

VACCINES FOR CHILDREN (VFC) PROGRAM

KEY PRACTICE STAFF CHANGE REQUEST FORM (For Provider of Record or Provider of Record Designee)

Complete, sign, and fax to the **CA VFC Program at 1-877-FAXX-VFC (1-877-329-9832)**

INSTRUCTIONS: Providers are required to use this form to notify the VFC Program immediately of any changes to the Provider of Record or the Provider of Record Designee. The Provider of Record must sign the form acknowledging his/her authorization of these changes. Key clinic staff must complete required lessons on the VFC website www.EZIZ.org. Completion of those lessons must occur before the VFC Program makes any changes to the practice’s VFC Provider Information.

- **Provider of Record (POR):** The physician-in-chief, medical director, or equivalent role that signs and agrees to the terms of the VFC “[Provider Agreement](#)”³ and the California VFC Program “[Provider Agreement Addendum](#)”⁴ and who is ultimately accountable for the practice’s compliance. The Provider of Record must be a licensed MD, DO, NP, PA, pharmacist, or a Certified Nurse Midwife with prescription-writing privileges in California.
- **Provider of Record Designee:** The on-site person that is designated by the Provider of Record to sign VFC documents on his/her behalf and assume responsibility for VFC-related matters in the absence of the Provider of Record.
- **Vaccine Coordinator:** The on-site employee who is fully trained and responsible for implementing and overseeing the provider’s vaccine management plan. The Vaccine Coordinator might be responsible for all vaccine management activities, including training other (especially new) staff. In other practices, a different person might have one or more vaccine management responsibilities.
- **Backup Vaccine Coordinator:** The on-site employee who is fully trained in the practice’s vaccine management activities and fulfills the responsibilities of the Vaccine Coordinator if the Vaccine Coordinator is unavailable.

| Practice Information | | | |
|----------------------|-----|-------|--------|
| Practice Name | | | PIN |
| Address | | | County |
| City | ZIP | Phone | Fax |

| Key Practice Staff | | | | | | | | |
|--------------------------|----------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------------|
| Change | Completed Required Lessons | Role/Responsibility | Name | Title (MD,DO, NP,PA) | Specialty/Clinic Title (if applicable) | National Provider ID (if applicable) | Medical License # (if applicable) | Contact Information |
| <input type="checkbox"/> | <input type="checkbox"/> | Provider of Record* | | | Specialty: _____ Clinic Title: _____ | | | Direct Phone Number: _____ Email: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Provider of Record Designee | | | Specialty: _____ Clinic Title: _____ | | | Direct Phone Number: _____ Email: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Vaccine Coordinator | Go to your MyVFCvaccines.org home page and click on “Update Practice Information” to update the Vaccine Coordinator online | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Backup Vaccine Coordinator | Go to your MyVFCvaccines.org home page and click on “Update Practice Information” to update the Backup Vaccine Coordinator online | | | | | |

***Any changes to the Provider of Record on this form must include a signed copy of the VFC Provider Agreement and the VFC Provider Agreement Addendum. Continue to page 2 through 9 ONLY if the Provider of Record has changed since the practice last Recertified with VFC.**

By signing this form, I authorize these changes be made to key practice staff with responsibilities related to the VFC Program.

| | |
|----------------------------------|-------|
| Provider of Record Name (print): | Date: |
| Provider of Record (signature): | |

VACCINES FOR CHILDREN (VFC) PROGRAM

VFC PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1. I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2. I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:
 - A. Federally Vaccine-eligible Children (VFC eligible)
 1. Are an American Indian or Alaska Native;
 2. Are enrolled in Medicaid;
 3. Have no health insurance;
 4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.
 - B. State Vaccine-eligible Children
 1. In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.
Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC-purchased vaccine.
3. For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:
 - a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;
 - b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4. I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5. I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
6. I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$26.03 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
7. I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8. I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
9. I will comply with the requirements for vaccine management including:
 - a) Ordering vaccine and maintaining appropriate vaccine inventories;
 - b) Not storing vaccine in dormitory-style units at any time;

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- c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet California Department of Public Health Vaccines for Children Program storage and handling requirements;
 - d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration
10. I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:
- Fraud:** is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.
- Abuse:** provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.
11. I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.
12. For pharmacies, urgent care, or school located vaccine clinics, I agree to:
- a) Vaccinate all "walk-in" VFC-eligible children and
 - b) Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee.
- Note: "Walk-in" refers to any VFC eligible child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.
13. I agree to replace vaccine purchased with federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.
14. I understand this facility or the California Department of Public Health Vaccines for Children Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the California Department of Public Health Vaccines for Children Program.

