VFC Enrollment Checklist





The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of an inability to pay.

Publicly purchased vaccines for eligible children are supplied at no charge to VFC-enrolled public and private providers in all 50 U.S. states, the District of Columbia, and territories. VFC is an entitlement program that requires screening and documentation of eligibility status (by category) for all patients from birth through 18 years of age. **Eligibility screening and documentation must take place at each immunization visit prior to immunization.**

To Enroll as a VFC Provider:

FACILITY INFORMATION		
Facility Name:		
PIN (if applicable):	Organization:	
Facility Address:		
City:	State:	Zip:
Telephone:	Fax:	
Vaccine Delivery Address: (if different than facility address)		
City:	State:	Zip:
MEDICAL DIRECTOR OR EQUIVALENT		
Instructions: The official registered health care provider signing the agreement must be a practitioner authorized to administer vaccines under DC law who will also be accountable for compliance by the entire organization and its providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.		
Last Name, First, MI:		
Title:	Specialty:	
License No.:	Medicaid of NPI No.:	
Employer Identification No. (optional):		
Provide Information for second individual (if applicable)		
Last Name, First, MI:		
Title:	Specialty:	
License No.:	Medicaid of NPI No.:	
Employer Identification No. (optional):		

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VACCINE COORDINATOR

Instructions: Provide the names of your clinic's Primary Vaccine Coordinator and Secondary Vaccine Coordinator. <u>Primary Vaccine Coordinator:</u> A designated, on-site, and fully trained staff member responsible for all vaccine management activities within the practice.

<u>Secondary Vaccine Coordinator:</u> A designated, on-site, and fully trained staff member responsible for all vaccine management activities within the practice when the Vaccine Coordinator is unavailable.

*All vaccine coordinators for each facility must complete the CDC web based *You Call the Shots Modules* and iWeb/VOMS training. Additional information is provided below.

iveby volvis training. Additional information is provided below.		
Primary Vaccine Coordinator Name:		
Telephone:	Email:	
Secondary Vaccine Coordinator Name:		
Telephone:	Email:	
Required annual training – successful completion of the CDC web based You Call the Shots Modules 10 and 16: cdc.gov/vaccines/ed/youcalltheshots.html		
 Module 10 – Storage and Handling: www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp 		
 Module 16 – Vaccines for Children: www2a.cdc.gov/nip/isd/ycts/mod1/courses/vfc/ce.asp 		
• Module 18 – Vaccine Administration (strongly recommended): www2.cdc.gov/vaccines/ed/vaxadmin/va/ce.asp		

Once modules have been completed, email completion certificates to doh.immunization@dc.gov.

Why do you report immunizations to DOCIIS (immunization registry)?

DC regulation DCMR22, Chapter 1, Section 129.1 requires records of vaccine administration for all persons to be submitted to DOCIIS within 24 hours administration.

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STORAGE EQUIPMENT

Instructions: Determine if your clinic has the necessary equipment for vaccine storage (a list of appropriate equipment provided in order to help in making the determination).

Stand-alone refrigerators and freezers, or pharmaceutical grade refrigerators and freezers with enough space to accommodate your maximum inventory without crowding are required. Note the brand, model number, and serial number. Combination units are NOT accepted.

Digital data logger (DDL) with a current and valid Certificate of Calibration Testing for each unit and one backup in case of a broken or malfunctioning unit are required. Backup DDL should have a different calibration date (at least 30–60 days from date of storage unit DDL). Note the brand, model number, and serial number. Thermometers are NOT accepted.

Email the following documentation to doh.immunization@dc.gov.

☐ Certificates of Calibration for each temperature monitoring digital data logger (DDL) or device

If you need assistance in securing the appropriate equipment please email doh.immunization@dc.gov and include the type of equipment needed.

VACCINE ORDERING MANAGEMENT SYSTEM (VOMS)

Instructions: Facilities must utilize the Vaccine Ordering Management System (VOMS) to manage and report vaccine inventory and temperature monitoring, remain in compliance, and place all vaccine order requests. **Only designated Vaccine Coordinators who have taken iWeb/VOMS training are eligible for VOMS access.**

Should a facility need to add or update a facility's vaccine coordinator information, the medical director whose signature is on file on the provider agreement must submit a Change of Information (COI) form providing the names and required information for all staff members authorized by the medical director to access immunization records and/or perform vaccine management functions for the facility in iWeb/VOMS.

Required training – iWeb/VOMS trainings are held virtually. If no virtual trainings are available, potential vaccine coordinators can be sent a pre-recording of a live virtual training. Please reach out to DOCIIS.helpdesk@dc.gov to sign up for a virtual iWeb/VOMS training, or to receive a pre-recorded version of iWeb/VOMS training.

The training consists of two 60-minute sessions, iWeb followed by VOMS, with one 6-question quiz after each session. Training attendees must pass both quizzes in order to receive their credentials and access to the iWeb/VOMS system.

NEXT STEPS

After completing this document, please email it to doh.immunization@dc.gov. A DC Health Enrollment Team Member will contact you to schedule a 30-minute phone call to discuss next steps.