

How to Register a New Facility

QUIT NOW VIRGINIA

5 Steps

1

Go to the referral portal –
<https://rallycoaching.my.site.com/referral/s/>

2

Select **Virginia**, confirm **Virginia**

3

Click **Search Referring Facility**

4

Click **New Facility**

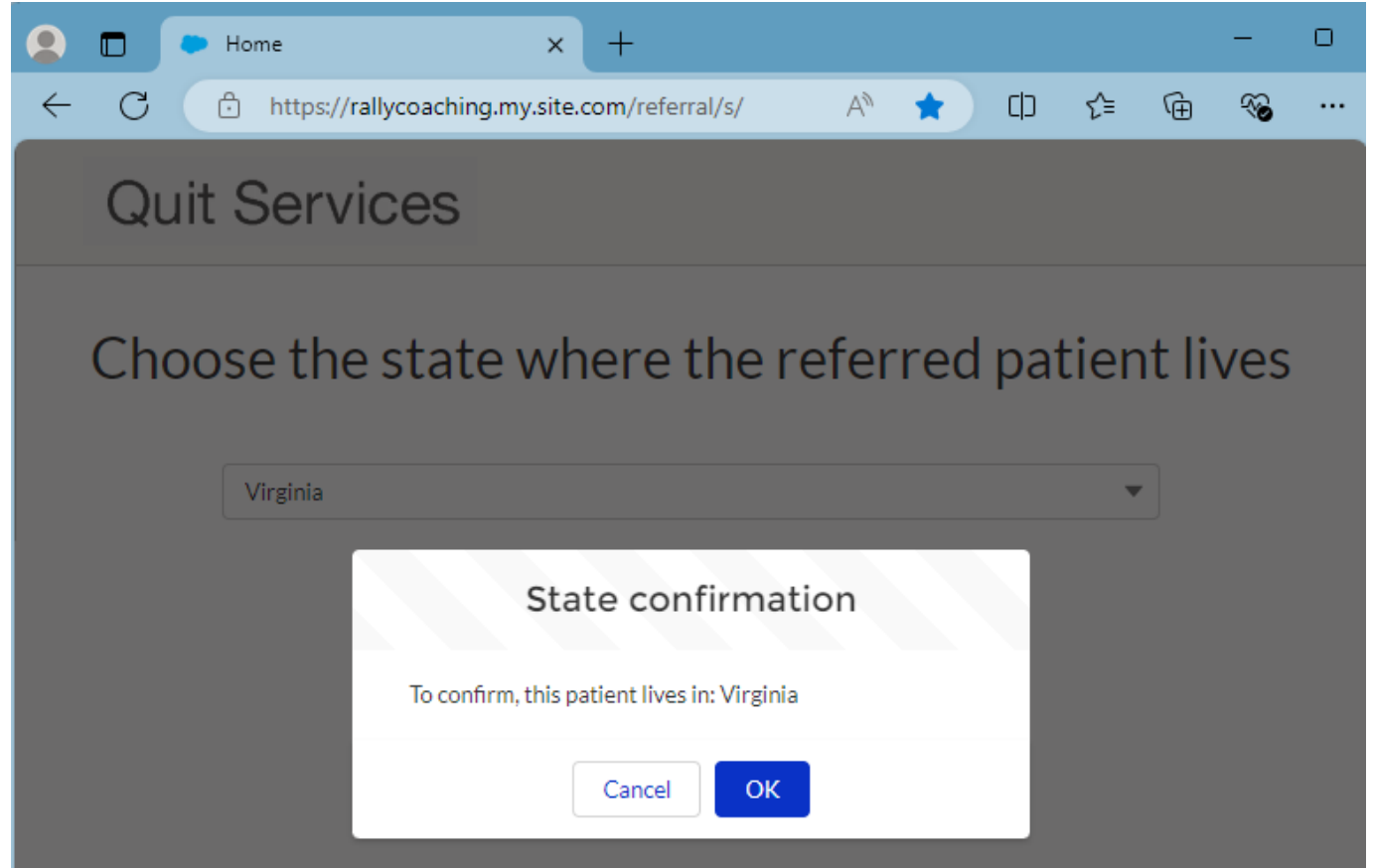
5

Complete all boxes on form, and Save

Steps 1 & 2

1. Go to the referral portal – <https://rallycoaching.my.site.com/referral/s/>

2. Select **Virginia**, confirm **Virginia**



Steps 3 & 4

Quit Services

User Image

Facility and Healthcare Professional Search

Search Referring Facility

I am not affiliated with a Facility

Search Healthcare Professional

Quit Services

Referring Facility

Please search by NPI, or a combination of Facility Name, Zip and Fax. If searching by City and State, please use Address to limit search results.

NPI #

Facility Name

Address

City

* State

Zip Code

Phone

Fax

Search Reset **New Facility**

Steps 5

Complete all boxes on form, and Save.

