

Provider Agreement Instructions

The Adult Vaccine Program Provider Agreement is an Adobe Sign form. Below is a list of instructions to fill out the form. The primary vaccine coordinator will need to have all documentation ready before filling out the form because it cannot be saved once started.

The provider agreement must be electronically signed by the primary vaccine coordinator and medical director. **We will not accept provider agreements that are printed and filled out by hand.** If you have any questions, please email WAAAdultVaccines@doh.wa.gov.

Step One- To Start	
Preparing Materials	<ul style="list-style-type: none"> Providers are required to complete the provider agreement through Adobe Sign. The provider agreement can be found on the AVP website. The form does not allow you to save information, so please ensure that all materials and information are gathered before starting the form. The primary vaccine coordinator fills out the form first. After all required fields have been filled out, the primary vaccine coordinator sends the form to the medical director to fill out and sign.

Step Two- Information for the Primary Vaccine Coordinator to Add	
Facility	<ul style="list-style-type: none"> Enter facility name, address, telephone number, fax information, and vaccine shipping address.
Medical Director	<ul style="list-style-type: none"> Skip Medical Director section and continue to the Clinic Coordinator section After this form is complete, the primary vaccine coordinator will send it to the medical director to fill out and sign this section.
Clinic Coordinators	<ul style="list-style-type: none"> Enter primary vaccine coordinator name, telephone number, and email information. Since email is the primary source of contact, please make sure that the email addresses for <u>all contacts</u> are up to date. Upload the primary vaccine coordinator You Call the Shots Vaccine Storage and Handling Training certificate in PDF form. Enter back-up vaccine coordinator name, telephone number, and email information. Upload the back-up vaccine coordinator You Call the Shots Vaccine Storage and Handling Training certificate in PDF form.
Facility Type	<ul style="list-style-type: none"> Select facility type and provider type information.
Shipping Information	<ul style="list-style-type: none"> Verify the days of the week and <u>core business hours</u> clinic staff are available to receive vaccine deliveries. The facility must be open to receive vaccine deliveries two days a week, Monday through Friday, for a minimum of four consecutive hours per day.
Practicing Providers	<ul style="list-style-type: none"> Enter the name, title, specialty, license no., and NPI no. of health care practitioners at your facility who have prescribing authority.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov. **DOH 348-879**. May 2022.

Patient Population	<ul style="list-style-type: none"> Enter the number of uninsured/underinsured patients and the source of data used to determine patient population
Cold Storage Equipment	<ul style="list-style-type: none"> Upload an image of the refrigerator Enter refrigerator information, including the name, type of unit, manufacturer, model number, in use date, and purchase date Enter refrigerator thermometer information, including the brand, type of unit, model name, temperature scale, date of last calibration, and calibration expiration date Upload an image of the refrigerator calibration certificate Upload an image of the freezer Enter freezer information, including the name, type of unit, manufacturer, model number, in use date, and purchase date Enter freezer thermometer information, including the brand, type of unit, model name, temperature scale, date of last calibration, calibration expiration date Upload an image of the freezer
Acknowledgement of Agreement	<ul style="list-style-type: none"> Fill out primary vaccine coordinator name, title, signature, and date

Step Three- Review and Send to Medical Director

Review Information

- Ensure that all required fields are filled out accurately
- If all required fields have been filled out, the sign button from adobe will appear at the bottom of the page

By signing, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with Washington State Department of Health. Click to Sign

- Enter the medical director's name and email address on the following page

Assign the next participants ✕

To complete the form please enter the information for the next participant. They will receive an email to complete this form.

*** Participant 2** ▲

Please enter your medical director's name and email address below.

First name	Last name	Email address
<input type="text" value="Enter first name"/>	<input type="text" value="Enter last name"/>	<input type="text" value="Enter email address"/>

[+ Add Message](#)

- Enter your email to sign the document

Enter Your Information ✕

Please enter your email and then click to sign this document.

Email

- Adobe Sign will ask you to confirm your email through your inbox before sending to the medical director

Just one more step

We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "AVP Provider Agreement 2022-2023" until you've confirmed.

- After your email is confirmed, the form will be sent to the medical director

Thank you for signing AVP Provider Agreement 2022-2023. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

Confirm my email address

After you confirm your signature and other form participants have fulfilled their roles, all parties will receive a completed copy of AVP Provider Agreement 2022-2023 as a PDF.

Step Four- Information for the Medical Director to Add	
Medical Director	<ul style="list-style-type: none"> Enter medical director name, title, specialty, license no., NPI no. and email address The National Provider Identifier (NPI) is required for all authorized providers. NPI numbers can be found at: https://npiregistry.cms.hhs.gov/
Cold Storage Equipment	<ul style="list-style-type: none"> Enter signature and date at the bottom of the cold storage equipment section to certify that appropriate storage units are used for vaccines
Acknowledgement of Agreement	<ul style="list-style-type: none"> Fill out medical director name, eight- digit license number, signature, and date

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	<ul style="list-style-type: none">• Authorized providers' names must be identical to the name listed on their medical license. Medical license numbers can be found at: https://fortress.wa.gov/doh/providercredentialsearch/
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Step Five- Review and Submit Provider Agreement	
Review Information	<ul style="list-style-type: none">• Ensure that all required fields are filled out accurately• If all required fields have been filled out, the submit button from Adobe will appear at the bottom of the page <div data-bbox="402 575 1386 667"><p>By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with Aleena West. Click to Sign</p></div> <ul style="list-style-type: none">• A copy of the submitted provider agreement will be sent to the medical director and primary coordinator's email addresses <div data-bbox="402 760 1386 1098"><p> You're all set</p><p>You finished signing "AVP Provider Agreement 2022-2023".</p><p>We will email the final agreement to all parties. You can also download a copy of what you just signed.</p></div>