



# PARTICIPATION WITHDRAWAL REQUEST FORM

Complete and fax to the VFC Program at (877) 329-9832 **at least 30 days before withdrawing program participation.**

**INSTRUCTIONS:** Providers are required to notify the VFC Program at least 30 days before the practice intends to terminate its VFC Provider Agreement and withdraw participation from the California VFC Program. Note that a waiting period of up to 12 months may apply for re-enrollment requests. Until your withdrawal request is approved and finalized

- Store vaccines and document temperatures according to VFC Program requirements.
- The practice is responsible for all VFC-supplied vaccines. Failure to account for doses or protect vaccine viability may result in a negligent loss leading to vaccine replacement.

A VFC Program Field Representative will contact you regarding transferring or retrieving viable VFC-supplied vaccines.

Practice Information			
Practice Name			PIN
Address		City	ZIP
			County
E-mail		Phone	Fax
Withdrawal Information			
Provider of Record Name (print):		Effective Date for Withdrawal:	
Provider of Record (signature):			Today's Date:
Do you have remaining VFC-supplied vaccines on hand? <b>Y or N</b> If Yes, complete "Remaining Vaccine Inventory Information."		Have you notified your VFC representative about your request and on-hand VFC inventory? <b>Y or N</b>	
Please indicate the reason for withdrawing your participation from the VFC Program:			
<b>Practice:</b> <input type="checkbox"/> Closing office <input type="checkbox"/> Merged with another facility <input type="checkbox"/> Change in practice ownership <input type="checkbox"/> No longer seeing VFC-eligible children <input type="checkbox"/> Serves too few VFC-eligible children <input type="checkbox"/> No longer offering immunization services <input type="checkbox"/> No longer enrolled in Medi-Cal		<b>Program Requirements:</b> <input type="checkbox"/> VFC Program requirements are too burdensome Specify requirement(s): _____ <input type="checkbox"/> VFC Program participation too time consuming/costly Specify requirement(s): _____ <input type="checkbox"/> Cannot resolve VFC compliance issues <input type="checkbox"/> Other (specify): _____	
Comments			

