



New York City Vaccines for Children (VFC) Program

Provider Quality Assurance Unit (PQA)

Bureau of Immunization • New York City Department of Health & Mental Hygiene

Email: nycimmunize@health.nyc.gov • Phone: 347-396-2404 • Fax: 347-396-2559



Pharmacy Enrollment Form

FOR NEW ENROLLMENT OR TO UPDATE INFORMATION

To update pharmacy information, please complete the entire form and check the boxes "Updates Made to This Section" when applicable

*PHARMACY NAME: _____

*NYS PHARMACY LICENSE NUMBER (store license #): _____

*PROGRAM STATUS: New Enrollment **OR** Currently Enrolled PIN NUMBER: _____ CIR FACILITY CODE: _____

SHIPPING ADDRESS (refers to the address where your vaccines will be shipped): **UPDATES MADE TO THIS SECTION**

(Please complete all *required fields and return by fax or mail)

*Address Line 1: _____ Address Line 2: _____

*Borough: _____ *State: New York *Zip Code: _____

*Telephone Number: _____ Ext. _____ *Fax: _____

*Email Address: _____ Cell Phone: _____

*Shipping Contact (please choose only one and enter contact information on next page):

Pharmacist-In-Charge Vaccine Coordinator Backup Vaccine Coordinator Additional Contact

SHIPPING HOURS* (days/times when your pharmacy can receive vaccine shipments): **UPDATES MADE TO THIS SECTION**

		First Open Interval		Second Open Interval	
		From	To	From	To
Monday	<input type="checkbox"/> Pharmacy closed/no deliveries				
Tuesday	<input type="checkbox"/> Pharmacy closed/no deliveries				
Wednesday	<input type="checkbox"/> Pharmacy closed/no deliveries				
Thursday	<input type="checkbox"/> Pharmacy closed/no deliveries				
Friday	<input type="checkbox"/> Pharmacy closed/no deliveries				



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Please designate a pharmacist-in-charge (PIC), vaccine coordinator (VC), and back-up vaccine coordinator (BVC). The PIC can also be the VC or BVC, but cannot be all three titles. At minimum, in addition to the PIC, one more person must be listed as either the VC or BVC.

PHARMACIST-IN-CHARGE (PIC)

UPDATES MADE TO THIS SECTION

This title refers to the main pharmacist responsible for VFC vaccines.

Please note that the PIC can be PIC and VC or PIC and BVC, but CANNOT be all three (PIC, VC, and BVC).

*First Name: _____ *Last Name: _____

*NYS Pharmacist License No: _____ *NYS Pharmacist License Exp. Date: _____

*Address Line 1: _____ Address Line 2: _____

*City: _____ *State: New York *Zip Code: _____

*Telephone Number: _____ Ext. _____ *Fax Number: _____

*Email Address: _____ Cell Phone: _____

VACCINE COORDINATOR (VC)

UPDATES MADE TO THIS SECTION

*Type: Pharmacist Other **Vaccine Coordinator is Same as Pharmacist-In-Charge**

*First Name: _____ *Last Name: _____

Job Title: _____

*Address Line 1: _____ Address Line 2: _____

*City: _____ *State: New York *Zip Code: _____

*Telephone Number: _____ Ext. _____ *Fax Number: _____

*Email Address: _____ Cell Phone: _____

BACK-UP VACCINE COORDINATOR (BVC)

UPDATES MADE TO THIS SECTION

*Type: Pharmacist Other **Back-up Vaccine Coordinator is Same as Pharmacist-In-Charge**

*First Name: _____ *Last Name: _____

Job Title: _____

*Address Line 1: _____ Address Line 2: _____

*City: _____ *State: New York *Zip Code: _____

*Telephone Number: _____ Ext. _____ *Fax Number: _____

*Email Address: _____ Cell Phone: _____

