



## CALIFORNIA VACCINES FOR CHILDREN (VFC) PROGRAM

### INSTRUCTIONS FOR COMPLETING THE ANNUAL VFC RECERTIFICATION ONLINE

#### ABOUT THE 2013 ON-LINE RECERTIFICATION PROCESS

It is a federal requirement that each enrolled site receiving VFC-supplied vaccines complete and submit the Provider Recertification forms annually. Currently enrolled practices can complete and submit their recertification forms through e-Recertification, accessible through MyVFCVaccines at [www.eziz.org](http://www.eziz.org). Upon submission, providers will receive instant email confirmation of submission and will be able to print a copy for their files. Sites with multiple satellite clinics must complete this process individually for each site. As with previous years, most fields have been pre-populated with your practice information and with VFC patient estimates. You will be prompted to review the information provided and update or make revisions as necessary.

**The deadline for submitting your clinic's 2013 VFC Recertification forms is February 8, 2013. All providers must have current recertification on file in order to process any vaccine requests after February 8, 2013.**

Items with a question mark "?" next to them provide a brief explanation of the information required in the field.

#### **STEP 1: CONFIRMING YOUR PRACTICE'S INFORMATION, SHIPPING & MAILING ADDRESSES, AND CONTACT INFORMATION**

Most fields in this section have been pre-populated from our data base. Please review the information to see that is correct. If you need to make changes, click the "Update Information" button. You'll be prompted to select your practice type. When you have finished making your changes and practice-type selections, click on the "Done" button. Click on the box "I have verified that my information is correct" to confirm that you have reviewed your practice information. Enter the name and contact information for the designated Vaccine Coordinator at your practice.

#### **STEP 2: REVIEW AND CONFIRM YOUR PRACTICE'S VACCINE STORAGE UNITS**

Enter the types refrigerator and freezer storage units and the number of each that your practice has. Enter the brand, model, and storage capacity in cubic feet for each of your units.

#### **STEP 3: REVIEW AND CONFIRM YOUR PRACTICE'S PATIENT ESTIMATES**

First, review the estimated number of VFC eligible children who will be seen over the next 12 months which we have provided for your practice. These numbers have been calculated based on your practice's vaccine distribution history. You may update or edit these numbers if you think your practice will see more (or less) VFC-eligible children during the next 12 months. To make changes, simply type the corrected numbers into the appropriate boxes. Enter the number of non-VFC eligible patients in your practice. Indicate whether you currently see Healthy Families patients.



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#### **STEP 4: LIST THE HEALTH CARE PROVIDERS WITH PRESCRIPTION-WRITING PRIVILEGES IN YOUR PRACTICE**

Listed are the health care providers we have on record at your facility with prescription writing privileges who will administer VFC vaccines. If you need to add or delete any providers, please click on the "Update Information" button. When you have finished making your changes, please click on the "Done" button.

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 (e.g. MD, DO, NP).

#### **STEP 5: READ AND SIGN THE VFC CERTIFICATION OF CAPACITY TO STORE VACCINES FORM**

Please review all the terms of this agreement carefully. To participate in the VFC Program and receive federally-procured vaccines, providers must sign and abide by the conditions listed in the form, on behalf of themselves and all the practitioners, nurses and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or other health delivery facility of which the provider is the physician-in-chief or equivalent. By checking the acknowledgement and certification box at the bottom of the page, you agree to comply with the storage and handling requirements listed in this form.

#### **STEP 6: READ AND SIGN YOUR VFC RECERTIFICATION AGREEMENT**

Please review all the terms of this agreement carefully. To participate in the VFC Program and receive federally-procured vaccines, THE PROVIDER OF RECORD must sign and abide by the conditions listed in the agreement, on behalf of themselves and all the practitioners, nurses and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or other health delivery facility of which the provider is the physician-in-chief or equivalent. By entering your name (Clinic's medical director or physician-in-Chief), your medical license number, and date, you signify your acceptance of the VFC Program federal participation requirements. You have one more step to submit your report!

#### **FINAL STEP: SUBMIT AND PRINT YOUR VFC RECERTIFICATION AGREEMENT**

To submit your completed recertification information to the VFC Program, click the "Submit e-Recertification" button. Congratulations, you have completed your 2013 VFC Recertification on-line! A confirmation will be sent to the email address that you have provided. We recommend you print a copy for your records by clicking on the "Print Information" button.

Thank you for completing your VFC Recertification on-line!