

## VACCINES FOR CHILDREN (VFC) PROGRAM

## PROVIDER ENROLLMENT WORKSHEET

Use this worksheet to gather the necessary information then enroll at [myCavax](https://myCavax.cdph.ca.gov/).

**DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.**

Practice Information/Shipping										
Practice Name				Contact Person						
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					
MEDI-CAL Provider? <input type="radio"/> Yes <input type="radio"/> No		Add to 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"> <tr> <td><b>Tue</b> From: _____ to: _____ (Closed for lunch from: _____ to: _____ )</td> <td><b>Thu</b> From: _____ to: _____ (Closed for lunch from: _____ to: _____ )</td> </tr> <tr> <td><b>Wed</b> From: _____ to: _____ (Closed for lunch from: _____ to: _____ )</td> <td><b>Fri</b> From: _____ to: _____ (Closed for lunch from: _____ to: _____ )</td> </tr> </table>							<b>Tue</b> From: _____ to: _____ (Closed for lunch from: _____ to: _____ )	<b>Thu</b> From: _____ to: _____ (Closed for lunch from: _____ to: _____ )	<b>Wed</b> From: _____ to: _____ (Closed for lunch from: _____ to: _____ )	<b>Fri</b> From: _____ to: _____ (Closed for lunch from: _____ to: _____ )
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Note: Your practice must be open at least 4 consecutive hours for one day										
Facility Type										
<table border="0"> <tr> <td> <b>PUBLIC TYPES:</b>  <input type="radio"/> Public Health Department  <input type="radio"/> Public Health Department/FQHC  <input type="radio"/> Public Hospital/Birthing hospital  <input type="radio"/> Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)*  <input type="radio"/> Other Public Health  <input type="radio"/> State Licensed Community Health Center (non-Federal)         </td> <td> <input type="radio"/> American Indian/Tribal Health Clinic  <input type="radio"/> Youth Correctional Facilities  <input type="radio"/> School-Based Clinic  <input type="radio"/> College/University  <input type="radio"/> Family Planning/STD Clinic  <input type="radio"/> Refugee Health Center  <input type="radio"/> Migrant Health Center  <input type="radio"/> Drug Treatment Center         </td> <td> <b>PRIVATE TYPES:</b>  <input type="radio"/> Private Practice (Individual or Group)  <input type="radio"/> Private Hospital/Birthing hospital  <input type="radio"/> Pharmacy  <input type="radio"/> Private Other         </td> <td> <b>SPECIALTY or SPECIALTY CLINIC TYPES:</b>  <input type="radio"/> Pediatrics  <input type="radio"/> Family Practice  <input type="radio"/> Internal Medicine  <input type="radio"/> Adolescent Health  <input type="radio"/> Multi-Specialty  <input type="radio"/> Ob/Gyn  <input type="radio"/> Family Planning  <input type="radio"/> American Indian/Native American Health Clinic         </td> </tr> </table>							<b>PUBLIC TYPES:</b> <input type="radio"/> Public Health Department <input type="radio"/> Public Health Department/FQHC <input type="radio"/> Public Hospital/Birthing hospital <input type="radio"/> Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)* <input type="radio"/> Other Public Health <input type="radio"/> State Licensed Community Health Center (non-Federal)	<input type="radio"/> American Indian/Tribal Health Clinic <input type="radio"/> Youth Correctional Facilities <input type="radio"/> School-Based Clinic <input type="radio"/> College/University <input type="radio"/> Family Planning/STD Clinic <input type="radio"/> Refugee Health Center <input type="radio"/> Migrant Health Center <input type="radio"/> Drug Treatment Center	<b>PRIVATE TYPES:</b> <input type="radio"/> Private Practice (Individual or Group) <input type="radio"/> Private Hospital/Birthing hospital <input type="radio"/> Pharmacy <input type="radio"/> Private Other	<b>SPECIALTY or SPECIALTY CLINIC TYPES:</b> <input type="radio"/> Pediatrics <input type="radio"/> Family Practice <input type="radio"/> Internal Medicine <input type="radio"/> Adolescent Health <input type="radio"/> Multi-Specialty <input type="radio"/> Ob/Gyn <input type="radio"/> Family Planning <input type="radio"/> American Indian/Native American Health Clinic
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*If you marked FQHC or RHC you must submit a photocopy of your FQHC or RHC license/certification. Name of Parent FQHC: _____										
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: _____				
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: _____				

## VACCINES FOR CHILDREN (VFC) PROGRAM

## PROVIDER ENROLLMENT WORKSHEET

**DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.****Definitions of Key Practice Staff:**

- **Provider of Record (POR):** The VFC Provider of Record is the physician-in-chief, medical director, or equivalent role that signs and agrees to the terms of the VFC [“Provider Agreement”](#) and the California VFC Program [“Provider Agreement Addendum”](#) 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.
- **Vaccine Coordinator:** The VFC Vaccine Coordinator is an 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 VFC Backup Vaccine Coordinator is an 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.
- **Provider of Record Designee:** The VFC Provider of Record Designee is 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.

