

VACCINES FOR CHILDREN (VFC) PROGRAM

2021 VFC RECERTIFICATION WORKSHEET

Use this worksheet to gather information needed ahead of time to complete the online VFC Recertification Form on [MyVFCvaccines.org](http://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																									
Employee 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																										
<b>DELIVERY:</b> Check all days and times you may receive vaccine. If closed during lunch hour, please specify. <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 150px;"><b>Tuesday</b></td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:</td> <td>)</td> </tr> <tr> <td><b>Wednesday</b></td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:</td> <td>)</td> </tr> <tr> <td><b>Thursday</b></td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:</td> <td>)</td> </tr> <tr> <td><b>Friday</b></td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:</td> <td>)</td> </tr> </table>							<b>Tuesday</b>	From:	To:	(Closed for lunch from:	to:	)	<b>Wednesday</b>	From:	To:	(Closed for lunch from:	to:	)	<b>Thursday</b>	From:	To:	(Closed for lunch from:	to:	)	<b>Friday</b>	From:	To:	(Closed for lunch from:	to:	)
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For Federally Qualified Health Centers (FQHC) ONLY, name of Parent FQHC Organization: _____																														
Key Practice Staff																														
Role/Responsibility	Name	Title (MD, DO, NP, PA, PharmD)	Specialty/Clinic Title	National Provider ID	Medical License #	Contact Information																								
Provider of Record			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>																								
Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>																								
Backup Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>																								
Provider of Record Designee			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>																								
Additional Staff to Receive VFC Communications			Specialty: _____ Clinic Title: _____			Direct Phone Number: _____ Email: _____ <i>Email for program communications</i>																								

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Vaccine Storage Units & Temperature Monitoring Equipment Information		
Indicate information for your <b>REFRIGERATOR</b> storage unit below:		
<b>Refrigerator Type</b>	<b>Unit Location/ID</b>	<b>Brand, Model</b>
<b>Use</b> <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	<b>Grade</b> <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Laboratory Grade)	<b>Vaccines Stored</b> <input type="radio"/> VFC <input type="radio"/> 317 <input type="radio"/> Both
<b>Thermometer Type</b> <input type="radio"/> Data Logger		
<b>Thermometer Model</b>	<b>Thermometer Serial Number</b>	<b>Calibration Expiration Date</b>
Indicate information for your <b>FREEZER</b> storage unit below:		
<b>Freezer Type</b>	<b>Unit Location/ID</b>	<b>Brand, Model</b>
<b>Use</b> <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	<b>Grade</b> <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Laboratory Grade)	<b>Vaccines Stored</b> <input type="radio"/> VFC <input type="radio"/> 317 <input type="radio"/> Both
<b>Thermometer Type</b> <input type="radio"/> Data Logger		
<b>Thermometer Model</b>	<b>Thermometer Serial Number</b>	<b>Calibration Expiration Date</b>
Indicate information for your <b>BACKUP THERMOMETER</b> below:		
<b>Thermometer Type</b> <input type="radio"/> Data Logger		
<b>Thermometer Model</b>	<b>Thermometer Serial Number</b>	<b>Calibration Expiration Date</b>

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Patient Population				
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. Uninsured				
c. American Indian or Alaskan Native				
d. Underinsured (FQHCs   RHCs only)				
PRIVATELY INSURED				
TOTAL OF ALL CHILDREN (VFC-ELIGIBLE AND NON-VFC)				

**For 317 (Local Health Department) or Vaccines for Adults (VFA) Providers ONLY:**

Estimated number of adults 19 years of age and older who will receive immunizations in your clinic during the upcoming 12-month period, according to the Immunization Branch Eligibility Table for the Use of State-supplied Vaccines (excluding influenza immunization):

	19-26	27-49	50-64	≥65	Total
317 Eligible					
Privately Insured					

What data source was used to determine patient estimates?  
 Billing info     Usage Logs     Electronic Health Records  
 CAIR/Registry     Patient Log     Other \_\_\_\_\_

Name of Electronic Health Record: \_\_\_\_\_

**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.

- DTaP
- Hep A
- Hep B
- Hib
- HPV
- Influenza
- IPV
- Meningococcal
- MMR
- PCV13
- Rotavirus
- Tdap
- Td
- Varicella

**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-supplied 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	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:

<b>Refrigerator Type</b>	<b>Unit Location/ID</b>	<b>Brand, Model</b>
<b>Use</b> <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	<b>Grade</b> <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Laboratory Grade)	<b>Vaccines Stored</b> <input type="radio"/> VFC <input type="radio"/> 317 <input type="radio"/> Both
<b>Thermometer Type</b> <input type="radio"/> Data Logger		
<b>Thermometer Model</b>	<b>Thermometer Serial Number</b>	<b>Calibration Expiration Date</b>

Indicate information for your **FREEZER** storage unit below:

<b>Freezer Type</b>	<b>Unit Location/ID</b>	<b>Brand, Model</b>
<b>Use</b> <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	<b>Grade</b> <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Laboratory Grade)	<b>Vaccines Stored</b> <input type="radio"/> VFC <input type="radio"/> 317 <input type="radio"/> Both
<b>Thermometer Type</b> <input type="radio"/> Data Logger		
<b>Thermometer Model</b>	<b>Thermometer Serial Number</b>	<b>Calibration Expiration Date</b>

Indicate information for your **BACKUP THERMOMETER** below:

<b>Thermometer Type</b> <input type="radio"/> Data Logger		
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