# ELECTRONIC

# RE-ENROLLMENT

*Instructions for completing the Vaccines for Children Provider Agreement in ASIIS*

## 2024 PROVIDER GUIDE

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# Instructions for Completing the Vaccines for Children (VFC) Provider Agreement in ASIIS

**This guide includes important information and detailed instructions with screenshots to help you complete your Provider Agreement.** Use the guide to help you work through the four screens needed to complete the agreement. Use the checklist on the last page of the guide to track your progress.

Most of the information you will need to complete your Provider Agreement is pre populated in ASIIS. You will see it when you create the new agreement this year. Please review the information and make sure it is correct. Update everything that has changed.

**Completing the re-enrollment process could take 20 minutes or longer depending on what you need to report.** You must complete all required fields in each section of the agreement to proceed to the next screen. The information you enter will be saved as you complete each screen. If you need to stop before you have completed the agreement, be sure to save the screen you are on so you can come back later and complete the process. You must complete all four screens of the online agreement before you submit it to the state.

**All parts of the agreement must be signed by the person within your practice that is licensed in the State of Arizona to prescribe vaccines (M.D., D.O., NP or FNP) and who has primary responsibility for making decisions about your practice and its operations.**

Keep the **original** signature document(s).

**After completing the Provider Agreement in ASIIS, use this website to upload ALL required re-enrollment documents (follow the link below):**

> https://redcap.link/reenrollment2024

The required documents are: **signed VFC Provider Agreement Signature Page, all 6 pages of the completed and signed Vaccine Accountability and Management Plan, certificates for completed annual training for the primary and backup coordinators, signed Refrigerator and Freezer Verification Form and the valid data logger calibration certificates for all units storing VFC vaccines and the back-up data logger**.

The Provider Agreement is the official form approved by the CDC. *No changes can be made to the provider enrollment requirements without prior approval from the CDC. Do not modify, remove, or add any requirements or information to the Provider Agreement form.*

**The 2024 re-enrollment starts May 1, 2024. You will then be able to add a new Provider Agreement, prepare it and submit it for review. The re-enrollment process will close August 31, 2024. If a location fails to re-enroll in 2024, that location may be inactivated from the VFC program for non-compliance. The provider may be permitted to return to the VFC program by submitting a new enrollment, no earlier than one (1) year after the Notice of Action.**

**The Bureau of Immunization Services cannot approve your Provider Agreement until it is completed in ASIIS and all required documents are uploaded to the upload website.**

**Please be aware that if your 2023 Provider Agreement expires, you will not be able to order VFC vaccines until your 2024 re-enrollment is submitted and approved.**

**Ensure your vaccine ordering is not disrupted.**
**Do not wait until the last minute to complete your online re-enrollment!**
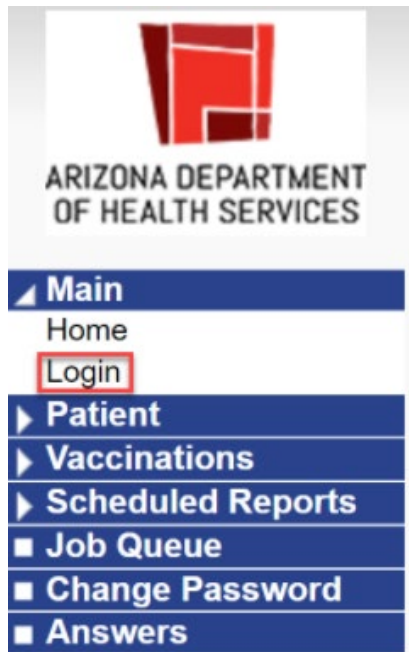
**You will need to gather some information for verification before starting the online re-enrollment. Gathering the information ahead of time will save time and help the process go smoothly.**

- ✦ **Practice Details** *– This information will be pre populated in ASIIS*
    - **Facility Details** – verify that the physical address where the vaccines are administered **is the same as** the vaccine delivery address. Verify the mailing address for your practice.
    - **Contact Details** – verify the names, email addresses, telephone and fax numbers for the facility contacts. Contact details for primary vaccine coordinator, backup vaccine coordinators and either signatory physician or office manager are required. Add any contact details that are missing. Make sure emails are correct. Include phone and fax numbers for all contacts even if they are the same.
    - **Shipping Days and Times** – verify the **days of the week** and **core business hours** that staff is available to receive vaccine shipments. There must be staff on site to receive vaccines **at least four (4) days of the week and four (4) consecutive hours a day.**

