST
Facility: TEST FACILITY
Facility Group:
VFC PIN:

Back

Search Results
Show 100 entries Search:

Select	First Name	Middle Name	Last Name	Title	Inactive	Type	
-->	First Name		Last Name	MD	Y	P	<input checked="" type="checkbox"/>
-->	First Name		Last Name	MD		P	<input checked="" type="checkbox"/>
-->	First Name		Last Name	MD		B	<input checked="" type="checkbox"/>
-->	First Name		Last Name	BSN		B	<input checked="" type="checkbox"/>

Showing 1 to 4 of 4 entries

Add
Add To Scan Sheet

Step 2: On the Physician/Vaccinator Maintenance [Detail] page that opens, click Edit. Make any necessary changes on the Physician/Vaccinator Maintenance [Update] page and click Save.

Physician/Vaccinator Maintenance [Detail]

Physician Id: SIISCLIENT79676
First Name: TEST
Middle Name:
Last Name: VACCINATOR
Title: BSN
Specialty: Other
SSN:
BOMEX:
DO:
Medicaid PIN
Medicaid Group
Medicare PIN
Medicare Group
NPI
Group NPI:
Medical License Number:
Terminal Distributor's License:
Other Provider Id
Organization: 60137 - 0000 VOMS TRAINING
Facility:
Phone Number: Ext:
Fax Number:
Email Address:
District/Region:
Inactive
Automatic Ownership Blocked:
Comments:
Provider Tax ID:
Provider Tax ID Type:
Provider Taxonomy (Alopathic/Osteopathic/Internal Medicine):
Type Both Physician & Vaccinator

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Associate Facilities

Edit a Physician/Vaccinator



Step 3: To inactivate a physician/vaccinator, check the inactive box, then click save.

Physician/Vaccinator Maintenance [Update]	
Physician Id:	SIISCLIENT79676
First Name:	TEST
Middle Name:	
Last Name:	VACCINATOR
Title:	BSN
Specialty:	Other
SSN:	
BOMEX:	
DO:	
Medicaid PIN:	
Medicaid Group:	
Medicare PIN:	
Medicare Group:	
NPI:	
Medical License Number:	
Terminal Distributor's License:	
Group NPI:	
Other Provider Id:	
Organization:	60137 - 0000 VOMS TRAINING
Facility:	--select--
Phone Number:	
Phone Number Extension:	
Fax Number:	
Email:	
District/Region:	
Inactive:	<input checked="" type="checkbox"/>
Automatic Ownership Blocked:	<input type="checkbox"/>
Comments:	
Provider Tax ID:	
Provider Tax ID Type:	
Provider Taxonomy (Alopathic/Osteopathic/Internal Medicine):	--select--
Type:	PHYSICIAN AND VACCINATOR

Cancel Reset Save