



CVP TRAINING SERIES:

CHILDHOOD VACCINE PROGRAM
PROVIDER AGREEMENT RENEWALS

Office of Immunization/Childhood Vaccine Program
February 12, 2026

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Outline

- What is a Provider Agreement and why must I renew it?
- Provider Agreement Renewal Schedule
- Provider Agreement Walk-through
 - Page 1: Facility Information
 - Page 2: Provider
 - Page 3: Provider/Practice Profile
 - Page 4: Certify Frozen Vaccine
- Saving or Submitting

What is a Provider Agreement & Why Renew?

Provider Agreement:

- Providers comply with WA Childhood Vaccine Program requirements
- Best practices
- Federal and State requirements and funds

Childhood Vaccine Program (CVP) & Vaccines for Children (VFC) Program:

- Agreement required for all participating providers
- Acknowledgement of conditions:



Why Renew?

- Verify eligibility
- Capture updated info and **practice profile data that helps determine funding**
- Annual training requirement



DOH Vaccine Coordinator Training

Training is required for the primary and backup vaccine coordinators in every enrolled clinic:

- [2026 Vaccine Coordinator Training \(TRAIN.org\)](#)
- [Vaccine Coordinator Training Instructions](#)

Register for the [Blended Learning Series](#)

This is where you will access all the training modules. [Need help with registration?](#)

Module 1 – Intro to the Childhood and Adult Vaccine Programs (26:53)

Module 2 – Storage & Handling Best Practices (30:54)

Module 3 – Temperature Monitoring (23:39)

Module 4 – Ordering & Receiving Vaccines (14:34)

Module 5 – Inventory (8:23)

Module 6 – Vaccine Returns 24:33)

Module 7 – Vaccine Transfers (19:52)

Module 8 – Eligibility Screening, Documentation & Billing (37:54)

Module 9 – Off-Site and Mobile Vaccination Clinics (21:19)

For Continuing Education Credits Only (optional):

Available for nurses, medical assistants, and pharmacists/pharmacy techs*

Complete [Module 10 – Evaluation and Final Assessment](#) (4:59) and print your certificate in Module 10.

*For Pharmacists and Pharmacist Technicians: Accreditation Council for Pharmacy Education, Universal Activity Number 0130-9999-25-715-H06-P and 0130-9999-25-715-H06-T

Provider Agreement Renewal Schedule

Renewal Start Date	March 1, 2026	March 1, 2026	April 1, 2026
Renewal Due Date	March 31, 2026	April 30, 2026	April 30, 2026
Counties	Adams Asotin Columbia Cowlitz Garfield Grays Harbor Kittitas Klickitat Lewis Lincoln Mason NE Tri Pacific Pierce Spokane Thurston Wahkiakum Walla Walla Yakima	King Snohomish	Benton-Franklin Chelan-Douglas Clallam Clark Grant Island Jefferson Kitsap Okanogan San Juan Skagit Skamania Whatcom Whitman

- * If you have not completed your Provider Agreement Renewal within 30 days of your *Renewal Due Date*, you will be disenrolled from the program.

Provider Agreement Components

Page 1: Facility Information

- Facility Information/Contact Details
- Vaccines Offered
- Shipping Information

Page 2: Provider

Page 3: Provider/Practice Profile

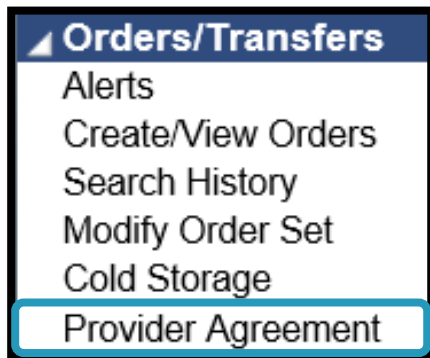
- Practice Profile
- Data Sources

Page 4: Certify Frozen Vaccine

Provider Agreement Walkthrough

Getting to your Provider Agreement Renewal:

- Log into the IIS
- Under “Orders/Transfers” select “Provider Agreement”



- Click “Add”



- Complete your 2026 Provider Agreement Renewal

Page 1: Facility Information

This page contains 3 sections:

- Facility Information/Contact Details
 - Facility Name and PIN
 - Addresses – Facility address, Vaccine delivery address, Mailing address
 - Contact Details – must include name, phone number, and email address
 - Signatory
 - Primary Coordinator
 - Backup Coordinator
 - Billing Coordinator
 - Two additional optional contacts

- Vaccines Offered

- Shipping Information

Page 1: Facility Information

- Verify facility name and address
- The following changes require a signed copy of your agreement to be submitted to DOH.
 - Update to your facility name
 - Change to your signatory
 - Update to any address
- If making any of the changes listed above, send a signed copy of your agreement to DOH at WAChildhoodVaccines@doh.wa.gov or by fax to (360)236-3811
- If none of the above changes have occurred, simply update your agreement online and submit the provider agreement electronically.