- ✦ **Authorized Providers – Prescribing Physician Details** *– This information will be pre-populated in ASIIS –* verify the name, specialty, Arizona State Medical License Number and National Provider ID (NPI) for each physician prescribing vaccines in your practice.
    - Here is a link to help you locate Medical License Numbers: http://www.azmd.gov/glsuiteweb/clients/azbom/public/WebVerificationSearch.aspx
    - Link for Board of Nursing website: https://www.nursys.com/LQC/LQCTerms.aspx
    - Link to locate Osteopathic License Number (DO):https://azdo.gov/find-your-do
    - The National Provider ID (NPI) is required for each physician/vaccinator in your practice. Here is a link to help you locate NPI numbers: https://npiregistry.cms.hhs.gov/

- ✦ **Practice/Provider Profile** – information about the number of children who received immunizations at your practice during the previous calendar year (January 1, 2023 – December 31, 2023), by age group, insurance type and demographics. **Please allow extra time to gather this information. You will need to update this information in ASIIS to complete your agreement.**
    - If you captured VFC patient eligibility in ASIIS in 2023, this information will be pre-populated in ASIIS, and you can verify and adjust the data if necessary.
    - If you have not captured VFC patient eligibility in ASIIS, your billing staff may be the best source for this information. *Please note that VFC eligibility must be documented for every visit.

- ✦ **Cold Storage Unit Details** *– This information will be pre-populated in ASIIS –* verify the information about the storage units used to store VFC vaccines and the data loggers you use to monitor temperatures in those storage units. If you have been approved and want to recertify for frozen vaccine, you need to verify the information about the freezer used to store VFC vaccines. The required information is: unit name, manufacturer and model number; thermometer type, temperature scale and date of last calibration of the data logger.
*Please note that data loggers are required and are the ONLY acceptable temperature monitoring devices for all units storing VFC vaccines, including the backup device.*

- ✦ **Vaccine Accountability and Management Plan** – completed and signed

- ✦ **Certificates for Completed Annual Training** for the primary and backup vaccine coordinators. Annual training is a VFC requirement which can be fulfilled by passing **one of the available training options** and uploading the certificate to BIZS with the re-enrollment:
    - CDC "You Call the Shots" (YCTS)  Vaccines for Children (VFC) **Jan 2024 - OR -**
    - CDC "You Call the Shots" (YCTS)  Vaccine Storage and Handling **Jan 2024 - OR -**
    - AIPO Train - Arizona Vaccines for Children Training

- ✦ **Valid data logger calibration certificates** for all units storing VFC vaccines and the back-up data logger.

## Completing the Provider Agreement

### How to Access the Provider Agreement in ASIIS:

**1**

ARIZONA DEPARTMENT OF HEALTH SERVICES

◢ **Main**
   Home
   Login
▶ **Patient**
▶ **Vaccinations**
▶ **Scheduled Reports**
■ **Job Queue**
■ **Change Password**
■ **Answers**

Go to https://asiis.azdhs.gov/

1) On ASIIS home page, click **Login**.

You will then be redirected to a new login page (SSO).

**2**

ARIZONA DEPARTMENT OF HEALTH SERVICES

TESTMAGGIE

••••••••••

**LOG IN**

Forgot Password?

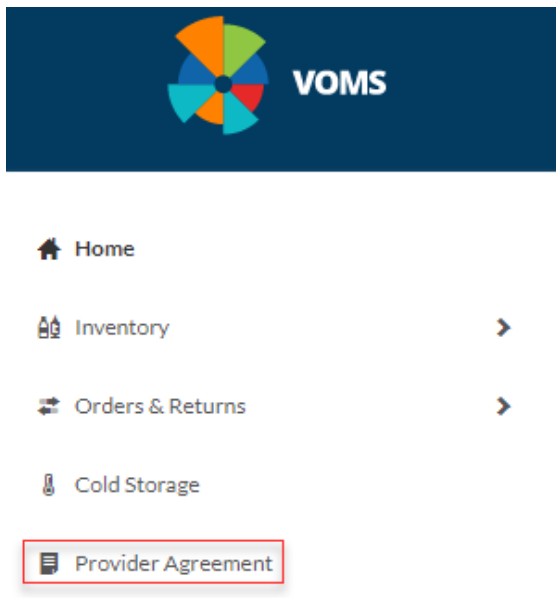2) Type in your **Username** and **Password**. Click **Login**.

