

Yale NewHaven Health

Infor Supplier
Portal
Registration



infor Supplier Portal

Supplier Registration Guide



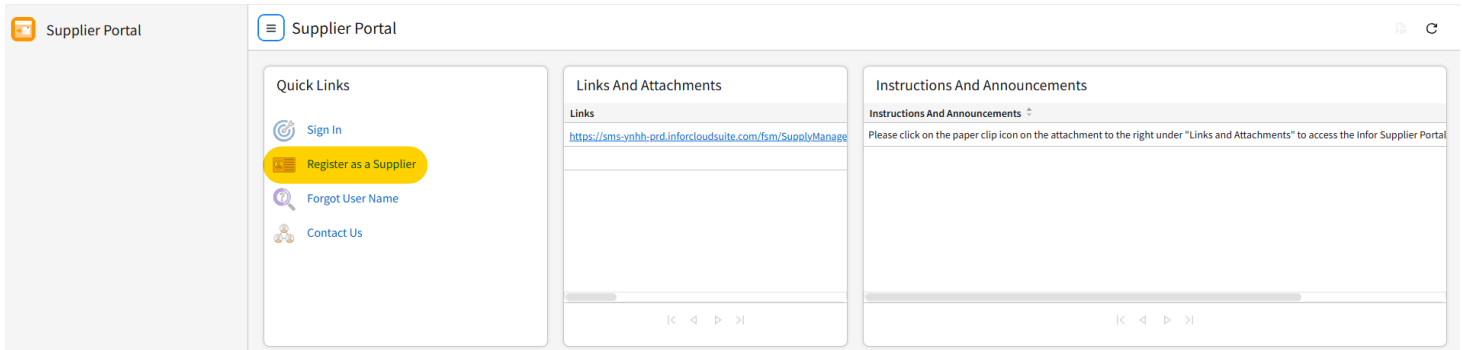
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Enter Supplier Portal

To launch the Supplier Portal Registration use the link provided to you. If viewing the registration guide Online use the following link: Infor Supplier Portal .

Select "Register as a Supplier". This will take you to begin registration.



Registration

Enter your company information exactly as it appears on your W9 along with all required fields (*). Once all required fields are entered select the save icon in the upper right corner of the screen.

Supplier Registration

After entering required information click save in upper right
Then view your registration status here

Registration Diversity codes Certifications Proxy notifications

Enter your company information exactly as it appears on your W9 and complete all required fields. Failure to complete required fields and questions will result in a delay in onboarding.

User Name *	Password *	Confirm Password *
<input type="text"/>	<input type="password"/>	<input type="password"/>
First Name *	Last Name *	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Main Country/Jurisdiction Code	Main Phone Number *	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Country/Jurisdiction Code	Phone Number	Fax Country/Jurisdiction Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sms Enabled		
Email Address *	Company Name *	
<input type="text"/>	<input type="text"/>	
Tax ID Type *	Tax ID *	Attach Tax certification
<input type="text"/>	<input type="text"/>	<input type="text"/>
Either tax ID or VAT registration number is required *		
VAT Registration Country/Jurisdiction *	VAT registration number *	
<input type="text"/>	<input type="text"/>	

User Name:

Please use your email address. When your registration is complete, this is your user ID.

Password:

Please set your password for Supplier Portal on this page.

Reminder: You will need to complete all fields marked (*) these are required. Please be sure to include Tax ID and up to date W-9 on Registration tab.

Registration

Enter "US" in the country field in the mailing address section to access additional fields.

The Terms and Conditions will display at the end of the registration form. Select the "Accept Terms and Conditions" check box to continue.

Enter the CAPTCHA code (security text image) and Company Information. Once all required fields are entered select the save icon in the upper right corner of the screen.

Supplier Registration

Registration Diversity codes Certifications Proxy notifications

Mailing Address

Street Address

City

State/Province

Zip Code

County/District

Country/Jurisdiction

United States of America ☐ Change

Type

☒ Check if Remit To Address is The Same As Mailing Address

☐ Accept Terms and Conditions as Shown Following * I understand that registering within the YNHHS Supplier Portal does not guarantee access to submit bids, negotiate agreements, or become an official Yale New Haven Health vendor.

