

VACCINES FOR CHILDREN (VFC) PROGRAM

2016 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="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">Tuesday</td> <td style="width: 15%;">From:</td> <td style="width: 15%;">To:</td> <td style="width: 15%;">(Closed for lunch from:</td> <td style="width: 15%;">to:)</td> </tr> <tr> <td></td> <td>Wednesday</td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:)</td> </tr> <tr> <td></td> <td>Thursday</td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:)</td> </tr> <tr> <td></td> <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) | 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: _____ |

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| 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"/> Under Counter/Freezerless <input type="radio"/> Combination <input type="radio"/> Stand alone/Freezerless |
| Brand, Model | Storage Capacity (in cubic feet) | Grade | <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Medical/Laboratory/Pharmaceutical |
| Thermometer Type <input type="radio"/> Digital with Probe Encased in Buffered Media <input type="radio"/> Data Logger or Continuous Temperature Monitoring Device <input type="radio"/> Other _____ | | | |
| Thermometer Brand, 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"/> Medical/Laboratory/Pharmaceutical |
| Thermometer Type <input type="radio"/> Digital with Probe Encased in Buffered Media <input type="radio"/> Data Logger or Continuous Temperature Monitoring Device <input type="radio"/> Other _____ | | | |
| Thermometer Brand, Model | Thermometer Serial Number | Calibration Expiration Date | |
| Indicate information for your BACKUP THERMOMETER below: | | | |
| Thermometer Type <input type="radio"/> Digital with Probe Encased in Buffered Media <input type="radio"/> Data Logger or Continuous Temperature Monitoring Device <input type="radio"/> Other _____ | | | |
| Thermometer Brand, Model | Thermometer Serial Number | Calibration Expiration Date | |

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Patient Estimates

| 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. Without Private Insurance | | | | |
| c. American Indian or Alaskan Native | | | | |
| d. Underinsured (FQHCs RHCs only) | | | | |
| NON-VFC ELIGIBLE | | | | |
| 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 Program-provided 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 | | | | | | |

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

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| 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/Freezerless <input type="radio"/> Combination <input type="radio"/> Stand alone/Freezerless |
| Brand, Model | Storage Capacity (in cubic feet) | Grade | <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Medical/Laboratory/Pharmaceutical |
| Thermometer Type | | | |
| <input type="radio"/> Digital with Probe Encased in Buffered Media <input type="radio"/> Data Logger or Continuous Temperature Monitoring Device <input type="radio"/> Other _____ | | | |
| Thermometer Brand, 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"/> Medical/Laboratory/Pharmaceutical |
| Thermometer Type | | | |
| <input type="radio"/> Digital with Probe Encased in Buffered Media <input type="radio"/> Data Logger or Continuous Temperature Monitoring Device <input type="radio"/> Other _____ | | | |
| Thermometer Brand, Model | Thermometer Serial Number | Calibration Expiration Date | |
| Indicate information for your BACKUP THERMOMETER below: | | | |
| Thermometer Type | | | |
| <input type="radio"/> Digital with Probe Encased in Buffered Media <input type="radio"/> Data Logger or Continuous Temperature Monitoring Device <input type="radio"/> Other _____ | | | |
| Thermometer Brand, Model | Thermometer Serial Number | Calibration Expiration Date | |

If your clinic uses data logger(s), check the features of the data logger(s) used in your clinic. (Check all that apply.)

| DATA LOGGER FEATURE | Yes | No | Don't Know |
|--|--------------------------|--------------------------|--------------------------|
| Alarm for out-of-range temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Displays current, minimum, and maximum temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reset button | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Low battery indicator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accuracy of +/- 1.0°F (+/- 0.5°C) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Memory storage of at least 4,000 readings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| User programmable interval (or temperature reading rate) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Detachable probe in a buffered solution or material (e.g., glycol) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No computer connection required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Temperature alerts sent via text or email | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Data logger can be calibrated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Removable temperature probe (not attached to vaccine storage unit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |