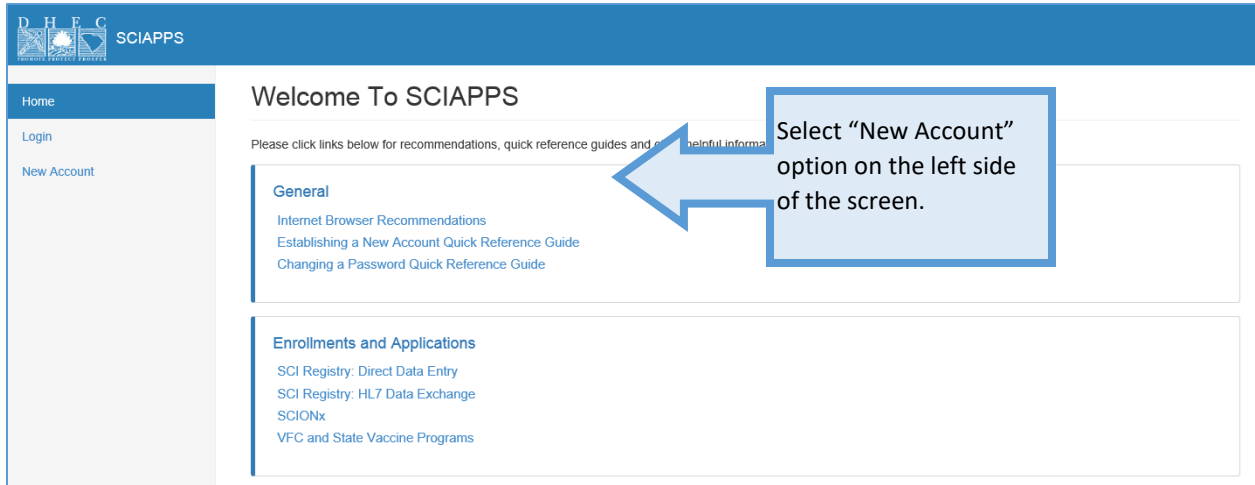


The purpose of the Quick Reference Guide for Creating a New SCIAPPS Account is to provide the user with step-by-step instructions. If questions or concerns should arise, contact the help desk at 866-439-4082.

Create a New SCIAPPS Account



Welcome To SCIAPPS

Please click links below for recommendations, quick reference guides and helpful information.

General

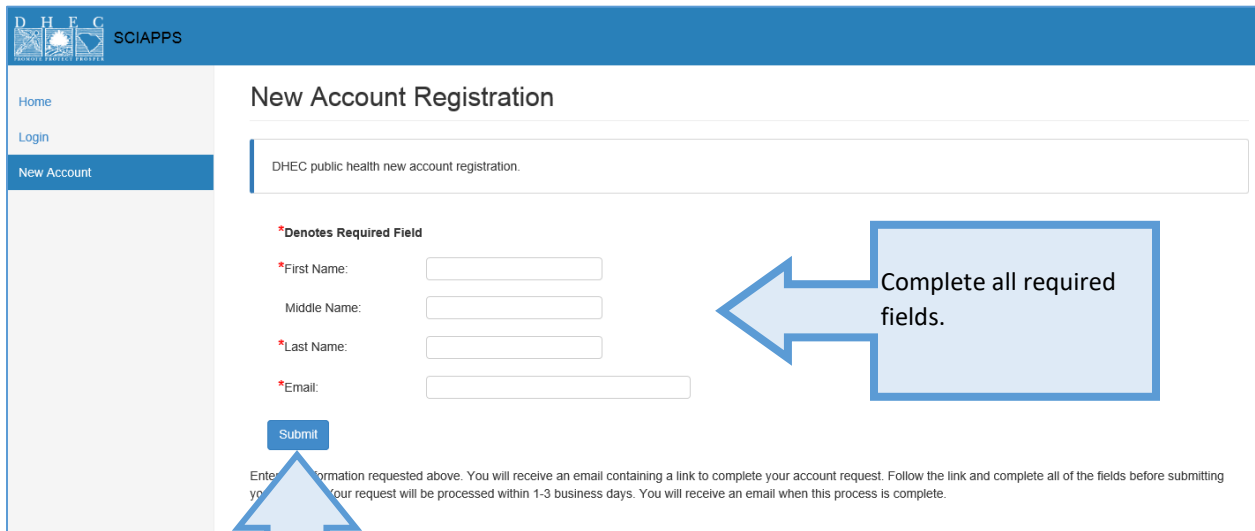
- Internet Browser Recommendations
- Establishing a New Account Quick Reference Guide
- Changing a Password Quick Reference Guide

Enrollments and Applications

- SCI Registry: Direct Data Entry
- SCI Registry: HL7 Data Exchange
- SCIONx
- VFC and State Vaccine Programs

Select "New Account" option on the left side of the screen.

New Account Registration



New Account Registration

DHEC public health new account registration.

***Denotes Required Field**

*First Name:

Middle Name:

*Last Name:

*Email:

Submit

Enter the information requested above. You will receive an email containing a link to complete your account request. Follow the link and complete all of the fields before submitting your request. Your request will be processed within 1-3 business days. You will receive an email when this process is complete.

Complete all required fields.

Click the submit button to submit the registration.

SCIAPPS Account Registration Email

You will receive an email from “NoReply@dhec.sc.gov” containing a link to complete your account. Follow the link and complete all of the fields before submitting your request.

Sample of email:

SCIAPPS Account Registration:

You are receiving this email because this email address was used to create a new SCIAPPS account. If you did not initiate this request, do nothing and it will be discarded. To continue the account creation process, please click the following link or copy and paste it into your browser.

<http://www.scdhec.gov/Apps/Health/SCIAPPS/Account/VerifyAccount/0db94349-af0b-41a1-b71e-7406d0ab660d>

Account Verification

Account Verification

*Denotes Required Field

Facility Information

* Facility Name:

Practice Name:
(or Doing Business As)

Federal Employee
Identification Number:
*(FEI)

*Organization's NPI:

*Facility Phone Number:

Ext:

Facility Address:
*(no P.O. Box)

*City:

*State:

*Zip:

*County:

Complete all information about the facility.

User/ESA Information
An **Electronic Signature Authority (ESA)** is someone that is authorized to sign enrollment forms for the practice.

Email Address:
*(User Name) myemailaddress@domain.com

*First Name: myfirstname

Middle Name: mymiddlename

*Last Name: mylastname

*Position / Title of ESA: --Select Position / Title--

Complete the user information about the Electronic Signature Authority.

*First Name: myfirstname

Middle Name: mymiddlename

*Last Name: mylastname

*Position / Title of ESA: --Select Position / Title--

Enrollment/Registration Types

- South Carolina Immunization Registry (SCI Registry)
- VFC Program
- HL-7 Electronic Data Exchange to the Registry
- SCIONx

Submit

Select the enrollments and registrations needed for this account.

Click the submit button to submit the account verification for review.

The DHEC staff will review the submitted account application and send an email once the account has been approved or rejected.