Provider Agreement Add/Edit	
Approver Comments:	YOU WILL FIND COMMENTS REGARDING YOUR PROVIDER AGREEMENT HERE.
Status:	RETURNED
VFC PIN:	159200
Organization (IRMS) Name:	JULIANNE'S ORGANIZATION
Facility Name:	PROFESSOR OAK LABORATORY x
Is Information Sharing Agreement current?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Last Renewed:	--select--
Facility Address:	
Street Address:	123 VICTORY ROAD
Street Address2:	
City:	MONTESANO
State:	WASHINGTON
County:	GRAYS HARBOR
Zip Code:	98563
Vaccine Delivery Address:	
Check if vaccine delivery address is the same as facility address:	<input type="checkbox"/>
Street Address:	123 VICTORY ROAD
Street Address2:	
City:	MONTESANO
State:	WASHINGTON
County:	GRAYS HARBOR
Zip Code:	98563
Mailing Address:	
Check if mailing address is the same as facility address:	<input type="checkbox"/>
Street Address:	123 VICTORY ROAD
Street Address2:	
City:	MONTESANO
State:	WASHINGTON
County:	GRAYS HARBOR
Zip Code:	98563

Page 1: Facility Information

Signatory

- First contact
- Phone number (shared in provider map) & email
- Authority at the facility
- Active provider with a valid license

Primary/Backup Coordinators

- **Second** and **third** contact
- Phone number & email addresses (these email addresses are used in the REDCap temp monitoring system).
- Annual training required



- [Provider Training Instructions for TRAIN.org](http://www.train.org)

Billing Coordinator

- **Fourth** contact
- Can be an individual or a group
- Must include email address & phone number

Contact Details:			
Type1:	Signatory		
Contact First Name1, Middle Initial 1, and Last Name 1:	SAMUEL		OAK
Phone Number1:	(360)236-2829		
Phone Number Extension1:			
Fax Number1:	(360)236-3811		
Email Address1:	SAMUEL.OAK@DOH.WA.GOV		
Type2:	Primary Vaccine Coordinator		
Contact First Name2, Middle Initial 2, and Last Name 2:	MISTY		CERULEAN
Phone Number2:	(360)236-2829		
Phone Number Extension2:			
Fax Number2:	(360)236-3811		
Email Address2:	MISTY.CERULEAN@DOH.WA.GOV		
Completed Annual Training Requirements	12/01/2018		
Method of Training Completion	Online training		
Type3:	Back-up Vaccine Coordinator		
Contact First Name3, Middle Initial 3, and Last Name 3:	BROCK		PEWTER
Phone Number3:	(360)236-2829		
Phone Number Extension3:			
Fax Number3:			
Email Address3:	BROCK.PEWTER@DOH.WA.GOV		
Completed Annual Training Requirements	12/01/2018		
Method of Training Completion	Online training		
Type4:	Billing Coordinator		
Contact First Name4, Middle Initial 4, and Last Name 4:			
Phone Number4:			
Phone Number Extension4:			
Fax Number4:			
Email Address4:			

Page 1: Facility Information

Verify vaccines offered

- **All ACIP recommended** vs. **Specialty Provider**
- If a specialty provider:
 - Defined population vs. age group
 - Choose specialty vaccine(s)

All ACIP
Recommended:



Vaccines Offered

All ACIP Recommended Vaccines

Offers Selected Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A "Specialty Provider" is defined as a provider that only serves

A defined population due to practice specialty (e.g. OB/GYN; STD Clinic; family planning). Please specify:

(e.g. We are an STD clinic)

or

A specific age group within the general population of children ages 0-18. Please specify:

(e.g. We serve children ages 0-6 years)

Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Select Vaccines Offered by Specialty Provider:

<input type="checkbox"/> DTaP	<input type="checkbox"/> Meningococcal Conjugate	<input type="checkbox"/> TD
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> MMR	<input type="checkbox"/> Tdap
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Varicella
<input type="checkbox"/> HIB	<input type="checkbox"/> Pneumococcal Polysaccharide	<input type="checkbox"/> Other: _____
<input type="checkbox"/> HPV	<input type="checkbox"/> Polio	
<input type="checkbox"/> Influenza	<input type="checkbox"/> Rotavirus	

