



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**

Dave A. Chokshi, MD, MSc
Commissioner

December 8, 2020

Dear Colleague:

The New York City Department of Health and Mental Hygiene (NYC Health Department) is now enrolling private practices, independent pharmacies and other facilities that will immunize adults in the NYC COVID-19 Vaccination Program. If your facility chooses to participate, you will need to complete the COVID-19 Vaccination Program Provider Agreement (Provider Agreement) in the online Citywide Immunization Registry (CIR). Access to the Provider Agreement is now available and instructions are attached.

Please note individual providers other than private practitioners do not need to enroll; only one enrollment form should be submitted per facility. If you are on staff at a hospital or Federally Qualified Health Center, these facilities have already completed the Provider Agreement or are in the process of doing so. Likewise, individual clinics that are part of a hospital network should not enroll at this time, as vaccines will be sent to a central point of distribution for the network. Facility groups or networks should complete a single Provider Agreement (Section A) but must identify each vaccination site and complete a Provider Profile for each site (Section B). The Provider Agreement must be signed by the Chief Medical Officer (or equivalent) and Chief Executive Officer (or Chief Fiduciary). The Provider Profile for each vaccination site must be signed by a designated COVID-19 Vaccine Coordinator or the Medical/Pharmacy Director.

A paper version of the Provider Agreement is attached to help you prepare to complete the online form. Facilities that are located outside of NYC but are still in New York State (NYS) will need to enroll with NYS. These facilities and practices will receive information from the NYS Department of Health.

The NYC Health Department is holding the following webinars to offer guidance on completing the Provider Agreement in the CIR:

Enrollment in the NYC COVID-19 Vaccination Program

Thursday, December 10, 2020, 12:00 to 1:00 p.m.

[Register Here](#)

Enrollment in the NYC COVID-19 Vaccination Program

Tuesday, December 15, 2020, 1:00 to 2:00 p.m.

[Register Here](#)

The Provider Agreement includes sections A and B. Section A must be signed by the Chief Medical Officer (or equivalent) and Chief Executive Officer (or Chief Fiduciary Officer). Section B, which is a Provider Profile, must be signed by a designated COVID-19 Vaccine Coordinator or Medical/Pharmacy Director.

Four vaccines are in Phase 3 trials in the United States to assess their safety and whether they can prevent COVID-19 infection. Two of these vaccines, the Pfizer and Moderna messenger RNA (mRNA) vaccines, have completed enrollment and released initial vaccine efficacy data. Pfizer and Moderna have

each submitted an Emergency Use Authorization (EUA) application to the U.S. Food and Drug Administration (FDA). The other two vaccines are DNA vaccines from Oxford/AstraZeneca and Johnson & Johnson/Janssen. Trials for these vaccines are still enrolling participants.

Supply of COVID-19 vaccines will be limited in the initial phase of the vaccination program. During this period, vaccination will be offered to people who are at the greatest risk of exposure to COVID-19 or of severe illness from COVID-19, following guidance from the Centers for Disease Control and Prevention (CDC) including the national Advisory Committee on Immunization Practices (ACIP). During all phases, vaccine distribution will be prioritized in a way that promotes equity and social and economic well-being.

Initial distribution of the Pfizer and/or Moderna vaccines to hospitals is expected to begin in mid-December, after an EUA is signed by the FDA and the ACIP releases its recommendations for vaccine use. During the initial phase of distribution, the NYC Health Department anticipates that vaccine will be distributed to:

- Hospitals, for administration to health care personnel at the greatest risk of exposure to COVID-19 (such as those working in emergency departments or intensive care units)
- Agencies and organizations serving staff working in settings such as long-term care facilities, emergency medical services or home health

Distribution to additional health care facilities and providers will follow based on vaccine supply, populations prioritized for vaccination, and vaccine storage and handling capacity. Guidance is pending regarding when vaccination will be offered to patients at high risk for COVID-19, other health care personnel and non-health care essential workers. As vaccine supply increases, the vaccine is expected to meet the demand of the general population. As we learn more information about the priority groups for COVID-19 vaccination, we will send additional communications.

Below are more details about the NYC COVID-19 Vaccination Program. The most important steps that providers can take at this time are to make sure their facilities are registered with the CIR and that they can complete the COVID-19 Vaccine Provider Agreement and report COVID-19 vaccinations to the CIR.