594c6

Enter the text in image above:

Company Information *

Dun & Bradstreet Business Type Doing Business As

Reminder: You will need to complete all fields marked (*) these are required. If a required field is missed during registration please complete. You will need to reenter the CAPTCHA code (security text image) and select the save icon again.

Once Registration is submitted please select " Respond to Questions" section. Required questions must be answered to complete registration.

Supplier Registration

Your account has been set up, however your registration is not complete. Please ensure you have completed all required fields under the main Registration page, attached your W9, and answered all of the questions in the Questions section.

Questions exist; please use this button to answer questions; all required questions must be answered to complete registration

Respond to Questions

Registration Diversity codes Certifications Proxy notifications

Thanks for registering. Your supplier number and name are:

4700 - YNHHS

To make additional changes to the information entered in the registration form click My Account

See the top of this form for additional information which may be required

Select the displayed tabs to enter supporting information; an * Indicates that information has been entered

Questions

Complete all required questions related to your company.

Questions for YNHHS

Answer the following questions related to your company. An * indicates a required field.

1 Are you registering to become a YNHHS Supplier/Vendor for a contract that is actively being negotiated and/or executed?

Answer

2 If you are registering to become a Supplier and/or Vendor due to a contract you are actively working on with a YNHHS team, please enter the employee name and email address below and email the YNHHS contact your Supplier number upon registration.

If no, please put "N/A" in text box.

Answer

3 Are you an existing YNHHS vendor? If you are registering to become a new YNHHS vendor, please ensure your W9 is attached under the "Tax Certificate" section in the previous screen.

Answer

Attach Document

4 Are you registering as an Independent Contractor using your SSN as your federal ID? If yes, please contact APVendorMaintenance in order to proceed with your registration.

Answer

5 Are you physician's immediate family member or physician owned organization?

If yes, contact APVendorMaintenance@ynhh.org to complete registration.

Answer

Question number 12 will require the supporting documentation for multiple divisions within your vendor company if applicable. Please see the attached template.

12 Are there multiple divisions within your vendor company? If yes, please complete the Vendor Division template attached, and upload the completed copy. If no, continue to the next questions.

Yes or No required; attachment required if answer is Yes

View Supporting Document

Vendor Division Template.xlsx

Answer

Attach Document

Once complete select the save and close icon in the upper right corner of the screen. Please take note of your supplier number.

Supplier Registration

My Account

Congratulations! You have successfully registered within the YNHHS Supplier Portal. Please note that registering within the YNHHS Supplier Portal does not guarantee access to submit bids, negotiate agreements, or become an official Yale New Haven Health vendor. Someone from YNHHS will be in contact if there is a need for your product or service.

Questions exist; use this button to answer or change [Respond to Questions](#)

[Registration](#) Diversity codes Certifications Proxy notifications

Thanks for registering. Your supplier number and name are:

4700 - YNHHS

To make additional changes to the information entered in the registration form click My Account

See the top of this form for additional information which may be required

Select the displayed tabs to enter supporting information; an * indicates that information has been entered

Please note that registering with the YNHHS Supplier Portal does not guarantee access to submit bids, negotiate agreements, or become an official Yale New Haven Health Vendor. Someone from YNHHS will be in contact if there is a need for your product or service.

Diversity Codes-Optional Field

This page allows you to select any diversity codes for which your business is certified. Select "Create" to enter. Please see below for the list of diversity codes.

Supplier Registration My Account


Congratulations! You have successfully registered within the YNHHS Supplier Portal. Please note that registering within the YNHHS Supplier Portal does not guarantee access to submit bids, negotiate agreements, or become an official Yale New Haven Health vendor. Someone from YNHHS will be in contact if there is a need for your product or service.

Questions exist; use this button to answer or change: [Respond to Questions](#)

Registration **Diversity codes** Certifications Proxy notifications

Select the diversity codes for which your business is certified.

Selected Diversity Codes Create Update ...