Specialty Provider
Information:



Page 1: Facility Information

- Verify/change days and times
- Do NOT change facility type!
- Must be available four consecutive hours, twice a week, Monday through Friday

The screenshot shows a web form for facility information. A blue box highlights the 'Shipping Information' section, which includes a table of days and times. A red 'X' is placed over the 'Facility Type' dropdown menu, with the text 'Do NOT change facility type' written in red next to it. A blue box highlights the 'Save and Add Provider' button, with the text 'Continue to Page 2' written in blue below it.

Shipping Information:			
Monday:	<input checked="" type="checkbox"/>	09:00	17:00
Tuesday:	<input checked="" type="checkbox"/>	09:00	17:00
Wednesday:	<input checked="" type="checkbox"/>	09:00	17:00
Thursday:	<input checked="" type="checkbox"/>	09:00	17:00
Friday:	<input checked="" type="checkbox"/>	09:00	17:00

Facility Type: Public: Community Health Center

Facility Type Other:

Facility Comments:

Back Save and Add Provider

Continue to Page 2

Page 2: Authorized Providers

- Medical License Number required
- NPI Number required
- Signatory will pre-populate based on contact information section
- If a pharmacist is an authorized provider, please submit a copy of the collaborative agreement to

Verify provider info

Last Name	First Name	Middle Initial	Title	Specialty
JAMES	JESSE		DO	Pediatrics
Active with this Practice		Medical License Number	NPI Number	
<input checked="" type="radio"/> Yes <input type="radio"/> No		NP43058723	1254681065	
Last Name	First Name	Middle Initial	Title	Specialty
OAK	GARY		MD	Family Medicine
Active with this Practice		Medical License Number	NPI Number	
<input checked="" type="radio"/> Yes <input type="radio"/> No		MD15646314	1527489465	
* Last Name	* First Name	Middle Initial	Title	Specialty
OAK	SAMUEL		MD	Family Medicine
Active with this Practice		Medical License Number	NPI Number	
<input checked="" type="radio"/> Yes <input type="radio"/> No		MD45678912	1548754212	

Sort By: Last Name Status

Buttons: Add New Provider, Back, Save and Add Provider/Practice Profile

Signatory will prepopulate

Continue to Page 3

WAChildhoodVaccines@doh.wa.gov

Page 3: Provider/Practice Profile

This page contains 2 sections:

- Practice Profile
- Data Sources

Practice Profile

- Number of VFC eligible vs. non-VFC eligible children
- State vs. federal funding

Page 3: Provider/Practice Profile

- Number of children receiving vaccine: January 1, 2025 – December 31, 2025
- Based on patient records
- Only count a child once

Provider/Practice Profile				
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	2	9	4	15
No health insurance	5	2	7	14
American Indian/Alaska Native	8	3	6	17
Underinsured in FQHC/RHC or deputized facility ¹	11	6	7	24
Total VFC:	26	20	24	70
Non-VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	< 1 Year	1-6 Years	7-18 Years	Total
CHIP	5	3	8	16
Private Insurance (WAA01)	21	17	23	61
Other Underinsured ²	0	1	2	3
Total Non-VFC:	26	21	33	80
Total Patients (must equal sum of Total VFC + Total Non-VFC):	52	41	57	150

VFC Profile Report

- Log into the IIS
- Under “Reports” select “Report Module”
- Select “VFC Profile Report”
- Enter the date range **01/01/2025 – 12/31/2025**, select “Create Report”

VFC Profile Report

Limit Report By

Vaccine Date Range: **From:** 01/01/2022 **Through:** 12/31/2022

Organization DANNETTE'S TEST ORG (777777)

Organization Group --select--

Do Not Limit

Facility DANNETTE'S TEST CLINIC

Facility Group --select--

Do Not Limit

PIN --select--

Back Reset **Create Report**

Page 3: Provider/Practice Profile

Choose data source(s):

2) What data source (or type of data) was used: (check all that apply)

- Benchmarking
- Medicaid Claims
- Doses Administered
- Provider Encounter Data
- Billing System
- Washington State Immunization Information System
- Other

Continue to Page 4

Quiz #1

Quiz #1

The Provider/Practice Profile is important because:

- A. It captures the number of VFC and non-VFC eligible children served by the provider
- B. It is necessary for determining the funding that is needed to pay for the vaccines ordered
- C. It helps DOH determine a provider's vaccine ordering schedule

D. All of the above

Page 4: Certify Frozen Vaccine

- Select if you want to be certified for frozen vaccine
- Enter all storage unit information:
 - Name
 - Unit type
 - Manufacturer
 - Effective/Purchase dates
- Enter all thermometer information:
 - Make/Model
 - Thermometer type
 - Temperature scale
 - Date of last calibration
 - Calibration expiration
- Check the box at the bottom of the screen to verify that you are able to store frozen vaccine.