Please note that completing the Provider Agreement does not mean that you will be able to order and receive vaccine right away. Once an adequate supply of the vaccine is available, you will be notified when you can place your COVID-19 vaccine order. All ordering will be done in the CIR.

Register With the CIR

Facilities that are not already registered with the CIR or have not reported to the CIR in over a year should register now by visiting the NYC Health Department's [Online Service Registration page](#). After registering, you will receive the CIR facility code and you will then need to set up a CIR account and enroll in the COVID-19 Vaccination Program by completing the Provider Agreement.

Prepare to Report COVID-19 Vaccinations to the CIR

Reporting all COVID-19 vaccinations within 24 hours of administration is required by the federal government. Your facility should set up reporting to the CIR now (see below for details). The vaccine will not be distributed to facilities that are not set up to report vaccinations to the CIR. If you will be reporting to the CIR from your electronic health record (EHR) system, COVID-19 vaccine codes will need to be added to your EHR screens and CIR interface. The CIR sent EHR vendors the following codes:

CVX	CPT	Sale Proprietary Name	MVX	Unit of Sale (UOS)	UOS Package
207	91301	Moderna COVID-19 Vaccine	MOD	80777-273-99	Carton, 10 multi-dose vials
208	91300	Pfizer COVID-19 Vaccine	PFR	59267-1000-2	Carton, 195 multi-dose vials
208	91300	Pfizer COVID-19 Vaccine	PFR	59267-1000-3	Carton, 25 multi-dose vials (to be available at a later date)

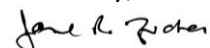
The following table describes the currently known characteristics of the Pfizer and Moderna vaccines, which are the two vaccines most likely to be available first:

	Pfizer vaccine	Moderna vaccine
Minimum order	195 vials (975 doses) (One tray is 9 X 9 X 2 inches)	10 vials (100 doses) (One carton)
Freezer storage	Ultra-cold (between -60 degrees Celsius (C) and -80 degrees C) <ul style="list-style-type: none"> Up to 6 months in an ultra-cold temperature freezer Up to 15 days in the thermal shipper the vaccine is shipped in with dry ice replenishment 	Frozen (between -25 degrees C and -20 degrees C) <ul style="list-style-type: none"> Up to 6 months in a freezer
Refrigerator storage	Between 2 degrees C and 8 degrees C for up to five days	Between 2 degrees C and 8 degrees C for up to 30 days
Room temperature	Up to 6 hours	Up to 12 hours
Reconstitution required	Yes	No
Route of administration	Intramuscular	Intramuscular
Minimum interval between doses	21 days	28 days

Providers will be required to offer the COVID-19 vaccine to people regardless of insurance status or ability to pay. Providers may not bill for the cost of the vaccine but may bill the person's health insurance plan for an administration fee. Providers vaccinating people with no health insurance or whose insurance does not cover the administration fee can request reimbursement for the administration of the COVID-19 vaccine through the [Provider Relief Fund](#).

For questions, please call the Provider Access Line at 1-866-692-3641 or email nycimmunize@health.nyc.gov. We will send periodic updates to keep you informed and will update our [COVID-19 vaccine webpage](#). We thank you for your interest in participating in this historic effort to protect New Yorkers from COVID-19.

