

VFC Widget (New Dashboard)

Objective: At the completion of this section, the user will know:

- How to complete the VFC Enrollment Profile

The first step in completing the new VFC Enrollment is to have an ImmPRINT account. If you do not currently have an ImmPRINT account, please see the “New User Registration” section. You must be a registered user in ImmPRINT to complete the VFC profile.

Once registered, log in (and if needed, choose site). You will now see the new dashboard containing various widgets. The first widget is the ImmPRINT Widget which will remain grey until your account is activated by your ImmPRINT site administrator. The second widget is the VFC widget. Please see below.



The link within the widget can read: Approved Profile (for sites that have already been granted access by ADPH), Pending Approval (for sites who have completed enrollment and await ADPH approval), See Detailed Instructions (for sites that have not indicated interest in the VFC Program), Click to Enroll (for sites who need to submit the enrollment form). Be advised, the site administrator must indicate the VFC program on the Site Enrollment Agreement in order to complete the VFC enrollment.



Alabama Department of Public Health

Immunization Division, 201 Monroe St, Montgomery, AL 36104

1-800-469-4599 www.alabamapublichealth.gov/immunization/index.html 11/17/17

After clicking The VFC Widget, the Provider Enrollment document is now displayed. A portion of this document is displayed below.

DASHBOARD WIDGET
123 ADPH BLVD
MONTGOMERY, AL 36108

2020 VFC Provider Enrollment

What to expect
Enrollment will be due no later than 05/26/2020.
The system will guide you through several steps to collect information necessary to complete enrollment. You may logout at any time after completing a step. Be continue where you left off.

Information Collected During Enrollment
Clinic's Physical Location
Shipping Address

This document can be printed if needed. Click "Start Enrollment". Complete all the required information on this page. A partial photo is shown below. To move to the next page

VFC Provider Agreement

Step 1 of 4

Facility Information (*) required

Facility Name:	DASHBOARD WIDGET	VFC PIN #		Street Address 2 optional:	
Facility Address:	123 ADPH BLVD	Unit #		Zip:	36108
City:	MONTGOMERY	State:	AL		
Country:	MONTGOMERY	Country:	United States		
Telephone:	(334) 206 2024	Fax:	(334) 206 2044		

Shipping Information

Same as above

Shipping Address	<input type="text" value="123 ADPH BLVD"/>	Unit #	<input type="text"/>	Street Address 2 optional	<input type="text"/>
City	<input type="text" value="Montgomery"/>	State	<input type="text" value="Alabama"/>	Zip	<input type="text" value="36108"/>
County	<input type="text" value="MONTGOMERY"/>	Country	<input type="text" value="United States"/>		

Medical Director or Equivalent

Click "Save and Continue". On the next page, certificates for Vaccine Storage and Handling can be uploaded from your computer. (Partial photo shown below)



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VFC Provider Agreement

Step 1 of 4

Medical Director

Upload Training Certificates: 0 Certs Uploaded (VFC: 0, Vaccine Storage & Handling: 0)

Vaccines for Children (VFC)- 2020 No file chosen

Vaccine Storage and Handling- 2020 No file chosen

Click continue.

On this page indicate the public or private status of your site followed by the appropriate delivery times. (Partial Photo)

VFC Provider Profile

All health care providers participating in the Vaccines for Children (VFC) program must complete this form annually or more frequently if the numb

Facility Information

Select Public Private

Facility Type

Approved Vaccine Delivery Times

	From Time 1	Through Time 1
Monday	08:00 AM <input type="button" value="v"/>	10:00 AM <input type="button" value="v"/>
Tuesday	08:00 AM <input type="button" value="v"/>	10:00 AM <input type="button" value="v"/>
Wednesday

Click "Save and Continue".

On the next page please enter your provider population. Do not forget to indicate what type of data is being used at the bottom of the page. (Please see partial photo)



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VFC Provider Profile- Provider Population

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility by age group. Only count a child once based on the st received non-VFC vaccine.

VFC Vaccine Eligibility Categories		<1 Year
Enrolled in Medicaid		<input type="text" value="0"/>
No Health Insurance		<input type="text" value="0"/>
American Indian/Alaska Native		<input type="text" value="0"/>
Underinsured in FQHC/RHC or deputized facility ¹		<input type="text" value="0"/>
Total VFC:		<input type="text" value="0"/>

Click Save and Continue.

