

## COVID-19 Provider Agreement Enrollment Guide

Thank you for your interest in participating in the COVID-19 Vaccination Program.

Before you start the enrollment process, we suggest you take the following steps:

- Review this guide for instructions on how to complete the enrollment forms
- Review the [Preparing to Enroll guide](#) for a summary of the information you will need to prepare
- Take a picture of the brand/model of your cold storage equipment unit(s)
- Collect copies of the calibration certificate(s) for each of your digital data loggers or temperature monitoring system
- Download the last three to five days of temperature data for each digital data logger or temperature monitoring system
- Get signatures from your organization's chief medical officer (or equivalent position) and chief executive officer (or chief fiduciary)

To enroll, organizations will complete the [Provider Inquiry Form](#). The Washington State Department of Health will review your organization's information and send you a link to the provider agreement package, which is separated into seven sections:

1. [Provider interest form](#)
2. [Organization information](#)
3. [Facility information](#)
4. [Facility storage](#)
5. [List of providers](#)
6. [Agreement pre-screen](#)
7. [Agreement & signatures](#) (complete at least once per organization)

**If your organization plans to administer COVID-19 vaccine at multiple locations, you will need to repeat all sections of the provider agreement package.** You will only need to sign the agreement (form #7) for the first location. For additional locations, you can select that you already signed the agreement (form #6). Please be sure the organization information is the same on each location's application to ensure all your locations are reviewed together.

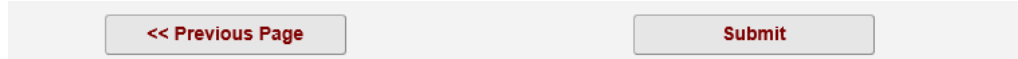
You will select "submit" at the end of each form to move onto the next section. You cannot edit your answers after you select submit, so please review your answers thoroughly. If you need to change a response, please email [COVID.Vaccine@doh.wa.gov](mailto:COVID.Vaccine@doh.wa.gov). After completing the provider agreement package, the Washington State Department of Health and local health departments will review your facility's information and follow up with next steps.

If you have questions or need technical assistance, please contact the Washington State Department of Health, COVID-19 vaccine program enrollment department at (360)236-3873 or [COVID.Vaccine@doh.wa.gov](mailto:COVID.Vaccine@doh.wa.gov).

## Getting Started

### Submitting Responses

At the end of each form, you will need to click “submit” to move onto the next section. You will not be able to return and edit answers in sections that have been submitted. Please scroll up or use the “previous page” button to review responses before submitting.

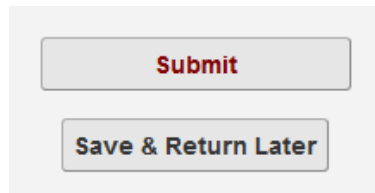


Note: Some forms are only one page long, so there will not be a “previous page” button.

### Saving Progress

There are two ways to save your progress and return to it later.

- 1) **Select “Save & Return Later” at the end of a form.** You can enter an email address to receive an emailed link to return to the page you left off at. This option is available after completing the provider interest form.



#### Your survey responses were saved!

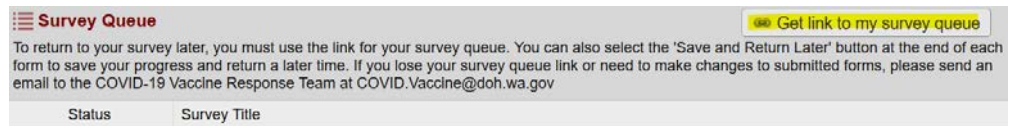
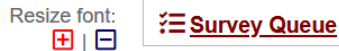
You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need the survey link to this survey.

##### Survey link for returning

You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. If you do not receive the email soon afterward, please check your Junk Email folder.

\* Your email address will not be stored

- 2) **Select “survey queue” at the top right corner.** A window will appear with a list of your completed and remaining forms. Click the “get link to my survey queue” button to get an emailed link, or a link to copy and paste.