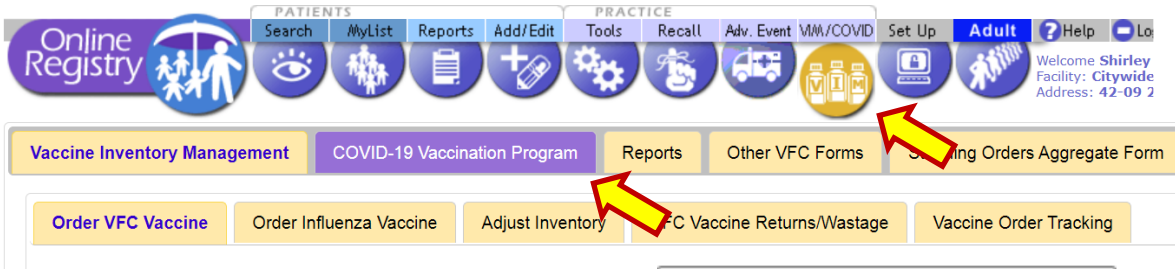
Sincerely,



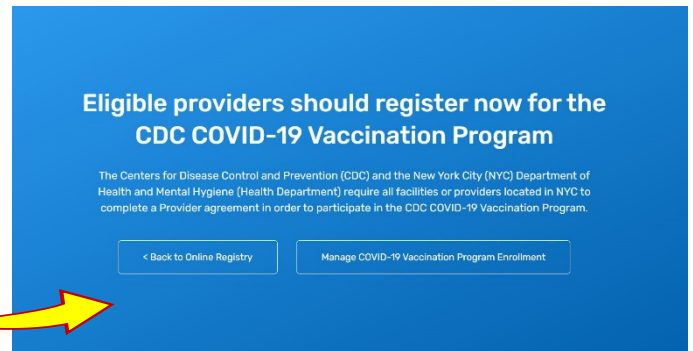
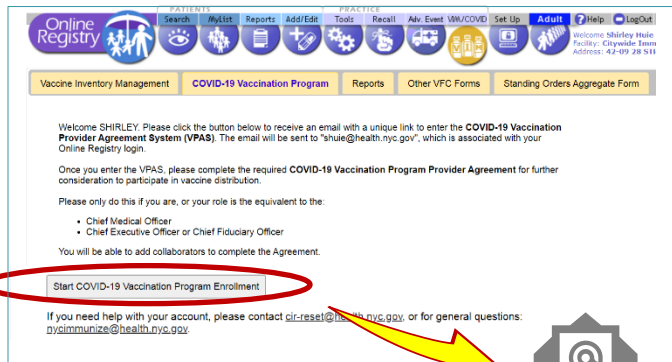
Jane R. Zucker, MD, MSc
Assistant Commissioner
Bureau of Immunizations

Please use Google Chrome while accessing these pages and forms for best results.

- To begin enrollment, a designated staff member should log on to the CIR Online Registry: nyc.gov/health/cir.
- Next, navigate to the VIM/COVID icon and, select the "COVID-19 Vaccination Program" tab.



- The staff member will then click on this button:  to receive an invitation to the Vaccine Program Agreement System (VPAS).
 - The VPAS houses the COVID-19 Vaccination Provider Agreement and the Provider Profile.



- Staff can add additional collaborators to work on the documents via an email invitation.
- Hospital networks should complete a single COVID-19 Provider Agreement.
- VPAS users will need to add COVID-19 vaccine administration sites to the system so that separate Provider Profiles can be created for each location.

- After submission of the COVID-19 Vaccination Provider Agreement and Provider Profile, users can return to the system to add additional administration sites and make changes to the documents in VPAS by returning to: <https://nyc.vaccineagreement.org/>

Need to create a CIR Online Registry account?

Please complete the forms listed below, then scan and email them to cir-reset@health.nyc.gov.

For sites that are new or need to update their Site Security Administrator:

- [Security Administrator \(User Manager\) Confidentiality Statement for Online Access and Acceptable Use Protocol \(PDF\)](#)
- [Security Administrator \(User Manager\) User ID/Password Request Form \(Facilities\) \(PDF\)](#)

For sites that already have a Site Security Administrator:

- [User Confidentiality Statement for Online Access and Acceptable Use Protocol \(PDF\)](#)

CDC COVID-19 Vaccination Program Provider Agreement



Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the *CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement* (Section A). *CDC COVID-19 Vaccination Program Provider Profile Information* (Section B) must be completed for each vaccination location (Location) covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

ORGANIZATION IDENTIFICATION		
Organization's legal name:		
Number of affiliated vaccination locations covered by this agreement: _____		
Organization telephone number:	Email <i>(must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)</i> :	
Organization address:		
RESPONSIBLE OFFICERS		
For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signature after reviewing the agreement requirements.		
Chief Medical Officer (or Equivalent) Information		
Last name:	First name:	Middle initial:
Title:	Licensure (state and number):	
Telephone number:	Email:	
Address:		
Chief Executive Officer (or Chief Fiduciary) Information		
Last name:	First name:	Middle initial:
Telephone number:	Email:	
Address:		

CDC COVID-19 Vaccination Program Provider Agreement

AGREEMENT REQUIREMENTS

I understand this is an agreement between Organization and CDC. This program is a part of collaboration under the relevant state, local, or territorial immunization’s cooperative agreement with CDC.