The screenshot shows a web form for certifying frozen vaccine storage. It is divided into sections for 'Cold Storage Unit', 'Freezer', and 'Refrigerator'. Each section contains fields for name, type, manufacturer, model number, effective date, and purchase/issue date. There are also sections for 'Thermometer 1' with fields for serial number, type, scale, last calibration date, and expiration date. At the bottom, there is a checkbox for certification and buttons for 'Back', 'Save for Later', and 'Submit to State'.

Cold Storage Unit	
LHU:	ACH CASCADE PACIFIC
VFC PIN:	159200
Clinic:	PROFESSOR OAK LABORATORY
Do you want to be certified for frozen vaccine (Varicella or MMRV)?	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	

Freezer	
Can freezer maintain an average temperature of 5 °F or colder?:	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	
Does freezer have a separate, insulated door?:	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	
Freezer 1	
Freezer Name:	GLACEON
Freezer Type:	Pharmaceutical (medical grade)
Manufacturer:	Sliph Co.
Model Number:	RKS-Glc101
Effective From:	12/01/2018
Purchase or Issue Date:	11/01/2018
Inactivate Freezer 1	<input type="checkbox"/>
Thermometer 1	
Thermometer Serial Number:	Logtag VFC 400
Thermometer Type:	Digital Data Logger
Other Device:	
Temperature Scale:	Fahrenheit
Date of Last Calibration:	12/01/2018
Calibration Expiration:	12/01/2020
Add	

Refrigerator	
Refrigerator 1	
Refrigerator Name:	UMBREON
Refrigerator Type:	Pharmaceutical (medical grade)
Manufacturer:	Sliph Co.
Model Number:	RKS-Umb101
Effective From:	12/01/2018
Purchase or Issue Date:	11/01/2018
Inactivate Refrigerator 1	<input type="checkbox"/>
Thermometer 1	
Thermometer Serial Number:	Logtag VFC 400
Thermometer Type:	Digital Data Logger
Other Device:	
Temperature Scale:	Fahrenheit
Date of Last Calibration:	12/01/2018
Calibration Expiration:	12/01/2020
Add	

By signing this document I certify that appropriate storage is in place for frozen vaccines.

Back Save for Later Submit to State

Page 4: Certify Frozen Vaccine

- Storage units cannot be deleted
- Only click “add” if you need to add a new storage unit.
- Inactivate any storage unit no longer in use
- Inactivate any storage unit added in error.
- Check the box at the bottom of the screen to certify that you are able to store frozen vaccines.

Cold Storage Unit

LHU: ACH CASCADE
VFC PIN: PACIFIC
Clinic: 159200
PROFESSOR OAK
LABORATORY

Do you want to be certified for frozen vaccine (Varicella or MMRV)?
 Yes
 No

Freezer

Can freezer maintain an average temperature of 5 °F or colder?: Yes
 No

Does freezer have a separate, insulated door?: Yes
 No

Freezer 1

Freezer Name: GLACEON
Freezer Type: Pharmaceutical (medical grade)
Manufacturer: Sliph Co.
Model Number: RKS-Glc101
Effective From: 12/01/2018
Purchase or Issue Date: 11/01/2018

Inactivate Freezer 1

Thermometer 1

Thermometer Serial Number: Logtag VFC 400
Thermometer Type: Digital Data Logger
Other Device:
Temperature Scale: Fahrenheit
Date of Last Calibration: 12/01/2018
Calibration Expiration: 12/01/2020

Add

Refrigerator

Refrigerator 1

Refrigerator Name: UMBREON
Refrigerator Type: Pharmaceutical (medical grade)
Manufacturer: Sliph Co.
Model Number: RKS-Umb101
Effective From: 12/01/2018
Purchase or Issue Date: 11/01/2018

Inactivate Refrigerator 1

Thermometer 1

Thermometer Serial Number: Logtag VFC 400
Thermometer Type: Digital Data Logger
Other Device:
Temperature Scale: Fahrenheit
Date of Last Calibration: 12/01/2018
Calibration Expiration: 12/01/2020

Add

By signing this document I certify that appropriate storage is in place for frozen vaccines.