**Get link to my survey queue** ✕

To obtain your survey queue link, which will allow you to return to your survey queue in the future, you may copy and paste the link displayed in the text box below, or you may have it emailed to you at your email address.

Copy and paste the survey queue link

— OR —

Send the survey queue link in an email

\* Your email address will not be stored

We recommend getting your survey queue link regardless of whether you are leaving the survey. You can use the link later to confirm that all forms were completed.

### Download Responses

After completing the provider interest form, you'll see your survey queue with a list of the completed and remaining forms. You can use the "download" option to save a copy of your responses for that form.

Download your survey response (PDF):


#### Survey Queue

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title.

Note: The PDF download is only for the section you just completed. Each section will need to be downloaded and saved if you want to refer to all your responses.

### Begin the Next Survey

After completing the provider interest form, you will see your survey queue. To continue to the next form, click "begin survey".

 **Survey Queue**

To return to your survey later, you must use the link for your survey queue. Do not share this link with others as it is unique to your facility. You can also select the "Save and Return Later" button at the end of each form to save your progress and return a later time. If you lose your survey queue link or need to make changes to submitted forms, please send an email to the COVID-19 Vaccine Response Team at COVID.Vaccine@doh.wa.gov.

**This survey queue is for the following location:**  
Please share this unique ID when communicating with the COVID-19 Vaccine Response Team to help them locate your record:

Status	Survey Title
✔ Completed	Enrollment Inquiry Form
✔ Completed	Provider Interest Form
✔ Completed	Organization Information <input type="button" value="Edit response"/>
✔ Completed	Facility Information <input type="button" value="Edit response"/>
<input checked="" type="button" value="Begin survey"/>	<b>Facility Storage</b>
<input type="button" value="Begin survey"/>	List of Providers
<input type="button" value="Begin survey"/>	Agreement Pre-Screen

## Provider Inquiry Form

### Starting Enrollment

To access the provider agreement package, please complete this Provider Inquiry Form using the enrollment link on our website, [www.doh.wa.gov/COVID19VaccineProvider](http://www.doh.wa.gov/COVID19VaccineProvider).

Enter your organization's name, address, and point of contact information. Click "submit".

The Washington State Department of Health will verify your organization's information and follow-up with a link to the provider agreement package. If you have questions about the enrollment process or requirements, please contact the Department of Health at [COVID.Vaccine@doh.wa.gov](mailto:COVID.Vaccine@doh.wa.gov).

## Provider Interest Form (form #1)

### Adding a New Agreement

Click the REDCap link in your confirmation email, and follow these steps to start a new agreement:

- 1) Review the pre-screening survey information
- 2) Select "yes" if you are still interested in enrolling in the COVID-19 Vaccination Program
- 3) Select "submit" to begin the enrollment process

If you select "no", you will not be able to continue the enrollment process. If you have questions about the process or requirements, please contact the Department of Health at [COVID.Vaccine@doh.wa.gov](mailto:COVID.Vaccine@doh.wa.gov).

You cannot save from this survey screen.

## Organization Information (form #2)

### Facility Details

Enter the following information:

- Organization's legal name
  - If your facility is already reporting to WAIS, this should be your WAIS organization name.
  - **If you are completing the survey for multiple locations, this should be the same for each survey.**
- Organization telephone number
- Organization email
  - The Department of Health will use this email for COVID-19

