# Health Commerce System - Director Account

# New York State Department of Health

Submission of the immunization status of students attending school in New York State is mandated by Public Health Law § 2164 and 2165. School staff must obtain Health Commerce System (HCS) accounts to access and complete the online school immunization survey. **Schools must have someone with Director-level access to assign all other levels of HCS access to staff within their organization.** **In the case of public K-12 institutions, the Director role must be filled by the district superintendent.**

# How to Obtain an HCS Director Account:

1. Complete the “Information Needed to Request an HCS Director Account” document (see page 2) and
e-mail it to osas@health.ny.gov.
2. Wait for an email from camu@its.ny.gov.
3. Read the email and documents from camu@its.ny.gov.
4. Print, complete and notarize (sign in the presence of a notary) the Participant Organization Agreement form (HCS Document 1 Schedule 2A for HCS Directors). This document states that the school will abide by the policies and procedures for accessing and using data and information on the HCS.
5. Keep a copy of the notarized document. The HCS Director will need the Temporary Access Word on the
document to activate their HCS account.
6. **Mail original signed document to:**
NYSDOH
Commerce Accounts Management Unit (CAMU) Supervisors
800 North Pearl Street, Room 214
Albany, NY 12204-1899

7. CAMU will process the notarized document and issue an HCS account for the HCS Director. The HCS
 Director will receive a letter from CAMU containing the information needed to activate their account.

 **For questions regarding:**

* **Resetting your password:** Contact CAMU at 866-529-1890.
* **HCS Coordinator training:** Call (518) 473-1809 for more information.
* **Information needed to request an HCS Director Account document:** Call the School Assessment and Compliance Unit at (518) 474-1944 or email osas@health.ny.gov
* **Notarized documents**: Call CAMU at (866) 529-1890 or (518) 474-7835, or email camu@its.ny.gov.

# HCS Director Account Request Form

# This form is for HCS Director access only

# For Coordinators or Directors looking to provide Coordinator-level access, see [New Coordinator or Security Coordinator](https://nysemail.sharepoint.com/sites/healthapplications/news/Lists/DOH%20News/Attachments/10112/NewCoordinator2023.pdf?xsdata=MDV8MDF8fDdjZTM2OTNmNTljNDQ5YjEzM2ZkMDhkYjFlNzRhN2QzfGY0NmNiOGVhNzkwMDRkMTA4Y2ViODBlOGMxYzgxZWU3fDB8MHw2MzgxMzcyNTg1ODM3MzMyNDV8VW5rbm93bnxWR1ZoYlhOVFpXTjFjbWwwZVZObGNuWnBZMlY4ZXlKV0lqb2lNQzR3TGpBd01EQWlMQ0pRSWpvaVYybHVNeklpTENKQlRpSTZJazkwYUdWeUlpd2lWMVFpT2pFeGZRPT18MXxNVFkzT0RFeU9UQTFOamN4TWpzeE5qYzRNVEk1TURVMk56RXlPekU1T21KaU1ETmtNbUk0TmpjMVpEUmhaVE00TmprMlpEQTRPVFExTVdVMU9HVTVRSFJvY21WaFpDNTJNZz09fDhhZjQwZWU4ZjgyYTQ1YmQzM2ZkMDhkYjFlNzRhN2QzfDMzZWZkNjY2MmU1NDQ3ODc5ZmU1ZjgzZmQ3YzM2M2Nj&sdata=SEhYMk1OeGR6Y2RHK2dlallMZDd0QysrKzlUeVdkTlF5YlBWV3U3eXhTOD0%3D&ovuser=f46cb8ea-7900-4d10-8ceb-80e8c1c81ee7%2CHeather.Hewitt%40health.ny.gov&OR=Teams-HL&CT=1678213000965&clickparams=eyJBcHBOYW1lIjoiVGVhbXMtRGVza3RvcCIsIkFwcFZlcnNpb24iOiIyNy8yMzAyMDUwMTQwMyIsIkhhc0ZlZGVyYXRlZFVzZXIiOmZhbHNlfQ%3D%3D)

# For new HCS accounts, see [New HCS Account 2022 (ny.gov)](https://apps.health.ny.gov/pub/ctrldocs/paperless_edoc2.pdf)

# Provide the following information and e-mail it to osas@health.ny.gov.

# HCS Director Information:

|  |  |
| --- | --- |
| ID Number for Immunization Survey (if known) |  Click or tap here to enter text. |
| School Name |  Click or tap here to enter text. |
| School Address |  Click or tap here to enter text. **STREET** |  Click or tap here to enter text.  **CITY** |  Click or tap here to enter text.  **ZIP** |
| County |  Choose an item. |
| School type |  Choose an item. |
|  |  [ ]  Check here if Post-Secondary program shares students with a larger college or university |
| HCS Director’s Name  |  Click or tap here to enter text. **FULL FIRST NAME**  |  Click or tap here to enter text. **FULL MIDDLE NAME**  |  Click or tap here to enter text. **FULL LAST NAME** |
|  |  *In the case of a public K-12, this MUST be the superintendent* |
| Date of Birth |  Click or tap to enter a date. |
| Job Title |  Click or tap here to enter text. |
| Office Telephone Number |  Click or tap here to enter text. |
| Office FAX number |  Click or tap here to enter text. |
| E-mail Address |  Click or tap here to enter text. |