Enrolling Provider Locations
Section B Quick Start Guide

Location Coordinators complete Section B of the CDC Provider Agreement in myCAvax to enroll vaccination locations in the COVID-19 Vaccination Program. The agreement will be electronically forwarded to your Medical or Pharmacy Director (or Vaccine Coordinator) who will sign using DocuSign.

Follow these instructions to minimize application processing delays due to missing data or violations of CDC’s business rules. Fill out Section B of the worksheet to capture the data before logging into myCAvax.

Prepare for Enrollment
Our Enrollment Kit provides a detailed overview of the enrollment and onboarding process.

1. Go to the myCAvax website.
   a. Scroll down for an overview.

2. Designate staff to fill the roles of Organization Coordinator (single Point of Contact) and Location Coordinator (two on-site staff for each vaccination location).

3. Ensure each location is registered and able to submit vaccine administration data to your local immunization registry.
   a. A unique IIS ID is required for each vaccination location to complete enrollment.
4. Organization and Location Coordinators must complete required training in myCAvax before proceeding with enrollment.
   a. Vaccination providers and key practice staff storing, handling, managing, or administering vaccines must complete the training [here](#) before vaccines arrive.

5. Review Enrollment Overview to preview enrolling the organization and locations.
   a. Complete Section B of the Provider Agreement Worksheet before getting started.
   b. Each location must meet CDC’s vaccine storage guidelines prior to enrollment.

**Set Up Location Coordinator Account**

Organization Coordinators adding one or more locations have already completed these steps.

1. Primary and Backup Location Coordinators (designated by Organization Coordinator) will receive an email to set up their accounts in myCAvax.
   a. **Log in** with User Name provided.

   **Subject:** Invitation to Register  
   **From:** no-reply-mycavax@cdph.ca.gov

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2. Create a password and click **Change Password**.
   a. Save your ID/PWD to access myCAvax.
   b. Bookmark the myCAvax website in your browser.
3. From the **Home** menu, click **Start** to complete the training that satisfies CDC requirements for program participation.

   a. Click the required Training URL and complete the training before enrolling.

### Please complete the below trainings.

<table>
<thead>
<tr>
<th>Training Name</th>
<th>Training URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>California COVID-19 Vaccination Program</td>
<td>California COVID-19 Vaccination Program</td>
</tr>
</tbody>
</table>

**Successful!**

We have successfully recorded your training completion.
Enrolling Provider Locations – Section B (continued)

Enroll Your Location

Each vaccination location planning to receive or administer COVID-19 vaccine must complete Section B of the CDC Provider Agreement. Your Organization Coordinator may have already invited your location to register.

1. Go to the myCAvax website.
   a. Section A was already completed by your Organization Coordinator.

2. Click Setup Locations button or Locations menu to get started.
   a. Click Enrollment Overview for your existing location.
   b. Click Add Location (or Bulk Add Locations using a CSV file) to add additional sites covered under the Provider Agreement.
3. Click **Start** to complete **California Immunization Registry**.

**Clinic 1**

3535 Country Hills Drive, Antioch, CA 94531

Your location will need to complete the steps below in order to enroll.

- **System Training**
  
  You must complete the required training before your location can be approved.

- **California Immunization Registry**
  
  Your location must have a unique CAIR2/RIDE/SDIR number. If your location is not yet registered, refer to CAIR Regions for which registry to which you belong.

- **Section B - CDC Provider Profile Information**
  
  Your organization will fill out the Section B form for each location that wants to administer the COVID-19 vaccine. If your organization only has one location, you will still need to complete this section.
4. Complete all required (*) fields describing other program enrollments.
   a. Each location must enroll in an immunization registry (CAIR2/SDIR/RIDE) and receive a unique IIS ID (such as CAIR Org Code).
   b. Click **Verify IIS** before proceeding; any errors will be corrected by CDPH before approval.
   c. VFC PIN (if any) will be verified by CDPH before approval.
   d. Click **Next Step**.
5. Begin to fill out the Provider Profile. (If enrolled in VFC, use the same location name.)
   a. Make sure autofill doesn’t overwrite your data; data cannot be easily changed later.
   b. No special characters [? * % & = < >~ TM ( ) | ] allowed in names or addresses.
   c. Location Name is 35 characters max including spaces; must be the legal name of the facility—not the provider—and must be unique; do not enter street number. (For example, if the Organization is HealthPlus Clinics, Location Names might be HealthPlus Clinics - Roseville and HealthPlus Clinics - Folsom.)

6. Complete Vaccine Shipment Address.
   a. Make sure autofill doesn’t overwrite your data; data cannot be easily changed later.
   b. Address is 35 characters max including spaces; must not include “P.O. Box” or “PO box” or “PO Drawer”.
   c. No special characters [? * % & = < >~ TM( )|] allowed.
   d. Select address from Google search as you type.
   e. Indicate if you will administer vaccines at a different location; CDPH may follow up if addresses are different.
   f. Enter all required (*) fields.