	<p>Vaccination Program communication.</p> <ul style="list-style-type: none"> <li>Organization address (street address, city, state, zip code)</li> </ul>
Organization Administration Data	<p>Select whether your organization or facility currently uses the Washington Immunization Information System (WAIS) to report vaccine administration data.</p> <p>If you currently use WAIS, select “yes”. No additional questions will appear.</p> <div style="background-color: #e0f2f1; padding: 5px; border: 1px solid #ccc;"> <p><b>Does your organization/facility currently report vaccine administration data to the state immunization information system (WAIS)?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p> </div> <p>If you do not currently use WAIS, select “no”. You will need to select an option for how you will report administered doses.</p> <div style="background-color: #e0f2f1; padding: 5px; border: 1px solid #ccc;"> <p><b>Does your organization/facility currently report vaccine administration data to the state immunization information system (WAIS)?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <span style="float: right;">reset</span></p> </div> <div style="background-color: #f5f5f5; padding: 5px; border: 1px solid #ccc;"> <p><b>To receive federal vaccine it is required that administered doses are reported to WAIS, which method would you like to pursue:</b></p> <p><input type="radio"/> Direct Data Entry into WAIS or state designated tool (i.e., PrepMod)</p> <p><input type="radio"/> Connect to Electronic Health Record (EHR) system <span style="float: right;">reset</span></p> </div>
Number of Facilities within Organization	<p>Enter the number of facilities or locations affiliated with your organization that you plan to enroll in the COVID-19 Vaccination Program.</p> <p>The survey will need to be repeated for each location that will administer COVID-19 vaccine. The Department of Health will use this question to confirm all your facilities are grouped together in our system.</p>

Facility Information, page 1 (form #3)	
Authorized Providers	<p>Enter the name of the facility or location.</p> <p>If your facility is already reporting to WAIS, this should be your WAIS facility name.</p>

Facility Administration Data

Select whether this location currently uses WAIS to report vaccine administration data.

If this location currently uses WAIS, select "yes". No additional information is needed.

**Does this location currently report vaccine administration data to the state immunization information system (IIS)?**  Yes  No  Not Applicable  
*\* must provide value*

If this location does not currently use WAIS, select "no". An additional textbox will appear. Please explain how your location will report vaccine administration data.

If this question is not applicable to this location, select "not applicable". An additional textbox will appear. Please explain how vaccine reporting does not apply to this location.

**Does this location currently report vaccine administration data to the state immunization information system (IIS)?**  Yes  No  Not Applicable  
*\* must provide value* reset

**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**  
*\* must provide value* Expand

Redistribution Intention

Select whether another location within your organization will order COVID-19 vaccine for this location.

If another location will order COVID-19 vaccine, select "yes". An additional textbox will appear. Please provide the name of the organization that will be responsible for ordering.

**Will another location associated with the organization order COVID-19 vaccine for this site?**  Yes  No reset

**Provide Organization Name:**   
*\* must provide value*

If this location will order COVID-19 vaccine for itself, then select "no". No additional information is needed.

### Facility Information - Contact Information, page 2 (form #3)

Provider  
Practice  
Profile

Enter the name and contact information of a primary COVID-19 vaccine coordinator. Contact information should include, at minimum: first and last name, phone number, and email address.

If available, enter the name and contact information for a back-up COVID-19 vaccine coordinator.

A vaccine coordinator should have background knowledge of the program requirements, a clear understanding of storage and handling responsibilities, and be able to pass any program required training. For more information on the training requirements for a COVID Vaccine Provider, see [CDC's Training and Education](#) page.

### Facility Information - Shipping Information, page 3 (form #3)

Vaccine  
Shipping  
Address

Enter the location's address and phone number for receiving vaccine shipments.

### Facility Information - Administration Location Information, page 4 (form #3)

Vaccine  
Administration  
Location

Select whether the location's shipping address (entered on the previous page) is the same as the address where COVID-19 vaccines will be administered.

If the addresses for receiving and administering vaccine are the same, select "yes". No additional information is needed.

Is the vaccine shipment receipt address (below) the same address where COVID-19 vaccines will be administered?  Yes  No

123 ABC St  
Ellensburg  
Kittitas  
99999, Washington

\* must provide value

If the address for administering vaccine is different than the receiving address, select "no". Additional contact information questions will appear. Please enter the address and phone number of the administration site.