On the next page please enter the number of providers that will provider service at this location. (Partial Photo)

VFC Provider Agreement

Step 3 of 4

Enter Provider Information (* required)

All licensed health Care providers (MD, DO, NP and PA) at your facility who

* Required Provider Identifying information:

1. First Name
2. Last Name
3. Middle Initial (MI)

*How many providers are there in this location?

After clicking “Save and Continue” you may add or remove providers on this page.

Enter Provider Information

Below is the list of Prescribing Providers on file for this Clinic. Follow the instructions to remove, update and add providers.

Instructions:

1. Review the list of providers and Remove providers no longer with your clinic by clicking the ✖ in the remove column.
2. Locate any providers marked. This indicates a discrepancy between the information on file and information contained in the Nation
3. Add new Prescribing Providers.

Current Provider List

#	Review	Last Name	First Name	MI	Title	Specialty
1		Lesinger	Cindy		PA	Other

(Partial Photo)



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When done, click “Continue”.

On this page your VFC Emergency Response Plan is entered. Be sure to have a location with a generator in case of a power outage. Please enter all information and click “Save and Continue”. (Partial Photo)

Complete Emergency Response Plan

Provide the information requested in the form below. This will act as the Emergency Response Plan for your site. Once completed, PRINT a copy of the form and post it on the ou



ALABAMA
Vaccines for Children
PROGRAM

Alabama Vaccines for Children
Emergency Response Plan

Name of Clinic: DASHBOARD WIDGET

Primary Person Responsible	
*First Name	<input type="text" value="CINDY"/>
*Last Name	<input type="text" value="LESINGER"/>
Secondary Person Responsible	
*First Name	<input type="text" value="DENISE"/>
*Last Name	<input type="text" value="STRICKLAND"/>
Person with 24-hour access	
*First Name	<input type="text" value="CHEVONNE"/>
*Last Name	<input type="text" value="TYNER"/>

You may now see a printable version of your Emergency Response Plan. After printing this document, click “Continue”. (Partial Photo)

PRINT



ALABAMA
Vaccines for Children
PROGRAM

Alabama Vaccines for Children
Emergency Response Plan

Submit with enrollment packet and post a copy on outside of refrigerator for all staff



ALABAMA
Vaccines for Children
PROGRAM



IMMUNIZATION DIVISION

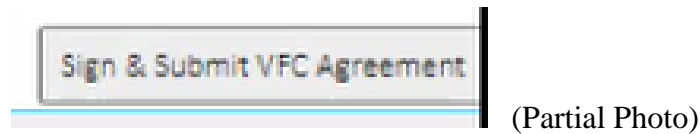


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You now see the signature page. Click “Sign and Submit” near the top right corner.



Now electronically sign and submit the form using the button shown here.

Electronically Sign and Submit:



The VFC Annual Provider Profile and Agreement is now displayed. While reading this document, click “Next Page” until the entire document is read. Upon reaching the end of the document, click the signature box.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.	
Medical Director or Equivalent Name (print): Cindy Lesinger	
Signature <input type="checkbox"/> I agree to the above terms and conditions as set forth by the Alabama Dept. of Public Health Immunization Program.	Date: 06/12/2020
Signed electronically by:	

Then click “I Accept” in the pop-up box that appears.



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Then click “Submit” on the bottom of the form.

ALABAMA DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION DIVISION
2020

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.	
Medical Director or Equivalent Name (print): Cindy Lesinger	
Signature <input checked="" type="checkbox"/> I agree to the above terms and conditions as set forth by the Alabama Dept. of Public Health Immunization Program.	Date: 06/12/2020
Signed electronically by: CALVIN GIPSON	

Back

SUBMIT

You will now see a notification that your VFC Provider Profile has been successfully submitted. You may print this document if needed. When done, you may click “Close”.

Provider VFC Agreement was submitted successfully!	
CLOSE	Print All

Now that your VFC Provider Profile has been submitted, the document and the date it was submitted can be seen on this page. This document can be viewed or printed by using the links on the right side of the page.

View/Print Form
View Print



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