

VACCINES FOR CHILDREN (VFC) PROGRAM



California Vaccines for Children Program

VFC RECERTIFICATION WORKSHEET

Use this worksheet to gather information needed ahead of time to complete the online VFC Recertification Form on MyVFCvaccines.org.

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.

Practice Information/Shipping																										
Practice Name			PIN		Registry ID																					
Practice Information/Shipping Address (No P.O. Box)			City		ZIP																					
Shipping Address, Part 2			County																							
Employee Identification Number (EIN)		National Provider Identifier (NPI)		Phone	Fax																					
CHDP Provider? Yes <input type="radio"/> No <input type="radio"/>		MEDI-CAL Provider? Yes <input type="radio"/> No <input type="radio"/>		Would you like to be on the VFC online locator? Yes <input type="radio"/> No <input type="radio"/>																						
myCAvax ID:		For Federally Qualified Health Centers (FQHC) ONLY, name of Parent FQHC Organization:																								
<p>DELIVERY: Check all days and times you may receive vaccine. If closed during lunch hour, please specify.</p> <table border="0"> <tr> <td style="text-align: center;">Tuesday</td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:)</td> </tr> <tr> <td style="text-align: center;">Wednesday</td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:)</td> </tr> <tr> <td style="text-align: center;">Thursday</td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:)</td> </tr> <tr> <td style="text-align: center;">Friday</td> <td>From:</td> <td>To:</td> <td>(Closed for lunch from:</td> <td>to:)</td> </tr> </table>							Tuesday	From:	To:	(Closed for lunch from:	to:)	Wednesday	From:	To:	(Closed for lunch from:	to:)	Thursday	From:	To:	(Closed for lunch from:	to:)	Friday	From:	To:	(Closed for lunch from:	to:)
Tuesday	From:	To:	(Closed for lunch from:	to:)																						
Wednesday	From:	To:	(Closed for lunch from:	to:)																						
Thursday	From:	To:	(Closed for lunch from:	to:)																						
Friday	From:	To:	(Closed for lunch from:	to:)																						
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>																				
VFA Vaccine Coordinator			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 REFRIGERATOR storage unit below:		
Refrigerator Type <input type="radio"/> Compact <input type="radio"/> Combination <input type="radio"/> Stand-Alone <input type="radio"/> Auto-dispensing Doorless	Unit Location/ID	Brand, Model
Use <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	Grade <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Lab Grade)	Vaccines Stored <input type="radio"/> VFC <input type="radio"/> 317 <input type="radio"/> Both
Thermometer Type <input type="radio"/> Data Logger		
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date
Indicate information for your FREEZER storage unit below:		
Freezer Type <input type="radio"/> Upright <input type="radio"/> Combination <input type="radio"/> Ultra-Cold <input type="radio"/> Chest <input type="radio"/> Auto-dispensing Doorless	Unit Location/ID	Brand, Model
Use <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	Grade <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Lab Grade)	Vaccines Stored <input type="radio"/> VFC <input type="radio"/> 317 <input type="radio"/> Both
Thermometer Type <input type="radio"/> Data Logger		
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date
Indicate information for your BACKUP THERMOMETER below:		
Thermometer Type <input type="radio"/> Data Logger		
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date

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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?

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.

- | | | | | |
|------------------------------------|---------------------------------|-----------------------------|-------------------------------------|----------------------------|
| <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	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:		
Refrigerator Type <input type="radio"/> Compact <input type="radio"/> Combination <input type="radio"/> Stand-Alone <input type="radio"/> Auto-dispensing Doorless	Unit Location/ID	Brand, Model
Use <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	Grade <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Lab Grade)	Vaccines Stored <input type="radio"/> VFC <input type="radio"/> 317 <input type="radio"/> Both
Thermometer Type <input type="radio"/> Data Logger		
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date
Indicate information for your FREEZER storage unit below:		
Freezer Type <input type="radio"/> Upright <input type="radio"/> Combination <input type="radio"/> Ultra-Cold <input type="radio"/> Chest <input type="radio"/> Auto-dispensing Doorless	Unit Location/ID	Brand, Model
Use <input type="radio"/> Primary <input type="radio"/> Backup/Overflow <input type="radio"/> Day Use <input type="radio"/> Mobile unit	Grade <input type="radio"/> Household <input type="radio"/> Commercial <input type="radio"/> Purpose-built (Pharmacy/Lab Grade)	Vaccines Stored <input type="radio"/> VFC <input type="radio"/> 317 <input type="radio"/> Both
Thermometer Type <input type="radio"/> Data Logger		
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date
Indicate information for your BACKUP THERMOMETER below:		
Thermometer Type <input type="radio"/> Data Logger		
Thermometer Model	Thermometer Serial Number	Calibration Expiration Date