**3**
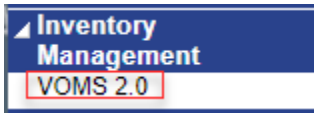
**4**

**VOMS 2.0**

3) Click on **Inventory Management** in the left sidebar menu to expand the menu

4) Click on **VOMS 2.0** Provider Agreement (Viewable only by a Primary or Backup Vaccine Coordinator – users with Lot Number Manager permission)



**5**

5) Click on **Provider Agreement**.

## How to Create a New Provider Agreement:

| Select | Select Frozen Vaccine | PDF - Full | PDF Signature Page | PDF-Frozen Vaccine | Facility Name | PIN | Approval Status | Date | Approval Date | Expiration Date | Create Organization (IRMS) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| --> | --> | PDF | PDF Signature | PDF-Frozen Vaccine | ARIZONA TEST FACILITY | X0001X | EXPIRED | 07/31/2018 | 07/07/2017 | 07/31/2018 | |
| --> | --> | PDF | PDF Signature | PDF-Frozen Vaccine | ARIZONA TEST FACILITY | X0001X | APPROVED | 03/28/2018 | 03/28/2018 | 03/31/2019 | |

Show 10 entries | Search:

Showing 1 to 2 of 2 entries

First Previous 1 Next Last

**6**

Add | Export Agreement | Export Provider | Export Provider/Practice Profile

6) Click the Add button to create a new Provider Agreement

**Screen 1: How to Add Provider Contact Details:**

**Provider Agreement Add/Edit**

| | |
|---|---|
| Approver Comments: | |
| Status: | PENDING |
| **VFC PIN:** | 0053 |
| Organization (IRMS) Name: | XYZ Pediatrics |
| **Facility Name:** | TEST FACILITY |
| **Agreement Signatory** | Mona Lisa |
| **Agreement Signatory Title:** | MD |
| Is Information Sharing Agreement current? | ⦿ Yes ○ No |
| Last Renewed: | 2014 ⌄ |

**Facility Address:**

| | |
|---|---|
| **Street Address:** | 5141 W. LAMAR RD. |
| Street Address2: | |
| **City:** | PHOENIX |
| **State:** | ARIZONA ⌄ |
| **County:** | MARICOPA ⌄ |
| **Zip Code:** | 85031 |

**Vaccine Delivery Address:**

| | |
|---|---|
| Check if vaccine delivery address is the same as facility address: | ☑ **13** |
| **Street Address:** | 5141 W. LAMAR RD. |
| Street Address2: | |
| **City:** | PHOENIX |
| **State:** | ARIZONA ⌄ |
| **County:** | MARICOPA ⌄ |
| **Zip Code:** | 85031 |

**Mailing Address:**

| | |
|---|---|
| Check if mailing address is the same as facility address: | ☑ **15** |
| **Street Address:** | 5141 W. LAMAR RD. |
| Street Address2: | |
| **City:** | PHOENIX |
| **State:** | ARIZONA ⌄ |
| **County:** | MARICOPA ⌄ |
| **Zip Code:** | 85031 |

**7**
**8**
**9**
**10**
**11**
**12**
**14**

**12) Vaccine Delivery Address:** The address where your facility will receive vaccine deliveries
* The Vaccine Delivery address must be the same as where the vaccines will be administered
**13)** If the address you would like vaccines delivered to is the same as your street address, check the box under **Vaccine Delivery Address**
**14) Mailing Address:** The mailing address of your facility - i.e. PO Box
**15)** If the mailing address is the same as the facility address, check the box under **Mailing Address**

