



CALIFORNIA VACCINES FOR CHILDREN (VFC) PROGRAM

INSTRUCTIONS FOR COMPLETING THE ANNUAL VFC RECERTIFICATION ONLINE

ABOUT THE 2009 ON-LINE RECERTIFICATION PROCESS

Each clinic receiving publicly purchased vaccines from the Vaccines for Children (VFC) Program must complete and submit recertification forms annually as a requirement for continued participation in VFC. For 2009, VFC is introducing "e-Recertification", a new and streamlined process which allows registered providers to complete and submit their required Recertification forms On-line. Upon submission, providers will receive instant confirmation of submission and will be able to print a copy for their files. Sites with multiple satellite clinics must complete this process individually for each site. **The deadline for submitting your clinic's VFC Recertification forms is December 15, 2008.**

To complete your 2009 VFC Provider Recertification on-line, you will navigate through a series of screens. For your convenience, we have pre-populated most fields with information from our database. Please review the information provided and update or revise it, if necessary. Items with a question mark "?" next to them provide a brief explanation of the information required in the field.

ARE YOU READY? OK, LET'S GET STARTED

STEP 1: CONFIRMING YOUR PRACTICE'S INFORMATION, SHIPPING & MAILING ADDRESSES, AND NUMBER AND TYPES OF VACCINE STORAGE UNITS

Fields in this section have been pre-populated from our data base. Please review the information to see that is correct. If you need to make changes, click the "Update Information" button. When you have finished making your changes, click on the "Done" button. You are ready to proceed to step 2.

STEP 2: REVIEW AND CONFIRM YOUR PRACTICE'S PATIENT ESTIMATES

First, please tell us the estimated percentage of children in your practice who are VFC eligible.

Second, review the estimated number of VFC eligible children who will be seen over the next 12 months which we have provided for your practice. These numbers have been calculated based on 2007 vaccine doses received by your practice. You may update or edit these numbers if you think your practice will see more (or less) VFC-eligible children during the next 12 months. To make changes, simply type the corrected numbers into the appropriate boxes. You are ready to proceed to step 3.

STEP 3: LIST HEALTH CARE PROVIDERS WITH PRESCRIPTION-WRITING PRIVILEGES IN YOUR PRACTICE

Listed are the health care providers we have on record at your facility with prescription writing privileges who will administer VFC vaccines. If you need to add or delete any providers, please click on



CALIFORNIA VACCINES FOR CHILDREN (VFC) PROGRAM

INSTRUCTIONS FOR COMPLETING THE ANNUAL VFC RECERTIFICATION ONLINE

the "Update Information" button. When you have finished making your changes, please click on the "Done" button.

Note: It is not necessary to include the names of all staff who may administer VFC vaccine, but rather only those who possess a medical license or are authorized to write prescriptions (e.g. MD, DO, NP). You are ready to proceed to step 4.

STEP 4: TELL US ABOUT YOUR PREFERRED MODE OF COMMUNICATION

To keep up with changing needs of our providers, the CA VFC Program is planning for future methods of communicating with providers. Email communication would be more timely and immediate compared to regular mail or fax broadcast messages— which can take up to several days to complete— and involve less paper to file. If your practice is interested in receiving VFC Program communications by email, signify your interest by entering your preferred Email address in the space provided. We are collecting this information for future planning. You are ready to proceed to step 5.

STEP 5: READ AND SIGN YOUR VFC RECERTIFICATION AGREEMENT

Please review all the terms of this agreement carefully. To participate in the VFC Program and receive federally-procured vaccines, providers must sign and abide by the conditions listed in the agreement, on behalf of themselves and all the practitioners, nurses and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or other health delivery facility of which the provider is the physician-in-chief or equivalent. By entering your entering your name (Clinic's medical director or physician-in-Chief), your medical license number, and date, you signify your acceptance of the VFC Program federal participation requirements. You have one more step to submit your report!

FINAL STEP: SUBMIT AND PRINT YOUR VFC RECERTIFICATION AGREEMENT

To submit your completed recertification information to the VFC Program, click the "Submit e-Recertification" button. Congratulations, you have completed your 2009 VFC Recertification online! We recommend you print a copy for your records by clicking on the "Print Information" button.

Thank you for completing your VFC Recertification on-line!