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## PROW Demonstration Site Application Form

**PROW Demonstration Site Objectives**

- To test various methods for reviewing, prioritizing, and selecting *Standards of Excellence* for implementation in different size immunization projects and with registries at varying operational stages.
- To assess the practical utility of the *Standards of Excellence* with special emphasis on how they enhance immunization program effectiveness.

**YES! I want to become a PROW Center of Excellence demonstration site.** \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title \_\_\_\_\_

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Please answer the following questions and return your application on or before Wednesday, June 25, 2003.

1. What is the current *operational* stage of your registry?

Primarily planning and/or early implementation

Partially deployed and/or operational

Fully deployed and operational

Comments: \_\_\_\_\_

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2. How would you rate the current *functional* level of your registry?

High level of functionality

Moderate level of functionality

Lower level of functionality

Comments: \_\_\_\_\_

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3. How would you characterize your current level registry support for other program components, such as assessment, provider quality assurance, and vaccine management? In other words, to what extent do staff within the immunization program use the registry in their own work? (*Select the best description*).

Very high level of support and utilization by immunization program

Moderately high level of support and utilization by immunization program

Moderately low utilization by immunization program

Currently not used by immunization program

Comments: \_\_\_\_\_

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4. Which best describes your immunization registry in terms of catchment area?

- A statewide registry system
- A regional registry system
- A county registry
- A city/urban registry
- Other: \_\_\_\_\_

5. Which best describes the organizational relationship of your registry to the immunization project program?

- The registry is part of the immunization program
- The registry is in a separate part of the health department, such as an IT department or a Medicaid program within a health department or a health and human services department.
- The registry is outside the health department, such as with a vender or a Medicaid program in a separate state agency.
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Why do you want to become a PROW demonstration site? *Check the one response that best characterizes your intent.*

- Planning and development of a new registry application
- Upgrading or replacing an existing registry application
- Enhancing or more fully using an already highly operational registry system.
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are there other things about your program that might be helpful for us to know?  
i.e. Other initiatives you are involved in that may be relevant to being a PROW  
demonstration site, such as research or being a registry Sentinel Site?

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Immunization Program Manager Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Immunization Registry Manager Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please e-mail, mail or fax this application to:**

Cindy Sutliff  
American Immunization Registry Association  
c/o Citywide Immunization Registry  
125 Worth Street; CN 64R  
New York, NY 10013  
212-676-2325 (voice)  
212-676-2314 (fax)  
[csutliff@health.nyc.gov](mailto:csutliff@health.nyc.gov)

**Thank you on behalf of the American Immunization Registry Association,  
the Association of Immunization Managers, and the National Immunization  
Program.**