Is the vaccine shipment receipt address (below) the same address where COVID-19 vaccines will be administered?  Yes  No

123 ABC St  
Ellensburg  
Kittitas  
99999, Washington

\* must provide value

Please enter address of location where the COVID-19 vaccine will be administered

Address Street:

Address Street 2:

Address City:

Address State:

Address Zip Code:

Administration Address Phone:

Administration Address Fax

### Facility Information –Shipping Hours, page 5 (form #3)

#### Shipping Hours

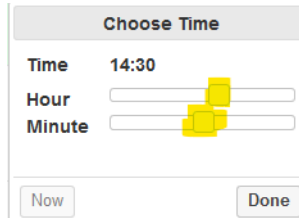
Enter the hours that vaccine coordinators are available for receipt of COVID-19 vaccineshipments.

Each day has four fields: morning start time, morning end time, afternoon start time,afternoon end time. For example:

Monday: AM Start	<input type="text" value="08:00"/>	<input type="checkbox"/>	<input type="text" value="Now"/>	H.M
Monday: AM End	<input type="text" value="11:30"/>	<input type="checkbox"/>	<input type="text" value="Now"/>	H.M
Monday: PM Start	<input type="text" value="12:30"/>	<input type="checkbox"/>	<input type="text" value="Now"/>	H.M
Monday: PM End	<input type="text" value="17:00"/>	<input type="checkbox"/>	<input type="text" value="Now"/>	H.M



Hours must be in 24-hour format. You can enter times by typing directly in the box (include the colon to separate hours and minutes) or using the clock button to toggle the hour and minute.



The image shows a 'Choose Time' dialog box. It has a title bar 'Choose Time'. Below the title bar, there are three rows: 'Time' with the value '14:30', 'Hour' with an input field containing '14', and 'Minute' with an input field containing '30'. There are yellow selection handles on the input fields. At the bottom of the dialog, there are two buttons: 'Now' and 'Done'.

If this facility has any special instructions or limited availability, please include notes in the textbox at the end of the page.

**Special Instructions or Limited Shipping Availability:**



A large, empty rectangular text input box for providing special instructions or limited shipping availability.

Expand

**Facility Information – Clinic and Population Information, page 6 (form #3)**

Provider Type

Select the provider type that best describes this location.

If none of these fit your location, select “other”. An additional textbox will appear.  
Please provide a brief description of the provider type at this site.

Administration Setting

Select the setting(s) that best describe this location.

If none of these fit your location, select “other”. An additional textbox will appear.  
Please provide a brief description of this site’s setting.

Approximate Number of Patients or Clients Routinely Served by thisLocation

Enter the number of patients served at this location in each of these demographics:

- Children 18 years of age and younger
- Adults 19 – 64 years of age
- Adults 65 years of age and older

Enter the number of unique patients or clients seen per week, on average, at thislocation.

Your responses must be a number. If you do not have the number of patients/clients,enter “UNK”.

Number of Unique Patients/Clients Seen Per Week, on Average:  x  
If unknown, enter 'UNK'

\* must provide value

Influenza Capacity for this Location

Enter the number of influenza vaccine doses administered during your clinic’s peakweek of the 2019–20 influenza season.

Your response must be a number. If you do not know this location’s influenza capacity,enter “UNK”.

Number of Unique Patients/Clients Seen Per Week, on Average:  x  
If unknown, enter 'UNK'

\* must provide value

Population(s)  
Served by this  
Location

Select the population(s) served by this location.

If this location serves other populations at higher risk for COVID-19, select “other people at higher-risk for COVID-19”. An additional textbox will appear. Please provide a brief description of this population.

This is the last question for this survey section. Once you click “submit”, your answers for this section will be complete, and you will not be able to return and edit your responses. Use the “previous page” button to review your answers before submitting.

To start the Facility Storage survey, select “begin survey” from the survey queue.

**Survey Queue** Get link to my survey queue

Listed below is your survey queue, which lists any other surveys that you have not yet completed.  
To begin the next survey, click the 'Begin survey' button next to the title.