## Screen 1: How to Add Provider Contact Details (continued):

**Contact Details:**

| | | | |
|---|---|---|---|
| **Type1:** | Primary Vaccine Coordinator ▼ | | |
| **Contact First Name1,** Middle Initial **1, and Last Name 1:** | MARISELA | N. | ALASKA |
| **Phone Number1:** | (623)344-6738 | | |
| Phone Number Extension1: | | | |
| Fax Number1: | | | |
| Email Address1: | MARISELA.ALASKA@XYZPEDIATRICS.COM | | |
| **Completed Annual Training Requirements** | 01/10/2018 | | |
| **Method of Training Completion** | AIPO Train - Arizona VFC Training ▼ | | |
| | --select-- | | |
| | AIPO Train - Arizona VFC Training | | |
| | CDC - "You Call the Shots" | | |
| | Certificate of Completion - AIPO Train: Keeping on Track | | |
| **Type2:** | | | |
| **Contact First Name2,** Middle Initial **2, and Last Name 2:** | | | N |
| **Phone Number2:** | (623)344-6738 | | |
| Phone Number Extension2: | | | |
| Fax Number2: | | | |
| Email Address2: | KRISTEEN.RYAN@XYZPEDIATRICS.COM | | |
| **Completed Annual Training Requirements** | 01/10/2018 | | |
| **Method of Training Completion** | CDC - "You Call the Shots" ▼ | | |
| **Type3:** | Signatory Physician ▼ | | |
| **Contact First Name3,** Middle Initial **3, and Last Name 3:** | DOCTOR | | SIGNER |
| **Phone Number3:** | (623)344-6738 | | |
| Phone Number Extension3: | | | |
| Fax Number3: | | | |
| Email Address3: | DOCTOR.SIGNER@XYZPEDIATRICS.COM | | |

**16** **16) Contact Details**: **Contact information for Primary Vaccine Coordinator, Backup Vaccine Coordinator, Signatory Physician and Office Manager is required.**

**17** **17)** Fill out **name, phone, fax, and email** for **each contact** (*email address must be less than 40 characters*)

**18** **18)** Fill out date (Completed Annual Training Requirements) and method of training

## Screen 1: How to Select Vaccines Offered:

**Vaccines Offered**

◉ All ACIP Recommended Vaccines
◯ Offers Selected Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)
A "Specialty Provider" is defined as a provider that only serves
  ◯ A defined population due to practice specialty (e.g. OB/GYN; STD Clinic; family planning). Please specify:
  [                                    ] (e.g. We are an STD clinic)
  or
  ◯ A specific age group within the general population of children ages 0-18. Please specify:
  [                                    ] (e.g. We serve children ages 0-6 years)
Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

**Select Vaccines Offered by Specialty Provider:**

| | | |
|---|---|---|
| ☐ DTaP | ☐ Meningococcal Conjugate | ☐ TD |
| ☐ Hepatitis A | ☐ MMR | ☐ Tdap |
| ☐ Hepatitis B | ☐ Pneumococcal Conjugate | ☐ Varicella |
| ☐ HIB | ☐ Pneumococcal Polysaccharide | ☐ Other: [        ] |
| ☐ HPV | ☐ Polio | |
| ☐ Influenza | ☐ Rotavirus | |

**19** **19) Vaccines Offered**: All VFC providers should offer all ACIP recommended vaccines. Specialty providers are birthing hospitals, OB/GYN clinics, etc. or providers serving specific populations

## Screen 1: How to Add Shipping Information:

**20) Shipping Information:** Use military time/24 hour clock. Select the drop down times for each day that deliveries could occur and choose the hours that you can receive shipments (before and after lunch). You can choose both morning and afternoon hours to reflect a lunch hour. For example, if your office is open 8-5 and closed 12-1pm for lunch, select 8:00 and 12:00 in the first set of fields and 13:00 and 17:00 in the second set of fields. **Locations must be open and there must be staff on site to receive vaccines at least four (4) days of the week and four (4) consecutive hours a day**

**21) Facility Type:** Click the drop down arrow to select facility type

**22) Save and Add Provider:** Click here to save your work and move on to the next page

## Screen 2: How to Add Authorized Providers:

Listed are all providers prescribing vaccines that your practice reported in the previous Provider Agreement. Listed are **Name, Title, Specialty, Active status, Medical License Number and NPI number for each provider**. Verify if the listed providers are active with the practice and select "Yes" for the *Active with this Practice* status indicator. If the provider is not active select "No":

