



## California Immunization Registry (CAIR) ID Submission Template

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As part of the Extended Care Center Quality Incentive Program (EXT QIP), facilities are required to submit a CAIR ID as proof of CAIR enrollment by email to [EXTQIP@partnershiphp.org](mailto:EXTQIP@partnershiphp.org) by February 28, 2026.

Facility Name: \_\_\_\_\_

Federal Provider Number: \_\_\_\_\_

CAIR ID: \_\_\_\_\_

Facilities with no CAIR ID submissions to Partnership by February 28, 2026 will not be eligible to participate in the EXT QIP for the 2026 measurement year.