Status	Survey Title
✓ Completed	Pre-Screening Survey
✓ Completed	Org Info
✓ Completed	Facility Information
Begin survey	Facility Storage
Begin survey	List Of Providers
Begin survey	Agreement & Signatures

**Facility Storage – Storage Information (form #4)**

Storage  
Information

Select whether this location has capacity to store refrigerated (2°C to 8°C), frozen (-15°C to -45°C), and ultra-frozen vaccines (-60°C to -80°C) during peak vaccination periods.

If your location has storage capacity for the designated temperature, select “yes”. An additional textbox will appear. Please enter the number of 10-dose multi-dose vials (MDV) this location can store at this temperature.

If your location does not have storage capacity for the designated temperature, select “no capacity”. No additional information is needed.

## Cold Storage at the Facility

Enter the number of digital data loggers (DDL) at this location. The system uses your response to this question to repeat the DDL questions for as many DDLs as you have. You will need to submit information for each of the DDLs.

If you do not have a DDL, please reach out to [COVID.Vaccine@doh.wa.gov](mailto:COVID.Vaccine@doh.wa.gov).

How many digital data loggers do you have on hand at your facility?

\* must provide value

Enter the number of cold storage units at this location. You should include refrigerated, frozen, and ultra-cold storage units in this total. The system uses your response to this question to repeat the cold storage questions for as many units as you have. You will need to submit information for each of the cold storage units.

For more information on acceptable types of vaccine storage, see [CDC's Vaccine Storage & Handling Toolkit](#).

How many cold storage units are there at this location?

\* must provide value

Indicate if your facility plans on using the Pfizer thermal shipping container to store vaccine. For more information on storing vaccine using the Pfizer thermal shipping container, see Pfizer's [Thermal Shipping Container Temporary Storage Dry Ice Replenishment Instructions](#)

Does your location intend on using the Pfizer shipping container to store vaccines?

\* must provide value

Yes

No

Unsure/Undecided

reset

## Cold Storage

For each cold storage unit at this location, please enter storage unit information, including:

- Storage unit type (refrigerator, freezer or ultra-cold freezer)
- Type of unit (standalone, pharmaceutical/medical, or commercial/industrial)
- Unit manufacturer name
- Unit model number
- In-use date (when a unit can store publicly supplies vaccines)
- Purchase date

If the storage unit is a freezer, two additional questions will appear below the thermometer question set. Select whether the freezer can maintain a temperature of 5°F (-15°C) or cooler, and if the freezer has a separate, insulated

door.

<b>Can the freezer maintain an average temperature of 5F (-15C) or cooler?</b> <i>* must provide value</i>	<input type="radio"/> Yes <input type="radio"/> No
<b>Does the freezer have a separate, insulated door?</b> <i>* must provide value</i>	<input type="radio"/> Yes <input type="radio"/> No

For each cold storage unit at this location, please enter the unit's thermometer information, including:

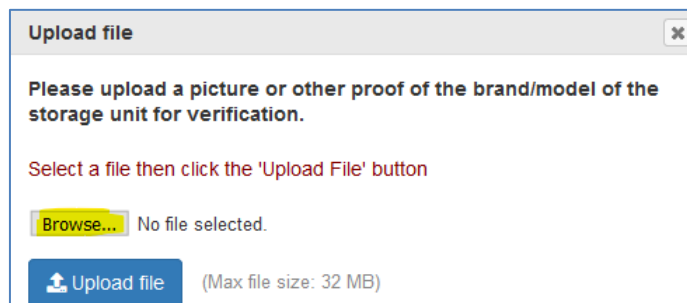
- Type of thermometer (digital data logger or temperature monitoring system)
- Thermometer brand/model
- Temperature scale (Celsius or Fahrenheit)
- Date of last calibration
- Calibration expiration date

Please upload a picture or other proof of the brand/model of the storage unit(s) for verification. This can either be a photo of the outside of the unit or the tag that includes the brand/model number. Select the green "upload file" link.

