



The PEI Immunization Education Module is housed on a government learning site. Access will be granted based on individual request as it pertains to their practice. Please ensure ALL fields below are completed and authorization is approved by your manager.

User Information (all fields are mandatory)			
First Name:		Phone:	
Last Name:		Email:	
Middle Initial:		Employer/Department:	
Professional Designation:		Position:	

### Acknowledgement

I understand that I must never share my account password with anyone.

I understand that this education module will not be copied or distributed in any way.

I understand that it is my responsibility and/or my worksite's responsibility to facilitate additional training that may be relevant to my practice in relation to immunizations to ensure competent practice.

<b>Employee Signature:</b>		<b>Date:</b>	
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To be completed by Manager or Supervisor			
Authorized by:		Signature:	
Request Date:		Phone Number:	

Once completed please save and email to [kjellis@ihis.org](mailto:kjellis@ihis.org)