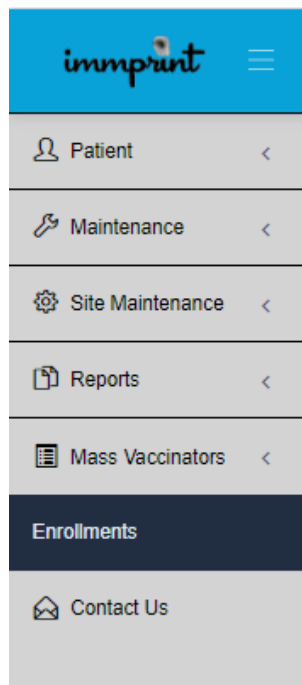


VFC Enrollment

The VFC Enrollment is also known as the VFC Provider Profile. The VFC Provider Profile should be completed Annually. To avoid any interruptions in vaccine ordering the Provider Profile should be completed at the beginning of each year.

Best Practice: Before starting the Enrollment/Provider Profile please have the Site Administrator to log in to update the Site Enrollment Agreement (SEA) under the Site Maintenance tab and the Staff List under the Maintenance tab.

Step 1: Login to ImmPrint <https://siis.state.al.us/ImmPrint/login/login.aspx> choose your site. Then select Enrollments from the Left Menu



*****If the Enrollment tab is not available, please make sure that you have been assigned the access level of the Site Administrator, Primary Coordinator, or Backup Coordinator*****

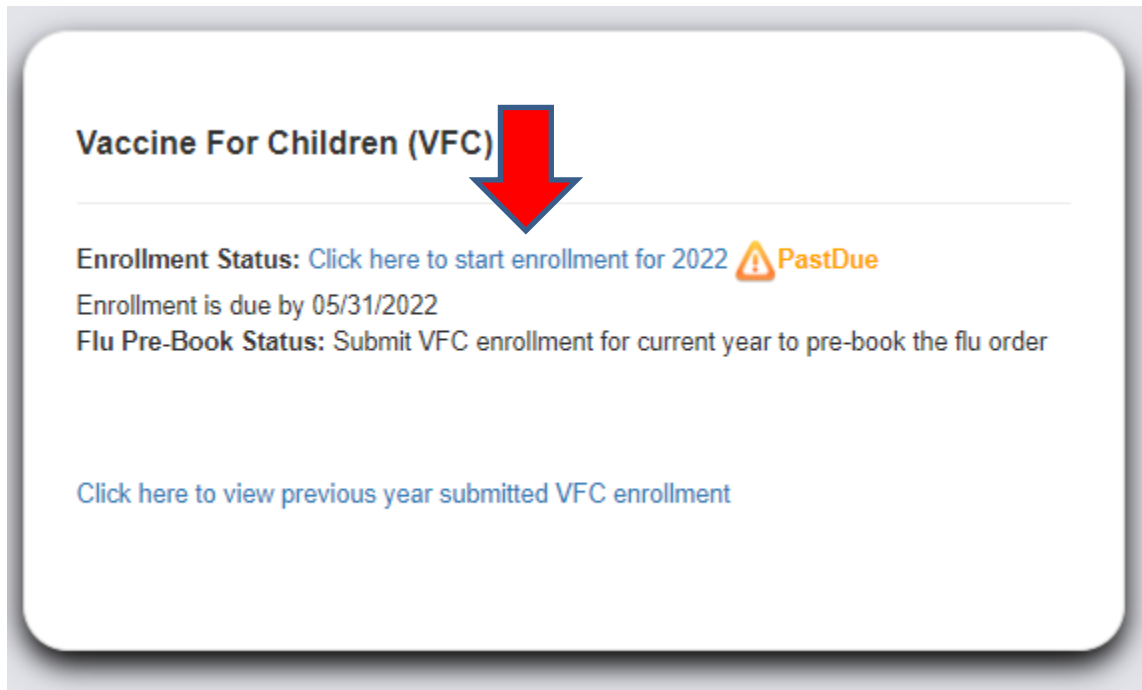


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Step 2: Select to start the enrollment



Vaccine For Children (VFC)

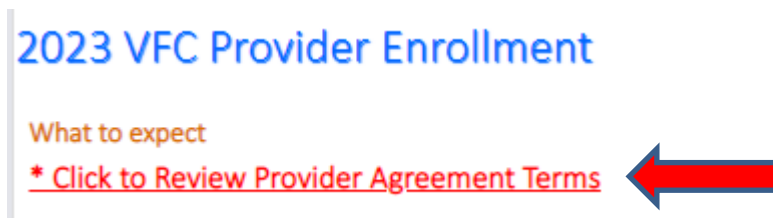
Enrollment Status: [Click here to start enrollment for 2022](#)  **PastDue**

Enrollment is due by 05/31/2022

Flu Pre-Book Status: Submit VFC enrollment for current year to pre-book the flu order

[Click here to view previous year submitted VFC enrollment](#)

Step 3: Select to Review Provider Agreement Terms



2023 VFC Provider Enrollment

What to expect

[* Click to Review Provider Agreement Terms](#)

Step 4: Read the instructions thoroughly

Best Practice: Have all the required information available: Save all You Call The Shots certificates in a folder easy to access, know your business hours, have all NPIs, Medicaid Numbers, and License ID Numbers ready, and have reports ready to determine the population you are serving. The system will time out several times before completion so, be prepared.



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Step 5: Select Start the Enrollment or Next Button at the bottom right of the page.