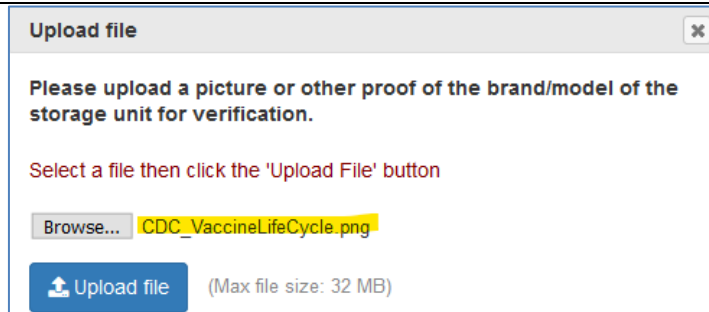
**Please upload a picture or other proof of the brand/model of the storage unit for verification.** [Upload file](#)

You will also need to upload a picture of the inside of the unit so that we can access the capacity to store additional vaccine.

An "upload file" window will appear. Click "browse" to select and upload a file.



The file name should appear next to the "browse" button. Then select "upload file" to finish.



These fields will repeat for the number of cold storage units you indicated.

Cold Storage 2

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Type of Storage Unit 
 Refrigerator  
 Freezer

### Digital Data Loggers

For each DDL, upload:

- Certificate(s) of calibration
- Last three to five days of temperature data from your digital data logger for vaccine cold chain verification

To upload a file, use the green “upload file” link. The instructions are the same as the previous step.

**Please upload the Certificate(s) of Calibration for your DDL(s).** [Upload file](#)

\* must provide value

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**Please upload real time temperature data from the last 3-5 days.** [Upload file](#)

\* must provide value

### Storage Discrepancy

The section below will appear if there is a discrepancy between the number or type of units that you indicated at the beginning of this screen. For example, if you indicate that you have the capacity to store frozen vaccine in the Storage Information section, but then do not add a freezer under Cold Storage, then you will receive this message. Note: The message will change slightly depending on the discrepancy.

There is a discrepancy in what was selected for storage capacity and the type of cold storage units.

Your location reported that there was capacity to store refrigerated vaccines, but 'Refrigerator' was not selected as a cold storage type for any of the cold storage units.

Please update your cold storage information to fix this discrepancy, or select a reason below for the discrepancy.

\* must provide value

From the dropdown, identify the reason for the discrepancy.

- There are more than 5 cold storage units at this location, and not enough space to enter them all
- We are waiting for a new cold storage to arrive
- Other (please explain below)

## Attestation


The medical director, pharmacy director, or location's vaccine coordinator must sign and attest that the storage units will maintain the appropriate temperature range as indicated in this survey. Please review the information provided on this page for accuracy before signing.

To sign, click the green "add signature" link.

**Medical/Pharmacy Director or Location's Vaccine Coordinator for Storage Unit Attestation**

I attest that each unit listed will maintain the appropriate temperature range indicated above: [Add signature](#)

(Medical/Pharmacy Director or Location's Vaccine Coordinator Signature)

Date:   Today Y-M-D

An "add signature" window will appear. Use your mouse to sign and then select "save signature".

**Add signature** ✕

I attest that each unit listed will maintain the appropriate temperature range indicated above: (Medical/Pharmacy Director or Location's Vaccine Coordinator Signature)


**SIGN HERE**

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[Save signature](#) [reset](#)

Your signature will appear next to the attestation statement. Select the “today” button or type in the date.

I attest that each unit listed will maintain the appropriate temperature range indicated above: (Medical/Pharmacy Director or Location's Vaccine Coordinator Signature)



[signature\\_2020-10-27\\_1406.png \(0.01 MB\)](#) [Remove file](#)

Date:   **Today** Y-M-D

This is the last question for this survey section. Once you click “submit”, your answers for this section will be complete, and you will not be able to return and edit your responses. Please review your answers before submitting. You can select “save and return later” to save your progress and leave the survey. A link will be emailed to you so you can return to where you left off.

**Submit**

**Save & Return Later**

To start the List of Providers survey, select “begin survey” from the survey queue.

