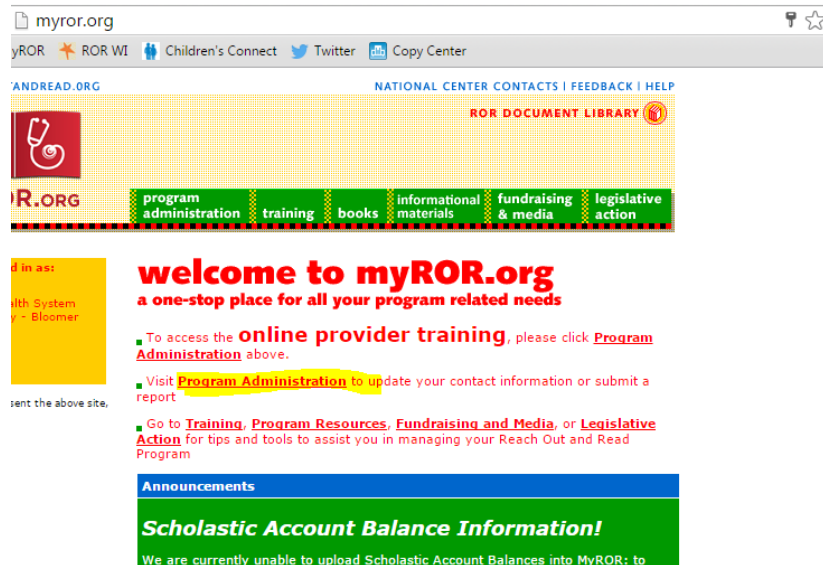




REACH OUT AND READ WISCONSIN

ADDING NEW CONTACTS TO MYROR.ORG

1. Log in to www.myror.org as the clinic using the site ID and clinic password
 - a. Site ID: #####
 - b. Site Password: set by the clinic
2. On the **“welcome to myROR.org”** page click on the hyperlink in the second bullet **“Program Administration”**



ADDING A CONTACT

3. You are now on the **“program administration”** page.
 - a. Scroll down to the fourth green box, titled **“Contacts”**
4. Look for and click on the **ADD NEW** button, situated under the **“Contacts”** on the right side.
5. You are now on the **“program administration add contact”** page:
 - a. **If the clinician previously worked in a clinic with a Reach Out and Read program and has completed the online training, click option 2) Link an Existing Contact**
 - i. Enter the individual’s last name used when working at previous clinic
 - ii. Enter town or city of the clinic
 - **If this process does not pull the existing ID from the database, email the Reach Out and Read Wisconsin office. Please DO NOT add an additional, and duplicative record for this person**
 - b. If the clinician **has not previously worked** at a clinic with a Reach Out and Read program, click option **1) Create a New Contact**

Reach Out and Read Wisconsin is an initiative of Children's Health Alliance of Wisconsin and a partnership with American Family Children's Hospital and Children's Hospital of Wisconsin.

program administration:

add contact

- 1) ADD a contact who does not already exist on ANY Site:
[Create a New Contact](#)
- 2) LINK a contact who exists on another Site:
[Link an Existing Contact](#)

CANCEL

ENTERING CONTACT

INFORMATION

1. Under “**Contact’s Role**” in the drop-down box titled “**Role**” select the person’s role at the clinic.
 - a. Choose Medical Provider for all MDs, DOs, NPs, and PA-Cs and residents
 - b. Choose Medical Consultant for the ONE medical provider acting in this capacity
 - c. Choose Site Support for all other entries, unless entering information for a Development Staff person
 - d. For Residents, please select ‘Resident’ under Credentials and also type ‘MD/DO - Resident’ in the box underneath. This method does not penalize residency programs for their high annual turnover rate of medical providers
2. Complete all the fields with an ***asterisk*** under “**Contact Details**”
3. Above “**Address:***”, you have the option to “**import that information**” if you would like to import the clinic’s address so that you do not have to retype it for each person you are entering into the database.
4. Click **SUBMIT** at bottom of form when you are done.

Sample Medical Provider entry

Contact Details

Salutation:	<input type="text" value="Dr."/> ▼
First Name:*	<input type="text" value="Dipesh"/>
Middle Name:	<input type="text"/>
Last Name:*	<input type="text" value="Navsaria"/>
Credentials: *	<input type="text" value="MD"/>
	<input type="text" value="MD"/>
In addition to the dropdown box, please type in your credentials above as they typically appear after your name (25 character max, if applicable). (e.g., RN, MD, ...)	
Specialty: *	<input type="text" value="Pediatrics"/>
Job Title:	<input type="text"/>
Email:*	<input type="text" value="Enter email here"/>
Confirm Email:*	<input type="text" value="Confirm email here"/>
Phone:*	<input type="text" value="608-800-5000"/> Ext: <input type="text"/>
Fax:	<input type="text"/>
If your address is the same as the site's address, you can import that information.	
Address:*	<input type="text" value="1716 Fordem Avenue"/> <input type="text"/> <input type="text"/>
City:*	<input type="text" value="Madison"/>
State:*	<input type="text" value="WI"/> ▼
Zip:*	<input type="text" value="53704"/> <input type="text"/>
Comments:	<input type="text"/>

SUBMIT

* = required

CANCEL

Sample Resident entry

Contact Details

Salutation:	Dr.	<input type="button" value="v"/>
First Name:*	Jessica	
Middle Name:	<input type="text"/>	
Last Name:*	Smith	
Credentials: *	Resident	
	MD, Resident Physician	
In addition to the dropdown box, please type in your credentials above as they typically appear after your name (25 character max, if applicable). (e.g., RN, MD, ...)		
Specialty: *	Pediatrics	
Job Title:	<input type="text"/>	
Email:*	Enter email here	
Confirm Email:*	Confirm email here	
Phone:*	Clinic phone number	Ext: <input type="text"/>
Fax:	<input type="text"/>	
If your address is the same as the site's address, you can import that information .		
Address:*	Clinic address here	
	<input type="text"/>	
	<input type="text"/>	
City:*	Clinic city	
State:*	Clinic state	<input type="button" value="v"/>
Zip:*	Clinic zip code	<input type="text"/>
Comments:	<input type="text"/>	

SUBMIT

* = required

CANCEL