

District of Columbia Department of Health New Provider Enrollment Checklist

FACILITY INFORMATION			
Facility Name:			
Facility Address:			
City:	State	Zip:	
Telephone:			Fax:
Shipping Address <i>(if different than facility address)</i> :			
City	State	Zip	
MEDICAL DIRECTOR OR EQUIVALENT			
Instructions: The official VFC 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 VFC/VFA 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 or NPI No.:	Employer Identification No. <i>(optional)</i>
<i>Provide Information for second individual as needed:</i>			
Last Name, First, MI:		Title	Specialty
License No.:		Medicaid or NPI No.:	Employer Identification No. <i>(optional)</i>
VFC VACCINE COORDINATOR			
Instructions: Provide the names of your clinic's Vaccine Coordinator and Backup Vaccine Coordinator. <u>Vaccine Coordinator</u> : A designated, on-site, and fully trained staff member responsible for all vaccine management activities within the practice. <u>Backup 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.			
Primary Vaccine Coordinator Name:			
Telephone:		Email:	
Completed annual training: (completion of the CDC web-based <i>You Call the Shots</i> modules 10 & 16 http://www.cdc.gov/vaccines/ed/youcalltheshots.html OR attend Immunization 101 Training. Register at http://doh.dc.gov/dociis)			
<input type="checkbox"/> Yes <i>Please fax to 202-576-9306</i> <input type="checkbox"/> No			
Back-Up Vaccine Coordinator Name:			
Telephone:		Email:	

Completed annual training: (completion of the CDC web-based *You Call the Shots* modules 10 & 16 <http://www.cdc.gov/vaccines/ed/youcalltheshots.html> **OR** attend Immunization 101 Training. Register at <http://doh.dc.gov/dociis>)

Yes (if Yes, upload into VFC Provider Portal) No

DISTRICT OF COLUMBIA IMMUNIZATION INFORMATION SYSTEM (DOCIIS)

Instructions: Set up a District of Columbia Immunization Information System (DOCIIS) account.

Is your clinic already using DOCIIS? Yes No

If yes, what is Provider Identification Number (PIN) # _____

If no, enroll in DOCIIS at <http://doh.dc.gov/dociis>

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

Instructions: According to DC Law 3-20, Section 129, each provider shall report to the Department each immunization he administered as well as past immunizations administered by any other health care provider within 7 days of administration. Providers may transmit immunization records electronically via electronic medical record (EMR) or by sending Vaccine Administration Records (VARs) via secure self portal. If using Self Service Portal, scanner will be required.

Complete the Meaningful Use Public Health Reporting Registration form found at <http://doh.dc.gov/dociis> (scroll to bottom of page)

For more information about meaningful use reporting, please visit <https://dchealth.dc.gov/page/meaningful-use-mu-public-health-reporting>

STORAGE EQUIPMENT

Instructions: Determine if your clinic has the necessary equipment for VFC (a list of appropriate equipment provided in order to help in making the determination). Stand-alone refrigerator and stand-alone freezer with enough space to accommodate your maximum inventory without crowding. 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. Backup DDL should have a different calibration date (at least 30-60 days from date of storage unit DDL).

If yes, then fill out the table below

Fax certificates of calibration for each temperature monitoring digital data logger (DDL) or device to (202) 541-5906.

Fax one week of twice daily temperature logs for all vaccine storage units and continuous tracking temperature downloads for each storage unit to (202) 541-5906

If no, then you must purchase the appropriate equipment before enrolling in the VFC Program.

Contact Jacob Mbafor at (202) 576-9317 or by email at jacob.mbafor@dc.gov or Jacquelyn Campbell at (202) 576-9324 or by email at Jacquelyn.campbell@dc.gov and provide a description of equipment prior to purchase.

Vaccine Tracking System (VTrckS)

Instructions: VTrckS stands for Vaccine Tracking System. It will allow you to order and manage your VFC/VFA –supplied vaccines. In order to access VTrckS, each user at your facility must go through identity proofing. It is required that two users from your facility be identity proofed, preferably the person responsible for the vaccine and a designated backup. The address entered on the voucher must be a home address of the user as reflected on his or her identification card. This is usually a driver’s license. Voucher must be signed by the Medical Director.

Completed the Vaccine Tracking System (VTrckS) access request form voucher.

Primary Vaccine Coordinator _____

Yes No

Completed the Vaccine Tracking System (VTrckS) access request form voucher.

Backup Vaccine Coordinator _____

Yes No

Completed the Vaccine Tracking System (VTrckS) access request form voucher.

Second Backup Vaccine Coordinator (if applicable) _____

Yes No

VFC Storage and Handling Equipment Worksheet

Storage Units (i.e., stand alone, pharmaceutical) **No household combination units or dormitory style**

Vaccine Storage Units & Temperature monitoring Equipment Information		
Indicate information for your REFRIGERATOR storage unit below		
Unit Location	Use <input type="checkbox"/> Primary <input type="checkbox"/> Day Use <input type="checkbox"/> Backup/Overflow	Refrigerator Type <input type="checkbox"/> Under Counter/Freezerless <input type="checkbox"/> Stand along/Freezerless
Brand, Model, Serial Number	Storage Capacity (in cubic feet)	Grade <input type="checkbox"/> Household <input type="checkbox"/> Commercial <input type="checkbox"/> Medical/Laboratory/Pharmaceutical
Thermometer Type (data loggers only—thermometers not acceptable) <input type="checkbox"/> Digital with Probe Encased in Buffered Media <input type="checkbox"/> Data Logger or Continuous Temperature Monitoring Device Other _____		
Thermometer Brand, Model	Thermometer Serial Number	Calibration Expiration Date

Storage Units (i.e., stand alone, pharmaceutical) **No household combination units or dormitory style**

Vaccine Storage Units & Temperature monitoring Equipment Information		
Indicate information for your FREEZER storage unit below		
Unit Location	Use <input type="checkbox"/> Primary <input type="checkbox"/> Day Use <input type="checkbox"/> Backup/Overflow	Freezer Type <input type="checkbox"/> Upright Freezer <input type="checkbox"/> Chest Freezer
Brand, Model, Serial Number	Storage Capacity (in cubic feet)	Grade <input type="checkbox"/> Household <input type="checkbox"/> Commercial <input type="checkbox"/> Medical/Laboratory/Pharmaceutical
Thermometer Type (data loggers only—thermometers not acceptable) <input type="checkbox"/> Digital with Probe Encased in Buffered Media <input type="checkbox"/> Data Logger or Continuous Temperature Monitoring Device Other _____		
Thermometer Brand, Model	Thermometer Serial Number	Calibration Expiration Date

Indicate information for your BACKUP THERMOMETER below (required in case a primary device malfunctions or is out for calibration testing)		
Thermometer Type (data loggers only—thermometers not acceptable) <input type="checkbox"/> Digital with Probe Encased in Buffered Media <input type="checkbox"/> Data Logger or Continuous Temperature Monitoring Device <input type="checkbox"/> Other _____		
Thermometer Brand, Model	Thermometer Serial Number	Calibration Expiration Date

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