



CALIFORNIA VACCINES FOR CHILDREN (VFC) PROGRAM INSTRUCTIONS FOR COMPLETING THE ANNUAL VFC RECERTIFICATION ONLINE

ABOUT THE 2012 ON-LINE RECERTIFICATION PROCESS

It is a federal requirement that each enrolled site receiving VFC supplied vaccines completes and submits Provider Recertification forms annually. Currently enrolled practices will complete and submit their recertification forms through e-Recertification, accessible through MyVFCVACCINES at www.eziz.org. Upon submission, providers will receive instant email confirmation of submission and will be able to print a copy for their files. As in previous years, we have pre-populated most fields with your practice information and with VFC patient estimates based on vaccine distribution data received by your practice in the preceding year. You will be prompted to review the information provided and update or revise it if necessary.

Important! Although the process may only take a few minutes to complete, you will only be able to print and submit completed forms, so make sure you set some time aside when you are ready!

All providers must have current recertifications on file in order to process any vaccine request after January 31, 2012.

Items with a question mark "?" next to them provide a brief explanation of the information required in the field.

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

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.

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. 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.

STEP 3: LIST PROVIDER OF RECORD AND HEALTH CARE PROVIDERS WITH PRESCRIPTION-WRITING PRIVILEGES IN YOUR PRACTICE



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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 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).

STEP 4: PROVIDE THE EMAIL ADDRESS FOR THE PROVIDER OF RECORD AND RELEVANT STAFF TO RECEIVE VFC COMMUNICATIONS FOR YOUR PRACTICE

The VFC Program's main method of delivering VFC program communications and program letters to providers is via e-mail. The CA VFC Program is requiring that each practice provide the email address for their provider of record, as well as e-mail addresses for key clinic contacts to receive VFC Order Confirmation e-mails.

STEP 5: READ AND SIGN THE VFC CERTIFICATION OF CAPACITY TO STORE VACCINES FORM

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 form, on behalf of themselves and all the practitioners, nurses and others associated with their organization. By checking the acknowledgement and certification box at the bottom of the page, you agree to comply with the storage and handling requirements listed in this form.

STEP 6: 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 their organization. By 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.

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 2012 VFC Recertification on-line! A confirmation will be sent to the email address that you have provided. We recommend you print a copy for your records by clicking on the "Print Information" button.