To agree to these federal requirements, print your name, your medical license number, today's date, and sign in the boxes below.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

| | |
|--------------------------------------------------|-------------------------|
| Medical Director or Equivalent Name (print): | Medical License Number: |
| Signature: | Date: |
| Name (print) <i>Second individual as needed:</i> | Medical License Number: |
| Signature: | Date: |

VFC Program Provider Agreement Addendum

I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with all VFC Program requirements listed below.

1. Provider Profile

- A. Designate the on-site Provider of Record Designee, who is authorized to sign VFC Program documents and assume responsibility for VFC-related matters in the absence of the Provider of Record.
- B. Designate the on-site [Vaccine Coordinator and Backup Vaccine Coordinator](#) (IMM-968), who are responsible for implementing the practice's [vaccine management plan](#) (IMM-1122).
- C. Immediately report to the VFC Program changes to key practice staff assuming VFC roles (Vaccine Coordinator or Backup, Provider of Record or Designee); a change in the Provider or Record or Designee requires a signed "[Key Practice Staff Change Request Form](#)" (IMM-1166).
- D. Immediately report to the VFC Program changes to the practice address, which requires a site visit.

2. Vaccine Management Plan

- A. Maintain a current and complete [vaccine management plan](#) (IMM-1122) for routine and emergency situations that includes practice-specific, vaccine-management guidelines and protocols, names of staff with temperature monitoring responsibilities, and required EZIZ lesson completion dates for all key practice staff.
- B. Review and update the plan at least annually, when VFC Program requirements change, and when staff with designated vaccine-management responsibilities change.
- C. Designate a staff member responsible for updating the practice's management plan.
- D. Staff with assigned vaccine-management responsibilities must review, sign, and date the vaccine management plan annually and each time it is updated.
- E. Follow emergency guidelines to prepare for, respond to, and recover from any vaccine-related emergencies.
- F. Store the vaccine management plan in a location easily accessible by staff, ideally near the vaccine storage units.
- G. **For practices using mobile units to administer VFC-supplied vaccines:** Mobile-only clinics or clinics with mobile units must maintain a current and complete "[Mobile Unit Vaccine Management Plan](#)" (IMM- 1276) and keep it in the mobile unit.

3. Training

- A. Anyone acting in VFC roles (Provider of Record and Designee, Vaccine Coordinator and Backup) must complete the required EZIZ lessons when hired and annually thereafter; staff must demonstrate competency in their assigned VFC roles.
- B. Any clinician who administers VFC-supplied vaccines must be knowledgeable of and familiar with all ACIP-recommended immunizations, including schedules, indications, dosages, and new products.
- C. All staff who conduct VFC Program eligibility screening, documentation, and billing (e.g., front- or back-office staff) must be knowledgeable of VFC eligibility, documentation, and billing requirements.
- D. All staff and supervisors who monitor storage unit temperatures or sign off on VFC temperature logs must complete the related EZIZ lesson when hired and annually thereafter; they must be fully trained on use of the practice's data loggers.
- E. Train staff who are authorized to accept packages to immediately notify the Vaccine Coordinator when VFC-supplied vaccines are delivered.
- F. Conduct regular vaccine transport drills to maintain competency and readiness for emergencies.

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4. Vaccine Storage Units

- A. Only use refrigerators or freezers that comply with VFC vaccine storage unit requirements: Very high volume providers must use purpose-built (pharmacy-, biologic-, or laboratory-grade) refrigerators. Other providers may use refrigerators and freezers that are purpose-built (preferred) or commercial-grade (acceptable). Household-grade, stand-alone refrigerators are discouraged. Purpose-built combination units, including auto-dispensing units without doors, are allowed.
- B. Only use manual-defrost freezers if the practice has access to an alternate storage unit when defrosting the freezer. The alternate storage unit must comply with VFC [vaccine storage unit requirements](#) and be monitored using a [VFC-compliant digital data logger](#). Never store VFC-supplied vaccines in a cooler.
- C. Never use any of the following for routine vaccine storage: household-grade, combination refrigerator-freezers; compact, household-grade, stand-alone refrigerators with capacity 11 cubic feet or less; dormitory-style or bar-style combination refrigerator/freezers; manual-defrost refrigerators; convertible units; cryogenic (ultra-low) freezers; or any vaccine transport unit (including coolers and battery-operated units).
- D. Purchase new refrigerators (purpose-built) or freezers (any grade) if existing storage units malfunction frequently or experience frequent temperature excursions.
- E. **For providers designated solely as mass vaccinators:** Only use purpose-built, vaccine transport units for transport and on-site storage.

