

# Vendormate Credentialing Vendor Representative Registration

In order to participate in the Vendormate vendor program, you must register at each hospital/healthcare system. To illustrate this process, we use a fictitious health system called PeachCare Health. Here is what you can expect when registering.

## Registration: Phase One

- Navigate to: <https://login.vendormate.com>.
- If you are registered with Vendormate at any health system, **Log in**. Then click **Connect with a new health system**.
- If you are not registered, click **Search**.
- Use the search function to find the health system you wish to register with. You may search by state or enter a keyword.
- When you find the desired health system, click Register.

The screenshots illustrate the registration process. The first screenshot shows the 'Login' and 'Vendor Registration' options. The second screenshot shows the 'Search' function with 'Peachcare Health' entered and 'Health System' selected. The third screenshot shows the search results table with a 'Register' button for each entry.

Your Status	Health System	Location	City
<a href="#">Register</a>	Georgia Surgical Center on Peachtree	Georgia Surgical Center on Peachtree	Atlanta
<a href="#">Register</a>	Georgia Surgical Center on Peachtree	All	

## Registration: Phase Two

- On this screen, you will provide basic contact information.
- Note that items shown in red are required.
- Click **Continue**.
- The information provided on this screen helps the hospital determine the type of relationship you have with them.
- Here, you are asked to tell the health system which facilities and specific departments you will be visiting.
- This information will be reflected in your profile.
- Click **Continue**.
- This is used to determine the level of your membership in the Vendormate system.
- Click **Continue**.

**PeachCare HEALTH**

**Registration**

New users: register below  
Existing users: please log in to the right [Existing Users Login >>](#)

**Begin Registration**

Welcome to PeachCare Health Vendor Program. Please provide some basic information to start your registration process.  
Watch a brief overview of the registration process in general [here](#).

**Begin Registration**

First Name: [text field]  
Last Name: [text field]  
Legal Name of Business: [text field]  
Your Phone Number: [text field]  
Business Email Address: [text field]  
Verify Your Email Address: [text field]

**Continue**

Your information will not be shared with anyone else except to permit us to manage our relationship with you and your company. For full details, please see below for our [Privacy Policy and Terms of Use](#).

**PeachCare HEALTH**

**Business Relationship**

**Describe Your Business Relationship with PeachCare Health**

Registration Code (if Provided): [text field]

What is the total amount of business your company expects to do in the next 12 months with PeachCare Health? [text field]

How many employees or representatives of your company other than yourself interest with PeachCare Health? [text field]

Do you or anyone from your company visit or intend to visit a location for PeachCare Health?  No  Yes

Do you or anyone from your company interest with procedural patient care areas including but not limited to the Operating Room, Catheterization Lab, Endoscopy, and Radiology (WHEN patients are present)?  No  Yes

Do you or anyone from your company have direct patient contact?  No  Yes

Are you a pharmaceutical vendor?  No  Yes

Are you an information technology vendor providing a software system or IT services (if you are simply supplying hardware, you would answer "No" to this question)?  No  Yes

**IT/Security Question**

Does your organization receive, create, maintain or transmit Protected Health Information (PHI) on behalf of a medical practice or hospital?  No  Yes

Do representatives from your organization enter clinical areas of the medical practice or hospital they service?  No  Yes

**Continue**

**PeachCare HEALTH**

**Your Relationship**

**Describe Your Relationship with PeachCare Health**

Please answer any unanswered questions.

Do you visit or intend to visit a location for PeachCare Health?  No  Yes

Do you interact with procedural patient care areas including but not limited to the Operating Room, Catheterization Lab, Endoscopy, and Radiology (WHEN patients are present)?  No  Yes

Do you have direct patient contact?  No  Yes

Are you a rep with a tissue vendor or tissue bank that provides human cells, tissues, or cellular and tissue-based products (hCTPs) for repainting and transplanting?  No  Yes

Are you a rep with an information technology vendor providing a software system or IT services (if you are simply supplying hardware, you would answer "No" to this question)?  No  Yes

Are you a representative for a pharmaceutical vendor?  No  Yes

**Locations you VISIT**

Please select the appropriate Locations you VISIT. Selecting the correct Locations you VISIT ensures you see the appropriate policy and document requirements.

East Campus  Main Campus  
 North Campus  PeachCare Medical Center  
 PeachCare Memorial Health  South Campus  
 West Campus

**Departments you VISIT**

Please select the appropriate Departments you VISIT. Selecting the correct Departments you VISIT ensures you see the appropriate policy and document requirements.

Administration  Cath Lab  
 Endoscopy  Facilities  
 Information Technology  Materials Management  
 Operating Room/Surgery  Pharmacy  
 Radiology  SPD

**Continue**

- On this screen you are asked to provide more detailed information on your company and yourself.
- As before, items shown in red are required.

**PeachCare HEALTH**

**Registration Information**

**Company Information**

Legal name of business:   
Note: Enter your exact company legal name & DBA. For security reasons, this information can only be changed by Vendormate Support.