Step 6: Enter the NPI of the Medical Director or Equivalent

Medical Director or Equivalent

Instructions: The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

⚠️ Either Medicaid or the prescribing provider's National Provider Identification (NPI) number MUST be entered.

*Medicaid Provider ID	<input type="text"/>	*Medical Director or equivalent NPI	<input type="text"/>
*Last Name	<input type="text"/>	*First Name	<input type="text"/> MI <input type="checkbox"/>
*Title	<--Select--> ▼	*Email	<input type="text"/>
*License #	<input type="text"/>		
*Effective Date	MM/DD/YYYY		
*Has the Medical Director or Equivalent completed CDC's annual "You Call the Shots" training?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			

Step 7: The Primary and Backup Coordinator should be prefilled and You Call The Shots certificate should be uploaded for both coordinators by choosing the file and clicking submit

VFC Vaccine Coordinator

It is required for Primary and Backup VFC Vaccine Coordinators to complete CDC's "You Call the Shots" online Training modules Vaccines for Children (VFC)- 2023 & Vaccine Storage and Handling- 2023 . Training Certifications received for completing the training must be submitted to complete your application of enrollment in the VFC Program.

The names displayed for primary and back-up coordinators have been taken from your site's Staff List in ImmPRINT. If changes need to be made to the coordinators' details, please ask your Site Administrator to make the changes in ImmPRINT by updating the Staff List.

Primary Vaccine Coordinator

*Last Name	<input type="text"/>	*First Name	<input type="text"/> MI <input type="checkbox"/>
*Telephone	<input type="text"/>	*Email	<input type="text"/>

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

After selecting each certificate file click submit before choosing the next certificate

Vaccines for Children (VFC)- 2022	<input type="button" value="Choose File"/>	<input type="button" value="Submit"/>
Vaccine Storage and Handling- 2022	<input type="button" value="Choose File"/>	<input type="button" value="Submit"/>

Backup Vaccine Coordinator

*Last Name	<input type="text"/>	*First Name	<input type="text"/> MI <input type="checkbox"/>
*Telephone	<input type="text"/>	*Email	<input type="text"/>

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

After selecting each certificate file click submit before choosing the next certificate

Vaccines for Children (VFC)- 2022	<input type="button" value="Choose File"/>	<input type="button" value="Submit"/>
Vaccine Storage and Handling- 2022	<input type="button" value="Choose File"/>	<input type="button" value="Submit"/>

Step 8: Select Save & Continue



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Step 9: Select Facility Type

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 number of children served changes or the status of the facility changes during the calendar year.

Facility Information

Select Public Private

*Facility Type
 <--Select-->
 <--Select-->
 Birthing Hospital
 School-Based Clinic
 Public Health Department Clinic
 FQHC/RHC (Community/Migrant/Rural)
 Tribal/Indian Health Services Clinic
 Juvenile Detention Center

Same as site address
 ⚠ VFC Shipping Address and Delivery Times will be used for Covid-19 Shipping Address and Delivery Times-if your site is enrolled for COVID-19 too.

*Shipping Address Street Address 2 optional
 *City State *Zip

Step 10: Check the box to fill the fields with the Site's address (If the site address needs to be changed, please notify your local Immunization Compliance Consultant)



Same as site address
 ⚠ VFC Shipping Address and Delivery Times will be used for Covid-19 Shipping Address and Delivery Times-if your site is enrolled for COVID-19 too.

*Shipping Address Street Address 2 optional
 *City State *Zip
 *County Country

Step 11: Enter Business Hours

Approved Vaccine Delivery Times

	From Time 1	Through Time 1	From Time 2	Through Time 2
<input type="checkbox"/> Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Instructions

- To receive VFC vaccine deliveries, provide at least two business days (8 hours) other than Monday.
- Please note that when selecting shipping hours, you are required to select a timeframe of at least 4 consecutive hours.



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Step 12: Select Save & Continue

Step 13: Enter the population you are serving or plan to serve and select the type of data you use to determine the population.

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 status at the last immunization visit regardless of the number of visits made. The following table documents how many children received VFC vaccine by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	0	0	0	0
No Health Insurance	0	0	0	0
American Indian/Alaska Native	0	0	0	0
Underinsured in FQHC/RHC or deputized facility ¹	0	0	0	0
Total VFC:	0	0	0	0
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)	0	0	0	0
Children's Health Insurance Program (CHIP) ²	0	0	0	0
Total Non-VFC:	0	0	0	0
Total Patients (must equal sum of Total VFC + Total Non-VFC)	0	0	0	0

¹Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) or an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

²CHIP – Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

- Doses Administered
 Provider Encounter Data
 IIS (ImmPRINT)
 Billing System
 Other (must describe):

Step 14: Save & Continue

Step 15: Check the VFC box for all Providers that are participating in the VFC program.

Step 16: Save & Continue

Step 17: Complete the Emergency Response Plan and Print

Best Practice: Print 2 copies. Place one on each storage unit.



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Step 18: Select to Review Current Agreement

Previous Year- VFC Agreement Submitted

[Click here to view previous year- VFC Agreement Submitted](#)



Important: [Click here to review current year VFC agreement terms and conditions and your enrollment information.](#)

Step 19: Check the signature box to e-sign and date

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 and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.	
Medical Director or Equivalent Name (print): Justin Williams	
Signature	Date:
<input type="checkbox"/> I agree to the current year enrollment terms and conditions as set forth by the Alabama Dept. of Public Health Immunization Program.	
Signed electronically by: RENETTA FOULKES	



Step 20: Select E-Sign and Submit



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