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 Vaccine), constituent products, and ancillary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1.	Organization must administer COVID-19 Vaccine in accordance with all requirements and recommendations of CDC and CDC’s Advisory Committee on Immunization Practices (ACIP). ¹
2.	<p>Within 24 hours of administering a dose of COVID-19 Vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient’s record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine-Administration Data) for reporting can be found on CDC’s website.²</p> <p>Organization must submit Vaccine-Administration Data through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements.²</p> <p>Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.</p>
3.	Organization must not sell or seek reimbursement for COVID-19 Vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to Organization.
4.	Organization must administer COVID-19 Vaccine regardless of the vaccine recipient’s ability to pay COVID-19 Vaccine administration fees or coverage status. Organization may seek appropriate reimbursement from a program or plan that covers COVID-19 Vaccine administration fees for the vaccine recipient. Organization may not seek any reimbursement, including through balance billing, from the vaccine recipient.
5.	Before administering COVID-19 Vaccine, Organization must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.
6.	Organization’s COVID-19 vaccination services must be conducted in compliance with CDC’s Guidance for Immunization Services During the COVID-19 Pandemic for safe delivery of vaccines. ³
7.	<p>Organization must comply with CDC requirements for COVID-19 Vaccine management. Those requirements include the following:</p> <p>a) Organization must store and handle COVID-19 Vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer’s package insert and CDC guidance in CDC’s Vaccine Storage and Handling Toolkit⁴, which will be updated to include specific information related to COVID-19 Vaccine;</p>

This agreement expressly incorporates all recommendations, requirements, and other guidance that this agreement specifically identifies through footnoted weblinks. Organization must monitor such identified guidance for updates. Organization must comply with such updates.

¹ <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
² <https://www.cdc.gov/vaccines/programs/iis/index.html>
³ <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>
⁴ <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

CDC COVID-19 Vaccination Program Provider Agreement

	<ul style="list-style-type: none"> b) Organization must monitor vaccine-storage-unit temperatures at all times using equipment and practices that comply with guidance located in CDC’s Vaccine Storage and Handling Toolkit⁴; c) Organization must comply with each relevant jurisdiction’s immunization program guidance for dealing with temperature excursions; d) Organization must monitor and comply with COVID-19 Vaccine expiration dates; and e) Organization must preserve all records related to COVID-19 Vaccine management for a minimum of 3 years, or longer if required by state, local, or territorial law.
8.	Organization must report the number of doses of COVID-19 Vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.
9.	Organization must comply with all federal instructions and timelines for disposing COVID-19 Vaccine and adjuvant, including unused doses. ⁵
10.	Organization must report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS). ⁶
11.	Organization must provide a completed COVID-19 vaccination record card to every COVID-19 Vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 Vaccine shipment will include COVID-19 vaccination record cards.
12.	<ul style="list-style-type: none"> a) Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 Vaccine. b) Organization must administer COVID-19 Vaccine in compliance with all applicable state and territorial vaccination laws.

By signing this form, I certify that all relevant officers, directors, employees, and agents of Organization involved in handling COVID-19 Vaccine understand and will comply with the agreement requirements listed above and that the information provided in sections A and B is true.

The above requirements are material conditions of payment for COVID-19 Vaccine-administration claims submitted by Organization to any federal healthcare benefit program, including but not limited to Medicare and Medicaid, or submitted to any HHS-sponsored COVID-19 relief program, including the Health Resources & Services Administration COVID-19 Uninsured Program. Reimbursement for administering COVID-19 Vaccine is not available under any federal healthcare program if Organization fails to comply with these requirements with respect to the administered COVID-19 Vaccine dose. Each time Organization submits a reimbursement claim for COVID-19 Vaccine administration to any federal healthcare program, Organization expressly certifies that it has complied with these requirements with respect to that administered dose.

Non-compliance with the terms of Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 *et seq.*, and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

By entering Agreement, Organization does not become a government contractor under the Federal Acquisition Regulation.

⁵ The disposal process for remaining unused COVID-19 Vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under storage and handling conditions noted in Item 7 until CDC provides disposal instructions; website URL will be made available.

⁶ <https://vaers.hhs.gov/reportevent.html>

CDC COVID-19 Vaccination Program Provider Agreement

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.⁷

Chief Medical Officer (or Equivalent)

Last name	First name	Middle initial
Signature:		Date:

Chief Executive Officer (or Chief Fiduciary)

Last name	First name	Middle initial
Signature:		Date:

For official use only:

IIS ID, if applicable: _____

Unique COVID-19 Organization ID (Section A)*: _____

**The jurisdiction's immunization program is required to create a unique COVID-19 ID for the organization named in Section A that includes the awardee jurisdiction abbreviation (e.g., an organization located in Georgia could be assigned "GA123456A"). This ID is needed for CDC to match Organizations (Section A) with one or more Locations (Section B). These unique identifiers are required even if there is only one location associated with an organization.*

⁷ See Pub. L. No. 109-148, Public Health Service Act §§ 319F-3 and 319F-4, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020).

