

(9)(i) **Objective:** Capability to submit electronic data to immunization registries and actual submission where required and accepted.  
(ii) **Measure:** Performed at least one test of certified EHR technology's capability to submit electronic data to immunization registries.

Additional Insurance Contacts Appointments Financial Payment Plan Historical Data Registry

	Registry	Registry Type	Registry ID	Last Transaction	Opt Out	Opt Out Date
✓	Print Reports	IMMUNIZATION			<input type="checkbox"/>	
✓	WIR	IMMUNIZATION			<input type="checkbox"/>	

Quick Entry Mode (this session only)

ASC