

MOBI-KS 2010 Application



Are you interested in having a MOBI-KS presentation at your office/clinic? The first step is to complete this application and fax to 1-866-519-0365.

Application Date: _____

Office or Clinic Name

Office or Street Address

City _____ State: KS Zip _____

County _____

Office Contact _____ Phone No. (____) _____

Email Address _____

Number of Providers in Office _____

Do you currently do childhood immunization? (please check one) Yes No

Who controls the flow of immunizations in your office? _____

How many Children do you see per year? _____ 0-6 years old _____ 0-18 years old

<u>LOCATION</u>	<u>REPRESENTATION</u>	<u>SPECIALTY</u>
<input type="checkbox"/> Physician office practice	<input type="checkbox"/> From one practice	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Clinic (other outpatient setting)	<input type="checkbox"/> Group practice from multiple locations	<input type="checkbox"/> Family Medicine
<input type="checkbox"/> Meeting facility (auditorium/conference)	<input type="checkbox"/> From multiple practices	<input type="checkbox"/> Multi-Specialty
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
_____	_____	_____

<u>FOR PRACTICE/CLINIC LOCATIONS</u>	<u>FOR MEETING-BASED LOCATIONS</u>
<u>AUDIENCE (check all that apply)</u>	<u>PRIMARY AUDIENCE (check only one)</u>
<input type="checkbox"/> Physicians	<input type="checkbox"/> Physician/Nurse Practitioners
<input type="checkbox"/> Nurses	<input type="checkbox"/> Nurses
<input type="checkbox"/> Medical Assistants	<input type="checkbox"/> Residents
<input type="checkbox"/> Non-medical staff (clerks, office managers)	<input type="checkbox"/> Other

Are you a Medicaid provider (Including Healthwave, Children's Mercy and Unicare)?

- Yes
 No

<p>7) Has your office received training on Kansas' Immunization Registry, KS WebIZ?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>8) Are you using WebIZ?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES, are using it regularly for: (mark all that apply) ___ lookup past immunizations ___ some patients ___ every patient ___ enter vaccines as given ___ enter later that day or beyond ___ enter as patient seen ___ entry via billing system ___ enter historical shot records ___ as patients seen ___ historical data for entire practice has been entered</p>
<p>9) As a rule, does your practice give hepatitis B #1 to newborns, prior to hospital discharge?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, the reason is: ___ want to use combination vaccines later ___ some other reason: _____</p>
<p>10) As a rule, does your practice give all vaccines that are due, regardless of the number of injections?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, what is the maximum number of injections at one visit? _____ Note to Trainer: If NO, please spend more time on slide #24, No.3</p>
<p>11) As a rule, does your practice give shots to children with minor illnesses, like colds, diarrhea and low grade fever?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Note to Trainer: If NO, please spend more time on slide #25 "Reasons to Withhold Vaccine" and slide #26 "Six Screening Questions".</p>
<p>12) As a rule, does your practice give shots to children at sick visits?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, please explain. ___ Yes it is ___ No</p>
<p>13) As a rule, does your practice allow patients to come in the same day for an immunization-only nurse visit?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Note to Trainer: If NO, spend more time on slide #27</p>

How did you hear about MOBI?

Questions: Contact Leslie Sherman: 913-940-8943

Please Fax Completed Form to Leslie: 1-866-519-0365.

Note: You are not on our MOBI-KS Site Training until you have received an email from leslie.sherman@kansasaap.org that we have received your application!