- A valid Medical License Number and NPI Number are required for each provider
- At least one provider must be listed
- Signatory provider must be listed and designated as medical director or equivalent



**23) Adding New Provider:** Click "Add New Provider" to add additional providers to your list

**24)** After you have entered all of your providers, click **Save and Add Provider/Practice Profile** to save your work and continue

## Screen 3: How to Enter the Provider/Practice Profile:

- It is required to report the number of children who receive VFC vaccines in your practice each year.
  - If you captured VFC patient eligibility in ASIIS in 2023, the profile will display the data according to the reported immunizations. You can adjust the data if necessary.
  - If you have not captured VFC patient eligibility in ASIIS, your billing staff may be the best source for this information. **\*Please note that VFC eligibility must be documented for every visit.**

- **VFC Vaccine Eligibility Categories**: Reflects the number of VFC patients in each category that your facility administered vaccine to in the previous year, according to ASIIS. Please verify the accuracy by reviewing the data from your EHR/EMR or billing records

- **Non-VFC Vaccine Eligibility Categories**: Reflects the number of privately insured patients that your facility administered vaccine to in the previous year, according to ASIIS. Please verify the accuracy of the data from your EHR/EMR or billing records

1) Report the number of children who received state supplied vaccinations for calendar year **(January 17, 2019 to January 16, 2020)** by age group, insurance type and demographics. This is based on your patient records. Billing staff may be best equipped to respond to this section of the survey. Only count a child once - no matter the number of visits. Retain a copy of this survey for your records for audit purposes. Please provide the best data possible.

### Provider/Practice Profile

| VFC Vaccine Eligibility Categories | # of children who received VFC Vaccine by Age Category | | | |
|---|---|---|---|---|
| | < 1 Year | 1-6 Years | 7-18 Years | Total |
| AHCCCS | 22 | 453 | 538 | 1013 |
| Uninsured | 0 | 16 | 17 | 33 |
| Nat. Amer.or Alaskan | 0 | 1 | 0 | 1 |
| Underinsured | 0 | 5 | 9 | 14 |
| Total VFC: | 22 | 475 | 564 | 1061 |

**25**

| Non-VFC Vaccine Eligibility Categories | # of children who received non-VFC Vaccine by Age Category | | | |
|---|---|---|---|---|
| | < 1 Year | 1-6 Years | 7-18 Years | Total |
| Ineligible | 1 | 15 | 21 | 37 |
| Total Non-VFC: | 1 | 15 | 21 | 37 |

| **Total Patients** (must equal sum of Total VFC + Total Non-VFC): | 23 | 490 | 585 | 1098 |
|---|---|---|---|---|

2) What data source (or type of data) was used: (check all that apply)

- ☐ Benchmarking
- ☐ Medicaid Claims
- ☐ Doses Administered
- ☐ Provider Encounter Data
- ☐ Billing System
- ☑ Arizona State Immunization Information System (ASIIS)
- ☐ Other [                    ]

**26**

**27**

[ Back ] [ Save and Certify Frozen Vaccine ]

**25)** Review the numbers in each category for accuracy, or if necessary, fill in the numbers in each category

**26)** Choose what data source (or type of data) was used to obtain the numbers in each category

**27)** Click Save and Certify Frozen Vaccine, to move to the next page

## Screen 4: How to Certify Frozen Vaccine and Add Storage Units:

All providers who want to receive frozen VFC vaccines **(M-M-R®II, ProQuad® and Varivax®)** must have their freezer approved by the BIZS. If you click no, you will not be able to order frozen vaccines.

**Cold Storage Unit**

| | |
|---|---|
| VFC PIN: | 0053 |
| Clinic: | TEST FACILITY |

**Do you want to be certified for frozen vaccine (Varicella or MMRV)?**    **28**    ⦿ Yes ○ No

Instructions: Your refrigerator information is required for all units within your practice. Use the "Add" button to add additional units. If you choose to be certified for frozen vaccines, then you must answer the questions below and enter your freezer information.