7. Complete Vaccine Administration Address, if different from Shipment Address.
   a. Same formatting rules apply.
   b. Click Next Step.
8. Review the CDC Provider Agreement.
   a. Locations must comply with all terms and manage their inventory according to CDC’s Vaccine Storage & Handling Toolkit.
   b. Click Next Step.

9. Enter names of Vaccine Coordinators are available to receive vaccine shipments.
   (If enrolled in VFC, list your VFC shipping hours.)
   a. **Tip:** Vaccine Coordinators are on-site staff who receive & store vaccines; manage inventory; receive emails about vaccine orders from distributor or manufacturer; may report inventory to VaccineFinder.
   b. Make sure autofill doesn’t overwrite your data; data cannot be easily changed later.
   c. First and Last Names combined cannot exceed 35 characters including spaces.
   d. No special characters [? * % & = < >~ TM()] allowed.
   e. Email must be 40 characters or less.
   f. Enter all required (*) information
10. Enter days/times Vaccine Coordinators are available to receive vaccine shipments. (If enrolled in VFC, list your VFC shipping hours.)
   a. Must include at least one day with 4 or more consecutive hours.
   b. Account for any breaks; leave days/times blank when unavailable.
   c. Click Next Step.

11. Select Provider Type and all settings where location will administer COVID-19 vaccine.

12. Select how your location plans to report doses administered to CAIR2/SDIR/RIDE.
13. Select all populations served by this location.

   a. Long-term-care facilities include nursing home, assisted living, or independent living.

   b. Critical infrastructure includes education, law enforcement, food/agricultural workers, fire services.

14. Enter approximate number of patients routinely served by this location using your available data sources.

   a. Enter approximate number of unique patients seen annually or weekly as indicated, or enter “0” if the location does not serve this age group.

   b. Click **Next Step**.
15. Complete Storage Capacity & Unit Details for all storage units storing COVID-19 vaccines at this location. Complete all required (*) fields.

a. Storage units must maintain required temperature ranges for refrigerated (2 to 8°C), frozen (-15 to -25°C), and ultracold (-60 to -80°C) storage.

b. Click Add for each storage unit to store COVID-19 vaccines.

c. Estimate maximum number of 10-dose vials each unit can store.

d. Storage units & thermometers are reviewed by CDPH and must comply with CDC’s Vaccine Storage & Handling Toolkit.

e. List brand/model for each storage unit. Storage units & capacity may impact vaccine orders.

f. Designate at least one primary storage unit; others may be backups.

g. Provide thermometer types and serial numbers; CDC requires digital data loggers for COVID-19 vaccines.

h. CDPH verifies that data loggers have valid and current Certificate of Calibration expiration dates.

i. Identify who will attest that storage units will maintain required temperature ranges. (Medical/Pharmacy Director or Vaccine Coordinator will receive an email to DocuSign Section B of the CDC Provider Agreement.)

j. Click Next Step.
Add Providers

1. Click Add Provider (or Bulk Contact Upload) to list all licensed healthcare providers at this location who have prescribing authority in CA and will manage or administer COVID-19 vaccines.
   a. See Licensees Authorized to Administer Vaccines in California.
   b. Bulk Contact Upload uses a CSV file.

2. Provide contact information for the provider.
   a. Enter First and Last Name exactly as they appear on the California licensure.
   b. Make sure autofill doesn’t overwrite your data; data cannot be easily changed later.
   c. Enter all required (*) fields.
   d. Email is 40 characters max.
   e. Carefully enter the Licensure Number (numeric digits only).
   f. Click Save, or Save and Add Another.

3. Click Verify License to validate all licensures.
   a. myCAvax will add a ✔ checkmark for each provider whose licensure was verified successfully.
   b. Once all licenses are verified, click Next Step.
Enrolling Provider Locations – Section B (continued)

4. This location’s Section B has been sent to the Medical/Pharmacy Director or Vaccine Coordinator for e-signature.
   a. Click Re-send request if needed.
   b. Your enrollment application is not yet complete.

**Complete E-Signature Using DocuSign**

1. Person who must attest to compliance with all program requirements at this location will receive an email requesting e-signature.
   - Subject: E-Signature Requested
     From: no-reply-mycavax@cdph.ca.gov
   a. Click Review document.

2. Click to agree to use DocuSign and click Continue.

3. Review CDC COVID-19 Vaccination Program Provider Agreement. Click Start to advance to signature section.
4. Click the yellow down arrow to sign.

5. Click **Adopt and Sign**.

6. Your electronic signature is applied

7. Click to **Download** your copy.
8. Email is sent to signer with Section B attachment once the Provider Agreement is signed.

Subject: Completed: E-Signature

Application Submitted May Not Be Edited

Your enrollment application is now submitted and may not be edited until approved. The Location Coordinator will be contacted if additional information is needed to approve your enrollment application. Location Coordinators will be emailed once the enrollment application is approved.

After CDPH approves your application, click Locations from the menu to add or edit locations to be covered under the provider organization’s agreement. Locations added must be approved by CDPH before receiving vaccine.