<input type="checkbox"/>	Diversity Code	Description	Effective Date	Expiration Date	Attachment
 No Data Available					

Diversity Code

Diversity Code *

Effective Date

Expiration Date

Attachment

Cancel Submit

PayablesDiversityCode	Description
AA	AFRICAN-AMER SM DISADVATAGE
AIN	ASIAN-INDIAN
ALSKNAT	ALASKAN NATIVE
ASI	ASIAN-AMER SM DISADVATAGE
ASP	ASIAN-PAC AMER SM DISADVANTAGE
CANDNNAT	CANADIAN ABORIGINAL
DISABLD	DISABLED
HAWAIIAN	HAWAIIAN NATIVE
HIS	HISPANIC-AMER SM DISADVATAGE
LGBT	LGBT
MBE	MINORITY OWNED
NAI	NATIVE-AMER SM DISADVANTAGE
SMBUS	SMALL BUSINESS
SVCDISVET	SERVICE DISABLED VETERAN
VET	VETERAN-OWNED
WOM	WOMEN OWNED

Once diversity codes have been added, select the save and close icon in the upper right corner of the screen.

Certifications-Optional Field

This page allows you to enter any Certifications for your organization. Select "Create" to enter.

The screenshot shows the 'Supplier Registration' page with the 'Certifications' tab selected. The page displays a message about successful registration and a 'Respond to Questions' button. Below the navigation bar, there is a section for 'All Certifications for YNHHS' with a table header including 'Certification Code', 'Contact', 'Effective Date', 'Expiration Date', 'Description', 'Attachment', and 'Active'. The table is currently empty, and a message states 'No Certifications Entered' with a note: 'Enter certification information: an effective date is required for the certification.' Action buttons for 'Save', 'Create', and 'Delete' are visible in the top right corner of the table area.

Once all the certifications have been entered, select the save and close icon in the upper right corner of the screen.

Proxy Notifications-Optional Field

This page allows you to enter a contact from your organization to receive notifications and updates. Please note proxy users cannot take action on events and do not have a separate user name and password.

Select "Create" to enter contact information.

The screenshot shows the 'Supplier Registration' page with the 'Proxy notifications' tab selected. The page displays a message about successful registration and a 'Respond to Questions' button. Below the navigation bar, there is a section for 'Proxy Notifications for TestSupplier25 TestSupplier25 with YNHHS' with a table header including 'First Name', 'Last Name', 'Email Address', and 'Receive Notifications?'. The table is currently empty, and a message states 'No Proxy Notifications Entered' with a note: 'Enter contacts that will be notified of event updates, but cannot take action on those events and do not have a separate user name and password.' Action buttons for 'Create', 'Save', and 'Delete' are visible in the top right corner of the table area.

Once all the Proxy users have been entered, select the save and close icon in the upper right corner of the screen.

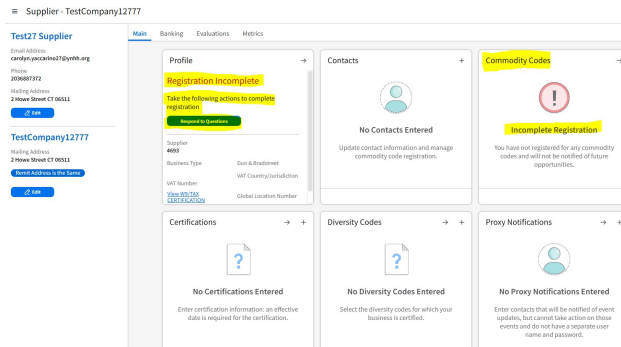
Contact and Support

If your email address changes, then use this procedure to change it on the supplier record.

Note: If your email address is changed by another person, you receive an email notification. Use the updated email address to sign in to Supplier Portal. If User Verification is enabled, use the Forgot Password link on the Sign In page.

- 1) Sign in to Supplier Portal and click My Account.
- 2) Select Edit
- 3) In the Update Email Address dialog box, provide your new email address.
- 4) Select Save And Close
- 5) If user verification is enabled for the site, you are prompted to provide a verification code. The code is sent to your new email address. You must complete this step to complete the email address change.
- 6) The next time you sign in to Supplier Portal, use your updated email address.

Commodity Codes- You may receive notification for incomplete registration. Please disregard, commodity codes are not required.



Questions? Please reach out to :