

NJ Early Intervention System
Early Intervention Management System Enrollment/On-Line Access
Please keep a copy for your records

NJEIS Agency Information	<ul style="list-style-type: none"> Complete ALL fields, sign, scan and email to: newjerseyei@pcgus.com. If you are already enrolled with the NJEIS Central Management Office, provide the information currently on file with the NJEIS CMO. 		
Agency Name	NJEIS Agency Type: <input type="checkbox"/> REIC <input type="checkbox"/> SCU <input type="checkbox"/> EIP <input type="checkbox"/> State	Tax ID Number	
Agency Administrator			
First Name	Last Name	Email	Phone/Ext

<input type="checkbox"/> New User Information	User First Name	User Last Name	D.O.B.
Email -Must be unique to each NJEIS user			Phone/Ext
User ID Selection (submit two for each user role) User Role 1 ID #1 User Role 1 ID #2 User Role 2 ID #1 User Role 2 ID #2	<ul style="list-style-type: none"> User ID's must be unique to each account within the NJEIS. You must submit two selections in case your first choice is not available Enter a secondary user ID if you perform a secondary role in the same agency. Submit two IDs for each user role in case one of your selections is not available. 		
Security Word	<ul style="list-style-type: none"> The Security word is used for user identification/verification and will be needed to gain initial EIMS access on-line. This is a word of your choice and can be up to 20 characters, minimum 3 characters long. The word will be required when contacting the CMO for user access. This is not a password. 		
<input type="checkbox"/> Currently NJEIS Enrolled User Name	Current First Name	Current Last Name	Maiden/Other if User may have been enrolled previously under a different name
<input type="checkbox"/> Change of Information	Select Type of Change: <input type="checkbox"/> Name Change <input type="checkbox"/> Modify Access <input type="checkbox"/> Delete Access		
New/Change Name Name must match the name on a license and may require updated supporting license documentation with same name to be uploaded.		First Name	Last Name

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NJEIS User Access Type		<ul style="list-style-type: none"> Refer to the user types and access permission descriptions below and select the appropriate user type(s). You may select up to two user types from the first two columns below if you serve in multiple user roles as a Coordinator or Supervisor and as a direct service practitioner user for SPOE Coordinator, Ongoing Service Coordinator, or EIP/TET Practitioner. 	
Provider Agency Enrollment	Administrative Super User	Based on User Role Permissions or Assignment to a Family	View Only/Reports
State	State Admin Super User <input type="checkbox"/> Part C Coordinator <input type="checkbox"/> Data Manager <input type="checkbox"/> EIMS Project Specialist	State Admin – Edit Access <input type="checkbox"/> Results Accountability Coordinator <input type="checkbox"/> Procedural Safeguards Coordinator <input type="checkbox"/> Monitoring Coordinator <input type="checkbox"/> FCP Coordinator <input type="checkbox"/> CMO/Data Staff	State Admin – View Access <input type="checkbox"/> Monitoring Supervisor/Team <input type="checkbox"/> T&TA Coordinator <input type="checkbox"/> NJEIS Project Specialists <input type="checkbox"/> Secretary/Clerk <input type="checkbox"/> Grants Program Officer
REIC (Referral – Exit)	REIC Admin User <input type="checkbox"/> REIC Data Manager (limited to one) <input type="checkbox"/> REIC Data Supervisor (limited to one)	REIC Admin - Edit Access <input type="checkbox"/> REIC Data Entry (FCP)	REIC Admin – View Access <input type="checkbox"/> REIC Director (limited to one) <input type="checkbox"/> T&TA Coordinator <input type="checkbox"/> Family Support Coordinator <input type="checkbox"/> REIC Administrative Assistant
SPOE (Referral – IFSP)	SPOE Admin <input type="checkbox"/> SPOE SC Manager (limited to one) <input type="checkbox"/> SPOE SC Supervisor (limited to one)	SPOE Service Coordinator - Edit Caseload <input type="checkbox"/> SPOE SC	SPOE View Only with Some Edit Access <input type="checkbox"/> SPOE Administrative Assistant <input type="checkbox"/> Ring Central
Ongoing Service Coordination	SCU Admin <input type="checkbox"/> SCU Coordinator (limited to one) <input type="checkbox"/> Service Coordinator Supervisor	Ongoing Service Coordinator <input type="checkbox"/> Ongoing Service Coordinator	SCU View Only Access <input type="checkbox"/> SCU Administrative Staff <input type="checkbox"/> Ongoing SC Associates
Early Intervention Program	EIP Admin <input type="checkbox"/> TET Coordinator (limited to one) <input type="checkbox"/> EIP Coordinator (limited to one) <input type="checkbox"/> TET Supervisor <input type="checkbox"/> EIP Supervisor	Practitioners & TET Evaluators <input type="checkbox"/> EIP Practitioner (limited to one Specialty) <input type="checkbox"/> TET Evaluator (limited to one Specialty)	EIP View Only Access <input type="checkbox"/> EIP Administrative Staff (including Data & Financial)

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EIP/TET Practitioners must select ONE and ONLY ONE of the following Early Intervention Specialties for enrollment.

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| <input type="checkbox"/> Audiologist
<input type="checkbox"/> Behavior Specialist
<input type="checkbox"/> Child Development Specialist
<input type="checkbox"/> Child Development Associate
<input type="checkbox"/> Family Therapist
<input type="checkbox"/> Foreign Language Interpreter/Translator
<input type="checkbox"/> Interpreter for the Deaf
<input type="checkbox"/> Nutritionist
<input type="checkbox"/> Occupational Therapy Asst. (COTA)
<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Ophthalmologist
<input type="checkbox"/> Optometrist | <input type="checkbox"/> Orientation/Mobility Specialist
<input type="checkbox"/> Nurse (Registered)
<input type="checkbox"/> Psychologist
<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Physical Therapist Assistant (PTA)
<input type="checkbox"/> Physician
<input type="checkbox"/> Social Worker
<input type="checkbox"/> Special Educator
<input type="checkbox"/> Special Educator/SE Visually Impaired
<input type="checkbox"/> Special Educator/SE Hearing Impaired
<input type="checkbox"/> Speech/Language Pathologist |
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Electronic Signature Agreement

- As signified by my signature below, I agree that the early intervention services supplied by me to children in the New Jersey Early Intervention System (NJEIS) will be documented in the Public Consulting Group's Early Intervention Management System (EIMS) Internet-based tool.
- The services will be provided in accordance with each child's Individualized Family Service Plan (IFSP.)
- All services will be documented under my personal name using my personally created password which I will keep confidential.
- I understand that my name and password represent my signature and verification of the truth and accuracy of each service record that I document in the EIMS.
- Signing this document legally obligates me to this form.
- The date the information is received and processed at the CMO office will determine the effective date of online access.
- An email will be sent to the email address with further directions on how to access the online system. Please keep this form for your records.

User Name	User Signature	Date
NJEIS Provider Administrator Name	Provider Administrator Signature	Date