5. Vaccine Storage Unit Configuration

- A. [Prepare vaccine refrigerators and vaccine freezers](#) (IMM-962) following VFC Program requirements.
- B. Place water bottles (in refrigerators) and ice packs (in freezers only) to stabilize temperatures. (Exception for purpose-built, auto-dispensing units without doors.)
- C. Place data logger buffered probes in the center of refrigerators and freezers near vaccines. (Exception for purpose-built, auto-dispensing units without doors.)
- D. Place data logger digital displays outside vaccine storage units to allow temperature monitoring without opening vaccine storage unit doors. (Exception for purpose-built, auto-dispensing units without doors.)
- E. Plug the vaccine refrigerator and freezer directly into nearby, dedicated wall outlets that do not have built-in GFI circuit switches and are not controlled by light switches; never plug vaccine storage units into extension cords, or power strips or surge protectors with an on/off switch.
- F. Post “[Do Not Unplug](#)” (IMM-744) signs on electrical outlets and circuit breakers to prevent interruption of power.
- G. [Set up vaccine refrigerators and vaccine freezers](#) (IMM-963) following VFC Program requirements.
- H. Clearly identify unit space or containers that will store VFC-supplied and privately purchased vaccines.
- I. Group vaccines by pediatric, adolescent, and adult types.
- J. Allocate enough space to position vaccines or baskets 2-3 inches away from walls, storage unit floor, and other baskets to allow space for air circulation. (Exception for purpose-built, auto-dispensing units without doors.)
- K. Post [VFC temperature logs](#) on vaccine storage unit doors or in an easily accessible location.

6. Digital Data Loggers

- A. Equip all refrigerators and freezers (primary, backup, overflow, or any other temporary unit) storing VFC-supplied vaccines with [VFC-compliant digital data loggers](#). (For purpose-built, auto-dispensing units without doors: Built-in, internal data loggers must meet VFC Program requirements—except for buffered probes, which are not required.)
- B. Only use data loggers that include the following minimum features: a digital display of current, minimum, and maximum temperatures; minimum accuracy of $\pm 1.0^{\circ}\text{F}$ (0.5°C); a buffered temperature probe (only use the probe that comes with the device) immersed in a vial filled with up to 60mL liquid (e.g., glycol, ethanol, glycerin), loose media (e.g., sand, glass beads), or a solid block of material (e.g., Teflon[®], aluminum); an audible or visual out-of-range temperature alarm;

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logging interval of 30 minutes; a low-battery indicator; and memory storage of 4,000 readings or more. A battery source is required for backup devices used during vaccine transport.

- C. **When purchasing new data loggers:** New devices must be able to generate a summary report of recorded temperature data since the device was last reset; summary reports must include minimum and maximum temperatures, total time out of range (if any), and alarm settings. Devices that only generate CSV data files or Excel spreadsheets are not acceptable.
- D. Keep on hand at least one backup, battery-operated, digital data logger for emergency vaccine transport. Depending on the size of the practice, additional devices might be needed.

7. Digital Data Logger Configuration & Maintenance

- A. Configure key settings for primary and backup digital data loggers, including device name, low and high temperature alarm limits, immediate notification of out-of-range temperatures, and a maximum logging interval of 30 minutes.
- B. Store the backup data logger's buffered probe in the vaccine refrigerator and its digital display in a cabinet; document the device's location on the practice's [vaccine management plan](#) (IMM-1122). (Exception for purpose-built, auto-dispensing units without doors: Store the entire device in a cabinet.)
- C. [Calibrate primary and backup devices](#) annually (both device and probe together), or every other year when manufacturers recommend a period longer than two years—ideally by a laboratory with accreditation from an ILAC MRA signatory body.
- D. Certificates issued by non-accredited laboratories must meet all VFC Program [requirements for certificates of calibration](#) (IMM-1119).
- E. Calibrate primary and backup devices on different schedules to ensure all refrigerators and freezers storing VFC-supplied vaccines are equipped with data loggers at all times.
- F. Keep certificates of calibration on file and make them available to the VFC Program upon request.
- G. Purchase a new data logger if existing device or probe malfunctions, is damaged, or if device provides repeated, inaccurate temperature readings. (Exception for replacement probes recommended and replaced by the device manufacturer or calibration company.)