Doing Business As:

Tax ID: 379658976  
 D&B DUNS Number:   
Note: For security reasons, this information can only be changed by Vendormate Support.

Type of business:

**Company Contact Information**

Please enter the following information for your company's headquarters.

HQ Address:   
 City:   
 State/Province/Division:   
 Zip/Postal Code:   
 Country:   
 HQ Phone:

**Your Contact Information**

Salutation:   
 First name:   
 Middle name(s):   
 Last name:   
 Suffix (Jr, Sr, III, etc.):   
 Username:   
 Your mobile phone #:

**Product or Service Types**

Step 1: Search for the types of products and services you provide.  
 Step 2: Add those types to Your List of Products and Services.  
 Note: Search for general categories, not product brands or product SKUs.

For more information on UNSPSC commodity codes please visit [www.unspsc.org](http://www.unspsc.org)

Search for your products & services

- Describe the products and services you provide on this screen. Use the search function to locate the correct description and click **Add to list**.
- If items on the list are not correct, click **Remove from list** to eliminate them.
- Click **Save and Continue**.

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Step 1: Search for the types of products and services you provide.  
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For more information on UNSPSC commodity codes please visit [www.unspsc.org](http://www.unspsc.org)

Search for your products & services

Search:

Search for ALL terms only

**COMMUNITY**

- 82120000 - Bedclothes and table and kitchen linen and towels
- 82121700 - Towels
- 14111703 - Paper towels
- 42131704 - Surgical towels
- 42281912 - Sterilization towels
- 47131701 - Paper towel dispensers
- 82121801 - Dish towels
- 82121701 - Bath towels
- 82121702 - Beach towels
- 82121704 - Hand towels

**Your List of Products and Services**

- 82121704 - Hand towels
- 42131704 - Surgical towels
- 82121700 - Towels

If you want to remove some products from this list then select the product and click on the remove button.

By continuing and submitting this information, you affirm that none of the responses set forth knowingly contain any untrue or incomplete statements of fact or omissions of any information that would make the above responses misleading.

- If you are the first representative from your company to register, you will be asked to provide credit card information with which to pay the registration fee.
- When you have completed the necessary information, click [Charge Card and Register](#).
- If another representative of your company has already paid the registration fee, you will bypass the payment screen.

**PeachCare HEALTH**

Vendormate Partners registration and credentialing is a subscription service.  
 For a yearly fee of \$100.00, your company will be listed in our vendor registration repository, organized by your sales categories and geographic region, and will be credentialled based on the details you have provided and from information collected from other public and private resources. This fee includes the cost of company registration for one year and credentialling during that period. It does not guarantee that your products will be purchased, nor that you will receive a particular credentialling score.

**Registration Code Information**  
 Registration Code:  [Apply Coupon](#)

**Credit Card Information**  
 Card Type:   
 Card Number:   
 Name on Card:   
 Expiration Date:  /   
 Verification number:   
 Visa/MC: Use the last 3 digits printed on the signature panel on the BACK of the card  
 AmEx: Use the 4 digits printed above the card number on the FRONT of the card

 

**Billing Address**  
  
  
 Billing City:   
 Billing State/Province:   
 Billing Zip/Postal Code:   
 Billing Country:   
 Card Holder's Email:

- The questions and responses on this screen are designed to ensure that no conflicts of interest exist between you and the health system.
- Acknowledge that you have read and understand the [End-User License Agreement \(EULA\)](#).
- Click [Save and Continue](#).

**PeachCare HEALTH**

**Conflicts of Interest**

**Individual Conflict of Interest Statements**  
 Please acknowledge each of the following before continuing.

**Conflict of interest** Are you aware of any instance in which, your company's managers, executives or board members are related to managers, executives, medical staff, board members or employees of Community Health System?  
 Yes  No

**Conflict of interest** Are you aware of any Community Health System managers, executives, medical staff, board members or employee that serve on the advisory boards or the board of directors of your company or any of its subsidiaries?  
 Yes  No

**Conflict of interest** Are you aware of any instance in which your company or any of its subsidiaries employ or compensate any of Community Health System's managers, executives, medical staff, board members or employees?  
 Yes  No

**End-User License Agreement (EULA)** [View Agreement](#)  
 I have read and understand the End-User License Agreement (EULA).

**Basic Registration Compliance**  
 By continuing and submitting this information, you acknowledge that entering information through the registration process may not fully satisfy all the required information for PeachCare Health Registration, and you agree to complete registration at a later time to remain in good standing.

[Save and Continue](#)

## Registration: Phase Three

- Once you have provided all necessary information to register, you are asked to log in using your email address and password.
- Be sure to review the information on this screen for details of your ongoing profile management.



- You have now created a vendor profile. Note that the green checkmarks indicate complete/current status, while the red X identifies a problem area.
- Click on each link for additional information.

