

VACCINES FOR CHILDREN (VFC) PROGRAM

2018 VFC RECERTIFICATION WORKSHEET

Use this worksheet to gather information needed ahead of time to complete the online VFC Recertification Form on MyVFCvaccines.org.

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.

Practice Information/Shipping																							
Practice Name		Contact Person	PIN																				
Practice Information/Shipping Address (No P.O. Box)		County	Registry ID																				
Shipping Address, Part 2		City	ZIP																				
Employer Identification Number (EIN)	National Provider Identifier (NPI)	Phone	Fax																				
CHDP Provider? <input type="radio"/> Yes <input type="radio"/> No	MEDI-CAL Provider? <input type="radio"/> Yes <input type="radio"/> No	Would you like to be on the VFC online locator? <input type="radio"/> Yes <input type="radio"/> No																					
DELIVERY: Check all days and times you may receive vaccine. If closed during lunch hour, please specify <table style="margin-left: 20px;"> <tr> <td>Tuesday</td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:)</td> </tr> <tr> <td>Wednesday</td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:)</td> </tr> <tr> <td>Thursday</td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:)</td> </tr> <tr> <td>Friday</td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:)</td> </tr> </table>				Tuesday	From:	To:	(Closed for lunch from:	to:)	Wednesday	From:	To:	(Closed for lunch from:	to:)	Thursday	From:	To:	(Closed for lunch from:	to:)	Friday	From:	To:	(Closed for lunch from:	to:)
Tuesday	From:	To:	(Closed for lunch from:	to:)																			
Wednesday	From:	To:	(Closed for lunch from:	to:)																			
Thursday	From:	To:	(Closed for lunch from:	to:)																			
Friday	From:	To:	(Closed for lunch from:	to:)																			

Key Practice Staff						
Role/Responsibility	Name	Title (MD, DO, NP, PA, PharmD)	Specialty/Clinic Title	National Provider ID	Medical License #	Contact Information
Provider of Record			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____
Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____
Backup Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____
Provider of Record Designee			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____

2018 VFC RECERTIFICATION WORKSHEET

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.

Vaccine Storage Units & Temperature Monitoring Equipment Information			
Indicate information for your REFRIGERATOR storage unit below:			
Unit Location/ID	Use <input type="radio"/> Primary <input type="radio"/> Day Use <input type="radio"/> Backup/Overflow	Refrigerator Type	<input type="radio"/> Compact/Under-the-Counter <input type="radio"/> Combination <input type="radio"/> Stand-alone
Brand, Model	Storage Capacity (incubicfeet)	Grade	<input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Pharmacy/Laboratory/Biologic
Thermometer Type <input type="radio"/> Data Logger/Continuous Temperature Monitoring Device <input type="radio"/> Digital MIN/MAX Thermometer <input type="radio"/> Other _____			
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date	
Indicate information for your FREEZER storage unit below:			
Unit Location/ID	Use <input type="radio"/> Primary <input type="radio"/> Day Use <input type="radio"/> Backup/Overflow Use	Freezer Type	<input type="radio"/> Upright Freezer <input type="radio"/> Combination <input type="radio"/> Chest Freezer
Brand, Model	Storage Capacity (incubicfeet)	Grade	<input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Pharmacy/Laboratory/Biologic
Thermometer Type <input type="radio"/> Data Logger/Continuous Temperature Monitoring Device <input type="radio"/> Digital MIN/MAX Thermometer <input type="radio"/> Other _____			
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date	
Indicate information for your BACKUP THERMOMETER below:			
Thermometer Type <input type="radio"/> Data Logger/Continuous Temperature Monitoring Device <input type="radio"/> Digital MIN/MAX Thermometer <input type="radio"/> Other _____			
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date	

2018 VFC RECERTIFICATION WORKSHEET

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.

Patient Population

Estimated number of children who will receive immunizations at your practice or clinic for a 12-month period, by category:	Ages (Note: Do not count a child in more than one category.)			TOTAL
	<1 yr	1–6 yrs	7–18 yrs	
TOTAL VFC-ELIGIBLE				
a. CHDP/Medi-Cal Eligible				
b. Uninsured				
c. American Indian or Alaskan Native				
d. Underinsured (FQHCs RHCs only)				
PRIVATELY INSURED				
TOTAL OF ALL CHILDREN (VFC-ELIGIBLE AND NON-VFC ELIGIBLE)				

What data source was used to determine patient estimates?

Billing info Usage Logs Electronic Health Records Provider Encounter Data
 CAIR/Registry Patient Log Medi-Cal Claims Data Other _____

ACIP Recommended Vaccines Offered

Indicate all age-appropriate ACIP-recommended vaccines your practice will offer:

I certify that my practice will order and provide all age-appropriate ACIP-recommended vaccines to my VFC-eligible patient populations. Below are the age-appropriate ACIP-recommended vaccines that I will provide based on my patient estimates.

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| <input type="radio"/> Hep B | <input type="radio"/> PCV13 | <input type="radio"/> Varicella | <input type="radio"/> Meningococcal |
| <input type="radio"/> Rotavirus | <input type="radio"/> IPV | <input type="radio"/> Hep A | <input type="radio"/> Td |
| <input type="radio"/> DTaP | <input type="radio"/> Influenza | <input type="radio"/> Tdap | |
| <input type="radio"/> Hib | <input type="radio"/> MMR | <input type="radio"/> HPV | |

List of Health-Care Providers with Prescription-Writing Privileges

Instructions: Use this form to list all health-care providers at your facility with prescription-writing privileges who will administer VFC-supplied vaccines. 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.

	Last Name	First Name	National Provider ID (NPI)	Medical License Number	Title	Specialty
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

VACCINES FOR CHILDREN (VFC) PROGRAM

SUPPLEMENTAL PAGE FOR ADDITIONAL VACCINE STORAGE UNIT & TEMPERATURE MONITORING EQUIPMENT INFORMATION

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.

If you have additional vaccine storage units and/or thermometers, indicate the information below.

Indicate information for your **REFRIGERATOR** storage unit below:

Unit Location/ID	Use <input type="radio"/> Primary <input type="radio"/> Day Use <input type="radio"/> Backup/Overflow	Refrigerator Type <input type="radio"/> Under Counter <input type="radio"/> Combination <input type="radio"/> Stand alone
Brand, Model	Storage Capacity (in cubic feet)	Grade <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Pharmacy/Laboratory/Biologic
Thermometer Type <input type="radio"/> Data Logger/Continuous Temperature Monitoring Device <input type="radio"/> Digital MIN/MAX Thermometer <input type="radio"/> Other _____		
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date

Indicate information for your **FREEZER** storage unit below:

Unit Location/ID	Use <input type="radio"/> Primary <input type="radio"/> Day Use <input type="radio"/> Backup/Overflow Use	Freezer Type <input type="radio"/> Upright Freezer <input type="radio"/> Combination <input type="radio"/> Chest Freezer
Brand, Model	Storage Capacity (in cubic feet)	Grade <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Pharmacy/Laboratory/Biologic
Thermometer Type <input type="radio"/> Data Logger/Continuous Temperature Monitoring Device <input type="radio"/> Digital MIN/MAX Thermometer <input type="radio"/> Other _____		
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date

Indicate information for your **BACKUP THERMOMETER** below:

Thermometer Type <input type="radio"/> Data Logger/Continuous Temperature Monitoring Device <input type="radio"/> Digital MIN/MAX Thermometer <input type="radio"/> Other _____		
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date