**Required EZIZ Lessons:**

**Key practice staff must complete all required lessons at [www.eziz.org](http://www.eziz.org) before enrolling at [myCAvax](#).**

**Completion of Required Lessons:**

**Indicate the unique User ID and Confirmation Codes received for each key clinic staff member after completion of the required VFC Lessons.**

- VFC Program Requirements
- Storing Vaccines
- Monitoring Storage Unit Temperatures
- Provider Operations Manual (POM) Acknowledgement Lesson (*Acknowledge and Review*)
- Vaccine Management Plan (*Acknowledge and Review*)
- Conducting a Vaccine Inventory (*optional for the Provider of Record and Provider of Record Designee*)

Role/Responsibility	User ID	Confirmation Code
Provider of Record		
Vaccine Coordinator		
Backup Vaccine Coordinator		
Provider of Record Designee		

## PROVIDER ENROLLMENT WORKSHEET

**DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.**

Vaccine Storage Units & Temperature Monitoring Equipment Information			
Indicate information for your <b>REFRIGERATOR</b> storage unit below:			
<b>Unit Location/ID</b>	<b>Use</b> <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	<b>Refrigerator Type</b> <input type="radio"/> Compact/Under-the-Counter <input type="radio"/> Stand-alone <input type="radio"/> Auto-dispensing Doorless	
<b>Brand, Model</b>	<b>Storage Capacity (in cubic feet)</b>	<b>Grade</b> <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Laboratory Grade)	
<b>Thermometer Type</b> <input type="radio"/> Data Logger <input type="radio"/> Other _____			
<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>Unit Location/ID</b>	<b>Use</b> <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	<b>Freezer Type</b> <input type="radio"/> Upright Freezer <input type="radio"/> Ultra-Low Temperature (ULT) <input type="radio"/> Chest Freezer <input type="radio"/> Auto-dispensing Doorless	
<b>Brand, Model</b>	<b>Storage Capacity (in cubic feet)</b>	<b>Grade</b> <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Laboratory Grade)	
<b>Thermometer Type</b> <input type="radio"/> Data Logger <input type="radio"/> Other _____			
<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 <input type="radio"/> Other _____			
<b>Thermometer Model</b>	<b>Thermometer Serial Number</b>	<b>Calibration Expiration Date</b>	

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## PROVIDER ENROLLMENT WORKSHEET

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## Provider 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)				

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 the estimates I have provided are a true reflection of my pediatric patient population according to the data source selected.

Below are the age-appropriate ACIP-recommended vaccines that I will provide based on my patient estimates.

- |                                     |                            |                                    |                                 |
|-------------------------------------|----------------------------|------------------------------------|---------------------------------|
| <input type="radio"/> COVID         | <input type="radio"/> DTaP | <input type="radio"/> Hep A        | <input type="radio"/> Hep B     |
| <input type="radio"/> Hib           | <input type="radio"/> HPV  | <input type="radio"/> Influenza    | <input type="radio"/> IPV       |
| <input type="radio"/> Meningococcal | <input type="radio"/> MMR  | <input type="radio"/> Pneumococcal | <input type="radio"/> Rotavirus |
| <input type="radio"/> RSV           | <input type="radio"/> Td   | <input type="radio"/> Tdap         | <input type="radio"/> 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 Number	Title	Specialty
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

## VACCINES FOR CHILDREN (VFC) PROGRAM

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

**DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.**

If you have additional vaccine storage units and/or thermometers, indicate the information below:

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

<b>Unit Location/ID</b>	<b>Use</b> <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	<b>Refrigerator Type</b> <input type="radio"/> Compact/Under-the-Counter <input type="radio"/> Stand-alone <input type="radio"/> Auto-dispensing Doorless
<b>Brand, Model</b>	<b>Storage Capacity (in cubic feet)</b>	<b>Grade</b> <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Laboratory Grade)
<b>Thermometer Type</b> <input type="radio"/> Data Logger <input type="radio"/> Other _____		
<b>Thermometer Model</b>	<b>Thermometer Serial Number</b>	<b>Calibration Expiration Date</b>

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

<b>Unit Location/ID</b>	<b>Use</b> <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	<b>Freezer Type</b> <input type="radio"/> Upright Freezer <input type="radio"/> Ultra-Low Temperature (ULT) <input type="radio"/> Chest Freezer <input type="radio"/> Auto-dispensing Doorless
<b>Brand, Model</b>	<b>Storage Capacity (in cubic feet)</b>	<b>Grade</b> <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Laboratory Grade)
<b>Thermometer Type</b> <input type="radio"/> Data Logger <input type="radio"/> Other _____		
<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 <input type="radio"/> Other _____		
<b>Thermometer Model</b>	<b>Thermometer Serial Number</b>	<b>Calibration Expiration Date</b>