

VACCINES FOR ADULTS (VFA) PROGRAM
DIENROLLMENT REQUEST FORM



Complete and e-mail this form at my317vaccines@cdph.ca.gov at least 30 days before the effective date of your practice's disenrollment from the VFA Program.

INSTRUCTIONS: Providers are required to notify the VFA Program at least 30 days before the practice intends to terminate its VFA Provider Agreement and disenroll from the California VFA Program. Note that a waiting period of up to 12 months may apply for re-enrollment requests. Until your disenrollment request is approved and finalized:

- Store vaccines and document temperatures according to VFA Program requirements.
- Your practice is responsible for all VFA-supplied vaccines. Failure to account for doses or protect vaccine viability may result in a negligent loss leading to vaccine replacement.

A VFC Program Field Representative will contact you regarding transferring or retrieving viable, VFA-supplied vaccines.

Practice Information			
Practice Name			PIN
Address		City	ZIP
		County	
E-mail	Phone		Fax
Disenrollment Information			
Provider of Record Name (print):		Effective Date for Disenrollment:	
Provider of Record (signature):			Today's Date:
Do you have remaining VFA-supplied vaccines on hand? Y or N If Yes, complete "Remaining Vaccine Inventory Information."		Have you notified your Field Representative about your request and on-hand VFA inventory Y or N	
Please indicate the reason for withdrawing your participation from the VFC Program:			
Practice: <input type="checkbox"/> Closing office <input type="checkbox"/> Merged with another facility <input type="checkbox"/> Change in practice ownership <input type="checkbox"/> No longer seeing VFA-eligible adults <input type="checkbox"/> Serves too few VFA-eligible adults Specify how you plan to address the immunization needs of VFA-eligible adults who are seen at your clinic _____ _____ _____		Program Requirements: <input type="checkbox"/> No longer offering immunization services <input type="checkbox"/> VFA Program requirements are too burdensome Specify requirement(s): _____ <input type="checkbox"/> VFA Program participation too time consuming/costly Specify participation issue(s): _____ <input type="checkbox"/> Cannot resolve VFA compliance issues _____ <input type="checkbox"/> Other (specify): _____	
Comments			