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. If you are enrolling on behalf of one or more other affiliated Organization vaccination locations, complete and sign this form for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

ORGANIZATION IDENTIFICATION FOR INDIVIDUAL LOCATIONS

Organization location name:	Will another Organization location order COVID-19 vaccine for this site? <input type="checkbox"/> Yes; provide Organization name: _____ <input type="checkbox"/> No
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CONTACT INFORMATION FOR LOCATION'S PRIMARY COVID-19 VACCINE COORDINATOR

Last name:	First name:	Middle initial:
Telephone:	Email:	

CONTACT INFORMATION FOR LOCATION'S BACK-UP COVID-19 VACCINE COORDINATOR

Last name:	First name:	Middle initial:
Telephone:	Email:	

ORGANIZATION LOCATION ADDRESS FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

Street address 1:	Street address 2:		
City:	County:	State:	ZIP:
Telephone:	Fax:		

ORGANIZATION ADDRESS OF LOCATION WHERE COVID-19 VACCINE WILL BE ADMINISTERED (IF DIFFERENT FROM RECEIVING LOCATION)

Street address 1:	Street address 2:		
City:	County:	State:	ZIP:
Telephone:	Fax:		

DAYS AND TIMES VACCINE COORDINATORS ARE AVAILABLE FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

Monday	Tuesday	Wednesday	Thursday	Friday
AM:	AM:	AM:	AM:	AM:
PM:	PM:	PM:	PM:	PM:

For official use only:
 VTrckS ID for this location, if applicable: _____ Vaccines for Children (VFC) PIN, if applicable: _____
 IIS ID, if applicable: _____ Unique COVID-19 Organization ID (from Section A): _____ Unique Location ID**: _____

**The jurisdiction's immunization program is required to create an additional unique Location ID for each location completing Section B. The number will include the awardee jurisdiction abbreviation. For example, if an organization (Section A) in Georgia (e.g., GA123456A), has three locations (main location plus two additional) completing section B, they could be numbered as GA123456B1, GA123456B2, and GA123456B3.

CDC COVID-19 Vaccination Program Provider Profile Information

COVID-19 VACCINATION PROVIDER TYPE FOR THIS LOCATION (SELECT ONE)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Commercial vaccination service provider <input type="checkbox"/> Corrections/detention health services <input type="checkbox"/> Health center – community (non-Federally Qualified Health Center/non-Rural Health Clinic) <input type="checkbox"/> Health center – migrant or refugee <input type="checkbox"/> Health center – occupational <input type="checkbox"/> Health center – STD/HIV clinic <input type="checkbox"/> Health center – student <input type="checkbox"/> Home health care provider <input type="checkbox"/> Hospital <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Tribal health <input type="checkbox"/> Medical practice – family medicine <input type="checkbox"/> Medical practice – pediatrics <input type="checkbox"/> Medical practice – internal medicine <input type="checkbox"/> Medical practice – OB/GYN <input type="checkbox"/> Medical practice – other specialty | <ul style="list-style-type: none"> <input type="checkbox"/> Pharmacy – chain <input type="checkbox"/> Pharmacy – independent <input type="checkbox"/> Public health provider – public health clinic <input type="checkbox"/> Public health provider – Federally Qualified Health Center <input type="checkbox"/> Public health provider – Rural Health Clinic <input type="checkbox"/> Long-term care – nursing home, skilled nursing facility, federally certified <input type="checkbox"/> Long-term care – nursing home, skilled nursing facility, non-federally certified <input type="checkbox"/> Long-term care – assisted living <input type="checkbox"/> Long-term care – intellectual or developmental disability <input type="checkbox"/> Long-term care – combination (e.g., assisted living and nursing home in same facility) <input type="checkbox"/> Urgent care <input type="checkbox"/> Other (Specify: _____) |
|---|---|

