myCAvax Provider Enrollment: 
Before You Enroll

Action Steps & Instructions for Providers

In order to receive COVID-19 vaccines, all California healthcare providers will enroll in the COVID-19 Vaccination Program electronically through myCAvax. Enrollment applications must be thoroughly and accurately completed by each enrolled organization and corresponding locations. The application is detailed. Complete the Provider Enrollment Worksheet to gather all the required information before applying online.

Enrollment Process

After completion of the Requirements and Legal Agreement portion of the enrollment form, the organization receives an invitation code. This code can be shared within the organization to access the organization's application and complete Section B to enroll their individual locations in the program.

✔ The Organization's Chief Medical Officer (or equivalent medical official) and Chief Executive Officer (or chief fiduciary/legal official) completes the first portion of the enrollment process, Section A. Upon completion, they must sign and agree, on behalf of the organization, to the conditions of participation outlined in the COVID-19 Provider Agreement.

✔ If multiple locations within an organization plan to receive the COVID-19 vaccine, each location will complete Section B of the enrollment process. The locations must identify the Medical or Pharmacy Director that is responsible for their adherence to Provider Agreement terms, and attest to proper vaccine management for the site.

✔ Each enrolled organization location should designate a vaccine coordinator and a back-up vaccine coordinator serving as the site’s point of contact for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, etc.

Upon submission of the application through myCAvax, sites will receive a confirmation email confirming the request to enroll. (For detailed information, see pages 2-3.)

Required Training

Providers, key practice staff, and others managing, handling, or administering COVID-19 vaccines must complete the required training to meet federal and state requirements. Anyone logging into myCAvax must complete the training in myCAvax. Completions are tracked through enrollment. Other staff should access the Required Training and Resources on the CDPH website.
**Participation in CAIR**

California’s Immunization Registry (CAIR) is comprised of three distinct registries: CAIR2, RIDE/CAIR San Joaquin, and SDIR/CAIR in San Diego. Participating provider sites must be enrolled in their local registry.

If your organization is not currently enrolled in CAIR, please enroll in your local registry now. Refer to CAIR Regions for information on which registry you will enroll in and report to. You will need to provide the assigned IIS ID during the enrollment process.

**If your site is already enrolled in CAIR, do not enroll again. Use your existing CAIR Org Code as your IIS ID.**

**Information Needed by Section**

**Section A:**
**COVID-19 Vaccination Program Provider Requirements and Legal Agreement**

You will need:

1. Identification of responsible organization officers’ agreeing to the conditions specified in the federal COVID-19 Vaccination Program Provider Agreement:
   - Your Organization’s Chief Medical Officer (or equivalent medical official) and Chief Executive Officer (or chief fiduciary/legal official) agree to the conditions of participation outlined in the COVID-19 Provider Agreement and sign the Agreement on behalf of your Organization.
   - For Organization Email, refer to Notifications after Enrollment regarding enrollment and VaccineFinder.

2. Identify the number of affiliated vaccination sites to the enrolling organization.

**Section B:**
**CDC COVID-19 Vaccination Program Provider Profile Information**

Sites within your Organization that wish to receive the vaccine will complete Section B for each vaccination location. Section B will require:

1. Identification of the individual location’s Medical or Pharmacy Director or Vaccine Coordinator responsible for location’s adherence to Provider Agreement terms. **Identify Provider Identification Numbers if your organization’s individual locations already participate in other publicly purchased Vaccine Programs or State Immunization Information Systems.**
   - Vaccines for Children (VFC)/Vaccines for Adults (VFA)/State General Fund PIN (If Applicable)
   - Immunization Information System (IIS) ID (e.g. CAIR2 Org Code)

2. **Information on affiliated Organization’s individual locations:**
   - Location name and address
   - Primary and Backup Location Coordinators; will receive emails regarding allocations, shipments, and
temperature monitoring.

- Times/days for vaccine shipment receipt
  - ✔ Locations should offer full-day receiving hours, if possible, to facilitate shipment delivery
  - ✔ Minimally must be available during a 4-hour window on a weekday other than Monday to receive shipments.

- If vaccines will be administered at location different from vaccine shipment, provide location information
- Primary and Backup Location Coordinators’ contact information
- Approximate number of patients served at each location
- Peak weekly flu doses administered during 2019-20 season
- Population(s) served at each location including approximate number of patients under each population
- Location vaccine storage capacity

**Storage unit details**

- ✔ Cold storage unit type and capacity in three temperature ranges: 5-8°C (refrigerator), -15 to -25°C (freezer), and -60 to -80°C (ultra-low temperature freezer)
- ✔ Approximate capacity to store multi-dose vials of vaccines (approximate number of vials)

**Temperature monitoring equipment**

- ✔ Thermometer details, including type, model, and calibration expiration date

3. **Information on providers practicing at this facility who will be overseeing administering COVID-19 vaccines**

- Name of provider(s) with prescription privileges licensed in the State of California, title(s), and license number(s) must be provided as part of the COVID-19 Vaccination Provider Profile

**Enrollment Requirements**

Conditions for participation in the COVID-19 Vaccination Program are detailed in the Provider Enrollment Worksheet. Staff awareness, preparation and training are key to ensure adherence to all enrollment requirements, including:

- Enrolling/Participating in the state Immunization Information System (CAIR2, SDIR, RIDE)
- Completing required trainings
- Reporting doses administered daily
- Reporting doses on hand to Vaccine finder daily
- Completing a Vaccine Redistribution Agreement if redistributing vaccines
- Reporting all vaccine repositioning (i.e. vaccine transfers)
- Reporting immediately all shipping incidents