**Survey Queue** Get link to my survey queue

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title.

Status	Survey Title
✓ Completed	Pre-Screening Survey
✓ Completed	Org Info
✓ Completed	Facility Information
✓ Completed	Facility Storage
<b>Begin survey</b>	<b>List Of Providers</b>
Begin survey	Agreement & Signatures



## List of Providers (form #5)

### Providers Practicing at this Location

Enter the name, title, and medical license number for all licensed health care providers practicing at this location who have prescribing authority.

If you have 11 or more providers, additional fields will appear after you enter provider#10.


<b>Provider 10</b>	
<b>Provider Name:</b>	<input type="text" value="Doctor Strange"/>
<b>Title Code (MD, NP, PA, etc):</b>	<input type="text" value="MD"/>
<b>Medical License No:</b>	<input type="text" value="999999999"/>
<b>Provider 11</b>	
<b>Provider Name:</b>	<input type="text"/>
<b>Title Code (MD, NP, PA, etc):</b>	<input type="text"/>
<b>Medical License No:</b>	<input type="text"/>

If you have more than 25 providers, please email the name, title, and medical licensenumber for the remaining providers to [COVID.Vaccine@doh.wa.gov](mailto:COVID.Vaccine@doh.wa.gov).

Once you click “submit”, your answers for this section will be complete. Please review your responses before submitting. You can select “save and return later” to save your progress and leave the survey. A link will be emailed to you so you can return to where you left off.

<input type="button" value="Submit"/>
<input type="button" value="Save &amp; Return Later"/>

To start the List of Providers survey, select “begin survey” from the survey queue.

 <b>Survey Queue</b> <span style="float: right;"><a href="#">Get link to my survey queue</a></span>	
Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title.	
Status	Survey Title
✔ Completed	Pre-Screening Survey
✔ Completed	Org Info
✔ Completed	Facility Information
✔ Completed	Facility Storage
✔ Completed	List Of Providers
<b>Begin survey</b>	Agreement & Signatures <span style="float: right;"><a href="#">Edit response</a></span>

### Agreement Pre-Screen (form #6)

#### Agreement Screening

The provider agreement must be signed by your organization’s chief medical officer (or equivalent position) and chief executive officer (or chief fiduciary). If your organization is enrolling multiple locations, signatures only need to be submitted on the first application.

Select whether your organization has already signed the provider agreement.

- 1) **Has an agreement already been signed by the CMO and CEO in a survey for another facility associated with this Organization?**
- Yes
- No

If this is your organization’s first enrollment submission, select “no”. Once this page is submitted, you will be directed to the signature page.

If this is not your organization’s first enrollment, select “yes”. The agreement you previously submitted will cover this location and any others you enroll. Once you click submit, the enrollment survey is complete.


If you are not sure, please click no and continue to fill out and sign the agreement, otherwise if a signed agreement for any location associated with this organization cannot be found, it may delay the approval process for all locations.

### Agreement & Signatures (form #7)

#### Agreement Requirement


Enter the contact and licensure information for the chief medical officer. Select “add signature” and have the chief medical officer sign in the blank space. Select “save signature” to upload. Type in the date or select “today” to date the signature.

**Signature:**  
\* must provide value



[signature\\_2020-10-27\\_1426.png \(0.01 MB\)](#)  
[Remove file](#)

**Signature Date**  
\* must provide value

2020-10-27  Today Y-M-D

Enter the contact and licensure information for the chief executive officer. Select “add signature” and have the chief executive officer sign in the blank space. Select “save signature” to upload. Type in the date or select “today” to date the signature.

Once you click “submit”, your answers for this section and the survey will be complete. Please review your responses before submitting. Once submitted, you should see that your survey queue is all completed.

**Survey Queue** Get link to my survey queue

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title.

Status	Survey Title
✓ Completed	All surveys in your queue have been completed! <a href="#">(view all)</a>

Congratulations! The Department of Health will follow-up with next steps.