SETTING(S) WHERE THIS LOCATION WILL ADMINISTER COVID-19 VACCINE (SELECT ALL THAT APPLY)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Childcare or daycare facility <input type="checkbox"/> College, technical school, or university <input type="checkbox"/> Community center <input type="checkbox"/> Correctional/detention facility <input type="checkbox"/> Health care provider office, health center, medical practice, or outpatient clinic <input type="checkbox"/> Hospital (i.e., inpatient facility) <input type="checkbox"/> In-home <input type="checkbox"/> Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing) | <ul style="list-style-type: none"> <input type="checkbox"/> Pharmacy <input type="checkbox"/> Public health clinic (e.g., local health department) <input type="checkbox"/> School (K – grade 12) <input type="checkbox"/> Shelter <input type="checkbox"/> Temporary or off-site vaccination clinic – point of dispensing (POD) <input type="checkbox"/> Temporary location – mobile clinic <input type="checkbox"/> Urgent care facility <input type="checkbox"/> Workplace <input type="checkbox"/> Other (Specify: _____) |
|--|--|

APPROXIMATE NUMBER OF PATIENTS/CLIENTS ROUTINELY SERVED BY THIS LOCATION

Number of children 18 years of age and younger: _____ (Enter "0" if the location does not serve this age group.)

Unknown

Number of adults 19 – 64 years of age: _____ (Enter "0" if the location does not serve this age group.)

Unknown

Number of adults 65 years of age and older: _____ (Enter "0" if the location does not serve this age group.)

Unknown

Number of unique patients/clients seen per week, on average: _____

Unknown

Not applicable (e.g., for commercial vaccination service providers)

INFLUENZA VACCINATION CAPACITY FOR THIS LOCATION

Number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season:

_____ (Enter "0" if no influenza vaccine doses were administered by this location in 2019-20)

Unknown

CDC COVID-19 Vaccination Program Provider Profile Information

POPULATION(S) SERVED BY THIS LOCATION (SELECT ALL THAT APPLY)

- General pediatric population
- General adult population
- Adults 65 years of age and older
- Long-term care facility residents (nursing home, assisted living, or independent living facility)
- Health care workers
- Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)
- Military – active duty/reserves
- Military – veteran
- People experiencing homelessness
- Pregnant women
- Racial and ethnic minority groups
- Tribal communities
- People who are incarcerated/detained
- People living in rural communities
- People who are under-insured or uninsured
- People with disabilities
- People with underlying [medical conditions](#)* that are risk factors for severe COVID-19 illness
- Other people at higher-risk for COVID-19 (Specify: _____)

DOES YOUR ORGANIZATION CURRENTLY REPORT VACCINE ADMINISTRATION DATA TO THE STATE, LOCAL, OR TERRITORIAL IMMUNIZATION INFORMATION SYSTEM (IIS)?

- Yes [List IIS Identifier: _____]
- No
- Not applicable

If “No,” please explain planned method for reporting vaccine administration data to the jurisdiction’s IIS or other designated system as required:

If “Not applicable,” please explain:

ESTIMATED NUMBER OF 10-DOSE MULTIDOSE VIALS (MDVs) YOUR LOCATION IS ABLE TO STORE DURING PEAK VACCINATION PERIODS (E.G., DURING BACK-TO-SCHOOL, INFLUENZA VACCINE SEASON) AT THE FOLLOWING TEMPERATURES:

- | | | |
|-------------------------------|--------------------------------------|--|
| Refrigerated (2°C to 8°C): | <input type="checkbox"/> No capacity | <input type="checkbox"/> Approximately _____ additional 10-dose MDVs |
| Frozen (-15° to -25°C): | <input type="checkbox"/> No capacity | <input type="checkbox"/> Approximately _____ additional 10-dose MDVs |
| Ultra-frozen (-60° to -80°C): | <input type="checkbox"/> No capacity | <input type="checkbox"/> Approximately _____ additional 10-dose MDVs |

STORAGE UNIT DETAILS FOR THIS LOCATION

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

1. Example: CDC & Co/Red series two-door/refrigerator
- 2.
- 3.
- 4.
- 5.

I attest that each unit listed will maintain the appropriate temperature range indicated above: *(please sign and date)*

Medical/pharmacy director or location’s vaccine coordinator signature

Date

* <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>

CDC COVID-19 Vaccination Program Provider Profile Information

PROVIDERS PRACTICING AT THIS FACILITY *(additional spaces for providers at end of form)*

Instructions: List below all licensed healthcare providers at this location who have prescribing authority or will have oversight of the handling or administration of COVID-19 vaccine (i.e., MD, DO, NP, PA, RPh). Only those with direct involvement with COVID-19 vaccine should be listed.

Provider Name	Title	License No.