

# PIERS

Pennsylvania Immunization Electronic Registry System

## PIERS Business Partner Registration Guide

1. Click on the PIERS Business Partner Registration link below.

### [PIERS Business Partner Registration](#)

2. If you **are not** already registered as a Business Partner, click **Next** to begin the registration process. If you are already registered as a Business Partner, click on the **Requesting PIERS access with your existing Business Partner ID (B-)? Click Here** link.

**PA** pennsylvania

PIERS Business Partner Registration: General Information

1 General Information

2 User Profile Information

3 Organization Information

4 PIERS Application Role

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**Welcome!**

The Commonwealth of Pennsylvania is improving how it provides online services to Business Partners. Several state agencies are working together to establish a single Business Partner ID (B-) to access multiple state agency sites as a way of simplifying your experience. If you have not registered for a Business Partner ID (B-) before and wish to create a new account, please click the 'Next' button below.

**What is PIERS Business Partner Registration?** This registration process allows you to request a Commonwealth Business Partner account (B-) that can be used to access the PIERS application. Once your registration has been submitted, your account will be accessible after your request is reviewed and approved by a PIERS administrator.

**Already have a Business Partner ID (B-)?** If you have already created a Business Partner ID (B-), you do not need to create another one. Simply click the link below and use the Business Partner ID and Password you have already created to login.

Requesting PIERS access with your existing Business Partner ID (B-)? Click [HERE](#)

**NEXT** **CANCEL**

3. Complete all required fields on the **User Profile Information** page and then click **Next**.

**PIERS Business Partner Registration: User Profile Information**

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• = Required

**User Profile Information**

- First Name
- Last Name
- Email address  Enter your 'Email Address', maximum of 50 characters.
- Confirm Email Address
- Phone Number (m)  Enter your 'Phone Number' in xxx-xxx-xxxx format.
- Clinic Phone Number

For additional security, the Commonwealth of Pennsylvania requires that your 'Password' meet these requirements:  
At least eight (8) characters  
Contain one number  
Contain one upper-case letter  
Contain one lower-case letter  
Contain one special character, such as !, @, \$, %, ^, etc.  
Does not contain your user name, first or last name

Please note that the password you select here will be used for login, once your request is approved

- Password
- Confirm Password

**What is my Business Partner ID?** Your Business Partner ID will be system-generated based on the user profile information you provide. Once you are approved, you will receive an e-mail containing your Business Partner ID (B-) that will be used for future login.

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**\*\*\*Please note that users using Microsoft Edge will receive an error message when completing the Phone Number (m) field and will need to use another internet browser other than Microsoft Edge.**

**\*\*\*Please note that the password entered is the password that you will use to initially login to PIERS.**

4. Complete all required fields on the Organization Information page. The required fields are **Most Commonly used SIIS Username, Organization Name, Street Address, City, and Zip Code**. After completing the required fields, click **Next**.

PIERS Business Partner Registration: Organization Information

1 → General Information    2 → User Profile Information    3 → Organization Information    4 → PIERS Application Role    5 → User Release Agreement    6 → Security Questions

• = Required

To create a new Business Partner ID, please provide the following information about your Organization:

VFC Pin	<input type="text"/>	
SIIS Clinic ID	<input type="text"/>	
• Most commonly used SIIS username	<input type="text" value="rschroder"/>	Some users may have multiple SIIS usernames
• Organization Name	<input type="text" value="Schroder Pediatrics"/>	
Organization Identification	<input type="text"/>	Please leave the Organization Identification field empty if you are not aware of organization Identification Number (FEIN). If you know your organizations 9-digit FEIN, please enter it with no spaces or dashes (-).
• Street Address	<input type="text" value="625 Forster Street"/>	
• City	<input type="text" value="Harrisburg"/>	
State	<input type="text" value="Pennsylvania"/>	
• Zip Code	<input type="text" value="17120"/>	
Organization Registration Status	<input type="text"/>	

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**\*\*\*Please note that VFC Pin, SIIS Clinic ID, and Organization Identification are optional fields. They can be entered if known. They do not need to be completed to complete the PIERS Business Partner registration process.**

**\*\*\*Please note that the Organization Identification field should only be completed if the 9-digit FEIN of your clinic is known. Otherwise, this field should be left blank.**

5. On the PIERS Application Role page, select the PIERS Application Role that best applies to your role within the PIERS immunization information system and then click **Next**.