**Freezer**

**Can freezer maintain an average temperature of 5 °F or colder?:**   ⦿ Yes ○ No
**Does freezer have a separate, insulated door?:**   ⦿ Yes ○ No

**Freezer 1** / **Thermometer 1**

**29**

| Freezer | | Thermometer | |
|---|---|---|---|
| Freezer Name: | LAB FREEZER | Thermometer Serial Number: | 000123 |
| Freezer Type: | FREEZER | Thermometer Type: | Digital Data Logger |
| Manufacturer: | AAPP | Other Device: | |
| Model Number: | 1234P | Temperature Scale: | Fahrenheit **31** |
| Effective From: | 05/01/2015 | Date of Last Calibration: | 04/01/2015 |
| Purchase or Issue Date: | 02/01/2015 | Calibration Expiration: | 05/01/2016 |
| Inactivate Freezer 1 | ☐ | | |

**32** → Add

**Refrigerator**

**30**

**Refrigerator 1** / **Thermometer 1**

| Refrigerator | | Thermometer | |
|---|---|---|---|
| Refrigerator Name: | LAB REFRIGERATOR | Thermometer Serial Number: | 00124 |
| Refrigerator Type: | REFRIGERATOR | Thermometer Type: | Digital Data Logger |
| Manufacturer: | AAPP | Other Device: | |
| Model Number: | 1234P | Temperature Scale: | Fahrenheit **31** |
| Effective From: | 05/01/2015 | Date of Last Calibration: | 04/01/2015 |
| Purchase or Issue Date: | 02/01/2015 | Calibration Expiration: | 05/01/2016 |
| Inactivate Refrigerator 1 | ☐ | | |

**32** → Add

☑ By signing this document I certify that appropriate storage is in place for frozen vaccines.

☑ By signing this document I certify that I agree with the Terms and Conditions of participating as a State Supplied Vaccine Provider.
Type Name of Authorized Signer: [_____]

Back    Save for Later    Submit to State

**33**    **34**

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**28) Do you want to be certified**: If your facility wants to receive frozen vaccine **(M-M-R®II, ProQuad® and Varivax®)** answer yes. If you answer no, you will only enter the information for your refrigerator(s)

**29) Freezer 1:** Fill in the required fields for each freezer unit

**30) Refrigerator 1:** Fill in the required fields for each refrigerator unit

**31) Thermometer:** Fill in the data logger details

*\* Data loggers are required and the ONLY acceptable temperature monitoring devices on all units storing VFC vaccines, including the backup device.*

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**32) Add:** Click Add to enter additional cold storage units

**33)** If you need to exit the Provider Agreement before completion, you can save it and return to it later but you must complete the page you are working on before the system will allow you to save your work. Click Save for Later if you don't want to submit the Provider Agreement at this time

**34) Submit to State:** Click here only if the Provider Agreement is complete and you are ready to submit for approval

## Screen 4: How to Sign and Submit the Provider Agreement:

**Check the box and type in the name of the authorized signer (the signatory prescribing provider). If you're ready to submit your agreement for approval, click the Submit to State button. After you submit the online agreement you must print and sign the signature page.**

☑ By signing this document I certify that appropriate storage is in place for frozen vaccines.

☑ By signing this document I certify that I agree with the Terms and Conditions of participating as a State Supplied Vaccine Provider.
Type Name of Authorized Signer: Mona Lisa, MD

[ Back ] [ Save for Later ] [ Submit to State ]

**Provider Agreements**

Show [ 10 ∨ ] entries                                    Search: [          ]

| Select | Select Frozen Vaccine | PDF - Full | PDF Signature Page | PDF-Frozen Vaccine | Facility Name | PIN | Approval Status | Date | Approval Date | Expiration Date | Create Organization (IRMS) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| --> | --> | PDF | PDF Signature | PDF-Frozen Vaccine | TEST FACILITY | 0053 | APPROVED | 06/12/2015 | 06/12/2015 | 06/30/2016 | |

# 35  36  37

35) Click on the **PDF** link to print the full Provider Agreement for your records. Keep the **original** signature document(s)

36) Click on the PDF Signature Page link to print the agreement signature page

37) The Refrigerator and Freezer Verification form will be generated in the full PDF or can be opened by can be opened by logging into ASIIS > Navigate to Inventory Management Tab > Select VOMS 2.0 > Select Provider Agreement > and click PDF-Frozen Vaccine