8. Vaccine Orders & Accountability

- A. Order all ACIP-recommended vaccines (including flu and special-order vaccines) to meet the needs of the total VFC-eligible patient populations reported for the VFC PIN.
- B. Order only one brand and formulation for each vaccine to avoid administration errors.
- C. Order all vaccine doses in sufficient quantities to last until the next order period; order quantities must factor in VFC vaccine doses administered (since the previous order) and the VFC doses on hand (at the time of the order).
- D. Order vaccines according to the provider's assigned order frequency; providers who have not ordered vaccines in the past calendar year might be terminated from the VFC Program.
- E. Order vaccines using the approved practice address for the VFC PIN.
- F. Account for every dose of VFC-supplied vaccine ordered and received by the provider practice.
- G. Report all VFC vaccine doses administered (since the previous order) and doses on hand (at the time of the order) on each vaccine order. Vaccine doses administered must be based on actual vaccine administration logs or registry/EMR administration summary reports.
- H. Maintain accurate and separate stock records (e.g., purchase invoices, receiving packing slips) for privately purchased vaccines and make them available to the VFC Program upon request.

9. Receiving Vaccine Deliveries

- A. Never reject vaccine shipments.
- B. Receive, inspect, and store vaccines and diluents within manufacturer-recommended ranges immediately upon delivery.

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- C. Immediately report all shipment issues using the VFC ["Vaccine Receiving Log and Checklist"](#) (IMM-1112).
- D. Keep packing slips for all vaccine shipments received, including publicly funded and private vaccine shipments.
- E. The provider practice must be open with staff available to receive vaccines at least one day a week (other than Monday) and for at least four consecutive hours.

10. Vaccine Storage

- A. Dedicate vaccine refrigerators and freezers to the storage of vaccines only; if storage of medications or biologics is necessary, store below vaccines on a different shelf.
- B. Store frozen vaccines (MMR, MMRV, and Varicella) between -58.0°F and 5.0°F (-50.0°C and -15.0°C) according to manufacturer recommendations.
- C. Store all other refrigerated vaccines between 36.0°F and 46.0°F (2.0°C and 8.0°C) according to manufacturer recommendations.
- D. Store vaccines in original packaging and allow space for air circulation.
- E. Store VFC-supplied and privately purchased vaccines separately and grouped by vaccine type.
- F. Do not store vaccines in storage unit doors, drawers, or bins.
- G. Place vaccines with the earliest expiration dates toward the front of vaccine storage units and use first.
- H. Always store VFC-supplied vaccines at the approved location for the VFC PIN. **(For practices conducting outreach clinics: Obtain VFC approval before storing vaccines at outreach clinics.)**

11. Monitoring Storage Unit Temperatures

- A. Record vaccine storage unit temperatures on [VFC temperature logs](#).
- B. Monitor and record current, minimum, and maximum temperatures ([Fahrenheit](#) IMM-1029 | [Celsius](#) IMM-1029C) twice each day: at the beginning and end of each business day. **(For VFC-approved outreach clinics: Special event clinics, health fairs, special school clinics, and mass vaccination clinics must monitor and record current, minimum, and maximum temperatures on the VFC ["Hourly Vaccine Temperature Log"](#) (IMM-1255) and every hour. Attach the data logger download, or summary report if available, to the VFC ["Refrigerated Vaccine Transport Log"](#) (IMM-1132).)**
- C. VFC temperature logs must be legible, and completed accurately and in ink.
- D. Neatly cross out, correct, initial, and date any inadvertent documentation error immediately.
- E. Download and review temperature data files at the end of every two-week reporting period.
- F. The supervisor must certify and sign that temperatures were recorded twice daily, staff printed names and initials, and corrective actions were taken when the VFC temperature log is complete for each two-week reporting period.
- G. Replace vaccines (on a dose-for-dose basis) as instructed by the VFC Program if storage unit temperatures are not monitored and documented, if temperature logs or temperature data files are falsified, or if temperature logs or temperature data files are missing during a site visit.
- H. Retain VFC temperature logs and temperature data files for three years.

12. Taking Action for Temperature Excursions

- A. Take immediate action to prevent vaccine spoilage and correct any improper storage condition for all out-of-range storage unit temperatures.
- B. Staff must respond to all data logger alarms.
- C. Quarantine and do not administer any vaccines exposed to out-of-range temperatures until their viability has been determined by vaccine manufacturers.
- D. Identify and report every temperature excursion to the Storage and Handling Online Triage System (SHOTS) at [MyVFCvaccines.org](#) and comply with any instructions provided.
- E. Communicate every temperature excursion to vaccine manufacturers if instructed by SHOTS.