The screenshot shows a web browser window with the URL <https://rallycoaching.my.site.com/referral/s/>. A modal window titled "Quit Services" is open, containing a form for "Referring Facility". The form fields are as follows:

- Facility Name:
- Facility Type:
- Department:
- Phone Number:
- State:
- County:
- NPI #:

Below these fields is a section titled "Facility Contact Information" with the following fields:

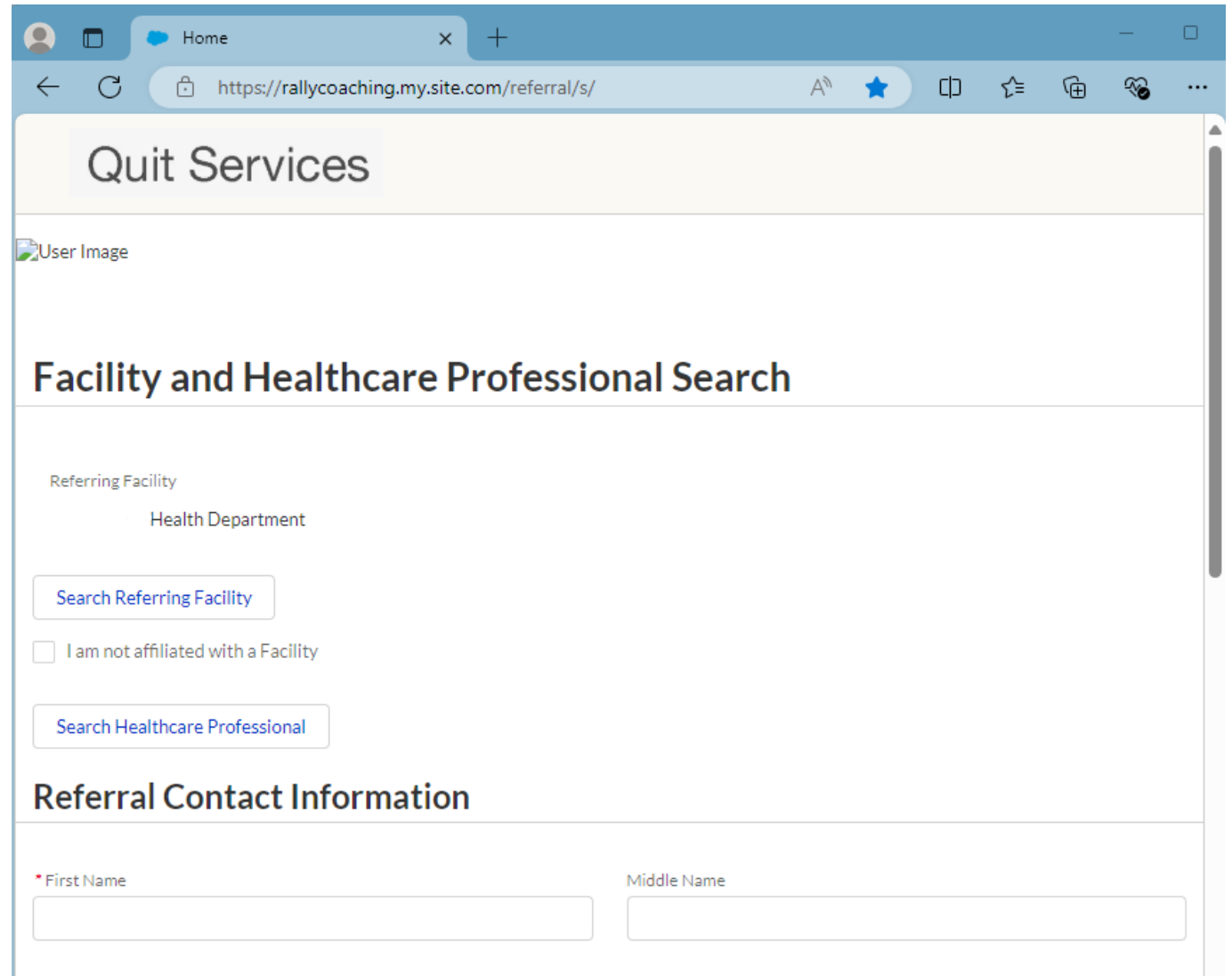
- Fax Number:
- Email Address:
- Street Address:
- City:
- Zip Code:

At the bottom of the form, there are two buttons: "Save" (circled in red) and "Back to Search".

Start referring

Required information:

1. First & Last Name
2. Date of Birth
3. Phone Number



The screenshot shows a web browser window with the URL <https://rallycoaching.my.site.com/referral/s/>. The page title is "Quit Services". Below the title is a "User Image" placeholder. The main section is titled "Facility and Healthcare Professional Search". It contains a form with the following elements:

- A label "Referring Facility" above a text input field containing "Health Department".
- A button labeled "Search Referring Facility".
- A checkbox labeled "I am not affiliated with a Facility".
- A button labeled "Search Healthcare Professional".

Below this section is another section titled "Referral Contact Information". It contains two text input fields:

- A field labeled "First Name" with a red asterisk indicating it is required.
- A field labeled "Middle Name".

Quit Now Virginia

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VapeFreeVA.org

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VIRGINIA TOBACCO CONTROL PROGRAM

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<https://www.vdh.virginia.gov/tobacco-free-living/>

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<https://tinyurl.com/VATobaccoNewsletters>