**PIERS Business Partner Registration: PIERS Application Role**

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• = Required

PIERS Application Role?  
Tell us about your role in your organization:

• PIERS Application Role

- CMHD Field Nurse
- Web User (view/add Pts, Immunizations)
- Web User (view/add Pts, Immunizations)+ Inventory
- HL7 User (view Pts, Immunizations)
- HL7 User (view Pts, Immunizations)+ Inventory
- School Nurse
- Read Only

Role Description: HL7 User view Pts Immunizations Inventory

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**CM HD Field Nurse**-CMHD Field Nurses should select this role.

**Web User (view/add Pts, Immunizations)**-Users who report immunizations via direct entry into PIERS and do not have a role in vaccine ordering and inventory management should select this role.

**Web User (view/add Pts, Immunizations)+ Inventory**-Users who report immunizations via direct entry into PIERS and have a role in vaccine ordering and inventory management should select this role.

**HL7 User (view/add Pts, Immunizations)**-Users who report immunizations via HL7 and do not have a role in vaccine ordering and inventory management should select this role.

**HL7 User (view/add Pts, Immunizations)+ Inventory**-Users who report immunizations via HL7 and have a role in vaccine ordering and inventory management should select this role.

**School Nurse**- School Nurses should select this role.

**Read Only**- Users who only need the ability to view immunization records should select this role.

- On the User Release Agreement page, read the Commonwealth of Pennsylvania's User Release Agreement (Management Directive), check the I have read and understood this entire agreement and agree to abide by it radio button, type your full name as an e-signature and then click **Next**.

**PIERS Business Partner Registration: User Release Agreement**

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**Required**  
Below is the Commonwealth of Pennsylvania's User Release Agreement (Management Directive). You must read and accept the terms and conditions of this agreement.

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**MANAGEMENT DIRECTIVE**  
Commonwealth of Pennsylvania  
Governor's Office

Before submitting the Enterprise Business Partner Registration, you must provide an e-Signature.  
**What is an e-Signature?** e-Signatures can be defined as any electronic process of signifying your approval, typically done by typing your name in a special field as a digital signature.

Certification and Authorization of e-Signature  
I certify, to the best of my abilities, that I understand my rights and responsibilities.  
I certify that all information in this Enterprise Business Partner Registration is true and correct under penalty of perjury.

**User Release Agreement**  
 I have read and understood this entire agreement and agree to abide by it  
 I do not accept the terms and conditions of this agreement

I agree that by entering my name, this acts as my legal signature, and I acknowledge that I read and understand the User Release Agreement (Management Directive) above and the rights and responsibilities and agree to these terms as stated.

**Full name**  
  
(Full Name should be identical to user profile and should be in specified format (firstname lastname).)

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- On the Security Questions page, select three different security questions and type an answer to each individual security question. Next, answer the question at the bottom of the page and then click **Finish**.

**PIERS Business Partner Registration: Security Questions**

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• = Required

### Security Hint Questions and Answers

Select the Security Questions from the drop down menus below. These Security Questions are used in the event that you forget your password. Please remember that answers must be identical to how the answer you provide below in future Login attempts.

Tips for Security Questions:  
-Avoid using special characters (!, @, \$, %, ^, etc.)  
-Be careful in using capitalization as the answer must be identical (e.g., Philadelphia ≠ philadelphia)  
-Choose questions that you can answer easily  
-Answer should not contain any part of security question

• Security Questions 1

• Answer 1

• Security Question 2

• Answer 2

• Security Question 3

• Answer 3

For security reasons, please answer the following question:

Question      Which of the following is NOT a season: Spring, tiger, Fall, Winter?

Answer     

**BACK**    **FINISH**    CANCEL

8. You have now completed the PIERS Business Partner registration process. You will receive an email notification informing you that your request is under review with the Pennsylvania Immunization Registry. When your request is approved, you will receive a second email notifying you of your assigned Business Partner Username with a link to the PIERS web application.  
**Please note this link will not be active until go-live on January 17, 2024.**

**Congratulations!**

You have completed the Consolidated Eligibility Letter Business Partner Registration Request!

Your request for access to the application is currently under review. You will receive another e-mail once access is granted.

If you have any questions or issues, please e-mail [ra-unifiedsecurity@pa.gov](mailto:ra-unifiedsecurity@pa.gov).

**Please close this browser window.**