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- F. Transport vaccines in the event of extended power outages or unit malfunctions following the guidelines for proper [refrigerated vaccine transport](#) (IMM-983) and [frozen vaccine transport](#) (IMM-1130).

13. Vaccine Inventory Management

- A. Conduct a physical vaccine inventory at least monthly, and before ordering vaccines, using the VFC ["Vaccine Physical Inventory Form"](#) (IMM-1052) or equivalent electronic or paper form.
- B. Never borrow VFC-supplied vaccines to supplement private stock, or vice versa.
- C. **For vaccines that will expire within 6 months and cannot be used:** Notify the VFC Call Center prior to transferring to another VFC provider to prevent negligent provider loss.
- D. Remove spoiled, expired, and wasted vaccines from storage units after identification to prevent inadvertent use.
- E. Report all spoiled, expired, or wasted doses of VFC-supplied vaccines prior to submitting a new vaccine order.
- F. Do not report any VFC-supplied vaccines as spoiled without guidance from vaccine manufacturers and/or the VFC Program.
- G. Monitor vaccine storage units regularly and purchase additional storage units if capacity cannot accommodate the inventory in a manner consistent with VFC Program requirements.

14. Vaccine Transfers & Transports

- A. Contact the VFC Call Center prior to transferring VFC-supplied vaccines.
- B. If transfers are approved, only transfer VFC-supplied vaccines to other VFC providers.
- C. Never routinely transfer VFC-supplied vaccines to/from other VFC providers.
- D. Transport vaccines only when necessary and follow the guidelines for proper [refrigerated vaccine transport](#) (IMM-983) and [frozen vaccine transport](#) (IMM-1130).
- E. Complete the VFC ["Refrigerated Vaccine Transport Log"](#) (IMM-1132) or ["Frozen Vaccine Transport Log"](#) (IMM-1116) each time vaccines are transported.
- F. **In case of an emergency:** Only transport VFC-supplied vaccines to alternate storage locations equipped with [vaccine storage units](#) and [temperature monitoring devices](#) that meet VFC Program requirements.
- G. Never transport VFC-supplied vaccines to personal residences.
- H. Use backup, battery-operated, digital data loggers to monitor temperatures during vaccine transport and at VFC-approved, off-site clinics—ideally using portable, battery-operated, or other temporary-powered coolers for off-site clinics.
- I. Replace any vaccines that were transported without proper documentation of temperature monitoring on a dose-for-dose basis as instructed by the VFC Program.

15. Vaccine Administration

- A. Administer all VFC-supplied vaccines at the approved practice address for the VFC PIN; do not refer patients to other facilities where they might be charged for vaccine administration. **(For VFC-approved outreach clinics:** Special event clinics, health fairs, special school clinics, and mass vaccination clinics require prior approval from the VFC Program; frozen vaccines may not be administered off-site; the practice must submit a summary report that includes doses administered within 15 days after the end of the clinic.)
- B. Recommend non-routine, ACIP-recommended vaccines when indicated or when requested.
- C. Acknowledge and follow VFC Program and manufacturer guidance, including revaccination, if non-viable vaccines have been administered to patients.
- D. Document all VFC vaccine doses administered using the VFC ["Daily Usage Log"](#) (IMM-1053), ["Flu Usage Log"](#) (IMM-1053F), an immunization registry, or equivalent electronic or paper form.

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- E. **For non-Medi-Cal, VFC-eligible children:** Waive the administration fee if the parent/guardian is unable to pay. Never bill parents who are unable to pay the waived administration fees.
- F. **For Medi-Cal children:** Never bill the difference between Medi-Cal’s administration fee and the administration fee cap to the parent/guardian.

16. Program Integrity

- A. Clinic staff must conduct themselves in an ethical, professional, and respectful manner in all interactions with VFC Program staff.
- B. Never destroy, alter, or falsify immunization or VFC Program-related records.
- C. Make all vaccine administration records (privately and publicly funded) available to representatives from the California Department of Public Health Immunization Branch and VFC Program.
- D. Comply with all mandatory corrective actions and the timeline provided by the VFC Program.

To receive VFC-supplied vaccines, confirm acknowledgement of this agreement.

Failure to comply with any of the above could lead to negligent vaccine loss and be grounds for vaccine reimbursement and/or suspension of vaccine ordering privileges and termination from the VFC Program. Providers terminated by the VFC Program must wait up to one year (or until the next recertification period) before re-enrolling in the program.

| To receive VFC Vaccines, you must confirm acknowledgement of this agreement. | |
|------------------------------------------------------------------------------|------|
| Provider of Record Name (print) | Date |
| Provider of Record (signature) | |