⊕ **All parts of the Agreement must be signed by the person within your practice that is licensed in the state of Arizona to prescribe vaccines (M.D., D.O., NP or FNP) and who has primary responsibility for making decisions about your practice and its operations**

⊕ **After completing the Provider Agreement in ASIIS, use this website to upload ALL required re-enrollment documents:**

   https://redcap.link/reenrollment2024

⊕ The required documents are: **signed VFC Provider Agreement Signature Page, all 6 pages of the completed and signed Vaccine Accountability and Management Plan, certificates for completed annual training for the primary and backup coordinators, signed Refrigerator and Freezer Verification Form and the valid data logger calibration certificates for all units storing VFC vaccines and the back-up data**

## Provider Agreement Status:



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**38)** Check the status of your Provider Agreement at any time. Look at **Approval Status**:

• **Pending:** The Provider Agreement is saved and is not complete. You can open and continue working

• **Submitted:** The Provider Agreement was submitted and is waiting for the Bureau of Immunization Services to review and approve

• **Returned:** You need to make corrections within the Provider Agreement. Click on the Select arrow to view comments made by the Bureau of Immunization Services staff. Make the requested corrections and re-submit the Provider Agreement

• **Approved:** The Bureau of Immunization Services staff has approved the Provider Agreement

**\*\* Only when the Provider Agreement shows an Approved status is your facility officially enrolled in the program and able to place vaccine orders.\*\***



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**39)** To continue working on a saved Provider Agreement: Login to ASIIS > Navigate to Inventory Management Tab > Select VOMS 2.0 > Select Provider Agreement > and click the arrow under Select

If you have questions regarding the re-enrollment process or the online forms, please contact the Bureau of Immunization Services, at (602) 364-3642 and (602) 364-3899 or e-mail us at: ArizonaVFC@azdhs.gov or ASIISHelpDesk@azdhs.gov or contact your Immunization Program Specialist directly.

For *new* VFC providers: Contact the Bureau of Immunization Services at (602)364-3642.

## Electronic Re-enrollment Provider Checklist:

| Status | Provider Agreement Item |
|---|---|
| | **Practice details** |
| | **Facility details** *– will be pre populated in ASIIS* |
| | Facility address |
| | Vaccine delivery address |
| | Mailing address |
| | **Contact details** *– will be pre populated in ASIIS* |
| | Primary vaccine coordinator |
| | Backup vaccine coordinator(s) |
| | Signatory Physician |
| | Office Manager |
| | **Vaccine Receiving details (days and hours)** |
| | **Physician/Vaccinator details** *– will be pre populated in ASIIS from last Provider Agreement* |
| | Medical License Numbers |
| | National Provider IDs (NPI) |
| | **Practice/Provider Profile** |
| | **Cold Storage Unit details** |
| | Refrigerators - Name; Manufacturer; Model Number |
| | Data loggers for refrigerators – Thermometer Serial Number; Thermometer Type; Temperature Scale; Date of Last Calibration; Valid data logger calibration certificate |
| | Freezers - Name; Manufacturer; Model Number |
| | Data logger for Freezers – Thermometer Serial Number; Thermometer Type; Temperature Scale; Date of Last Calibration; Valid data logger calibration certificate |
| | Backup data logger – Thermometer Serial Number; Thermometer Type; Temperature Scale; Date of Last Calibration; Valid data logger calibration certificate |
| | **Upload ALL required re-enrollment documents to this website:** https://redcap.link/reenrollment2024 |
| | **Signed VFC Provider Agreement Signature Page (signed by M.D., D.O., NP or FNP)** |
| | Completed and signed **Vaccine Accountability and Management Plan** |

| | |
|---|---|
| **Certificates for completed annual training for Vaccine Coordinators** | |
| Primary vaccine coordinator | |
| Backup vaccine coordinators | |
| All vaccine staff (strongly recommended) | |
| **Refrigerator and Freezer Verification Form signed (by M.D., D.O., NP or FNP)** | |
| **Valid data logger calibration certificates for all units storing VFC vaccines** | |
| **Valid data logger calibration certificates for the backup data logger** | |
| | |