Back Save for Later Submit to State

Quiz #2

Quiz #2

You are required to include your thermometer brand name and model name for each storage unit. This information needs to be entered into the field called:

- A. Model Number
- B. Thermometer Serial Number**
- C. Thermometer Type
- D. Calibration Expiration

Thermometer 1	
Thermometer Serial Number:	LOGTAG VFC400
Thermometer Type:	Digital Data Logger ▼
Other Device:	
Temperature Scale:	Fahrenheit ▼
Date of Last Calibration:	10/14/2016
Calibration Expiration:	10/14/2018

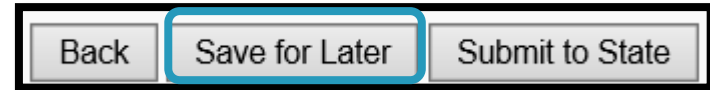
Approval Status

- Expired
 - Indicates an old agreement
- Pending Provider Submission
 - Saved for later
- Submitted
 - Submitted for state review & approval
- Returned
 - Returned to the provider for corrections
- Approved
 - Approved by DOH

Status: Pending

Pending Provider Submission Status:

- Provider has selected “Save for Later”
- This allows the provider to complete their agreement at a later date
- The agreement **cannot be approved** by DOH when in *Pending Provider Submission* status
- Select the agreement in *Pending Provider Submission* status to continue / complete your renewal



Provider Search Results
Show 10 entries

Select	Frozen Vaccine	PDF Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	PROFESSOR OAK LABORATORY	15920	PENDING PROVIDER SUBMISSION	12/19/2018	

Showing 1 to 1 of 1 entries

Status: Submitted

Submitted Status:

- Provider selected “Submit to state”
- Our goal is to review agreement within 3 business days
- If additional information is needed, agreement will be given *Returned* status
- If no additional information is needed, agreement will be given *Approved* status
- Print a copy of “PDF-Full” for your records & to send in if your clinic name, address or signatory has changed.



Select	Select Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name ▲	PIN ◆	Approval Status ◆	Date ◆
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	NICOLE'S VFC CLINIC 2	6541	EXPIRED	08/01/2017
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	NICOLE'S VFC CLINIC 2	6541	EXPIRED	12/31/2018
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	NICOLE'S VFC CLINIC 2	6541	EXPIRED	12/02/2019
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	NICOLE'S VFC CLINIC 2	6541	SUBMITTED	01/28/2020



Status: Returned

Returned Status:

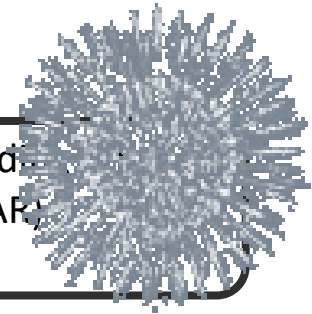
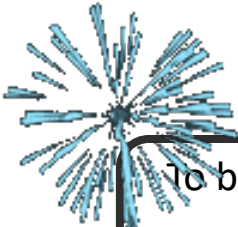
- State is requesting more information
- View “Approver Comments” on page 1 of your agreement to see what information is requested
- Complete the requested changes and re-submit your agreement
- Changes can be made throughout the year by asking for your agreement to be given returned status
- Make sure to re-submit your agreement!

Select	Select Frozen Vaccine	PDF Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	TEST VOM CLINIC	111TEST	RETURNED	01/17/2018		
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	TEST VOM CLINIC	111TEST	APPROVED	01/03/2018	01/03/2018	01/31/2019
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	TEST VOM CLINIC	111TEST	EXPIRED	11/01/2017	10/10/2017	10/31/2017

Provider Agreement Add/Edit	
Approver Comments:	YOU WILL FIND COMMENTS REGARDING YOUR PROVIDER AGREEMENT HERE.
Status:	RETURNED
VFC PIN:	111TEST
Organization (IRMS) Name:	TEST CLINIC
Facility Name:	<input type="text" value="TEST VOM CLINIC"/>
Agreement Signatory:	<input type="text" value="JOHN DOE"/>
Agreement Signatory Title:	<input type="text" value="MD"/>
Is Information Sharing Agreement current?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Last Renewed:	<input type="text" value="--select--"/>
Facility Address:	

<input type="button" value="Back"/>	<input type="button" value="Save for Later"/>	<input type="button" value="Submit to State"/>
-------------------------------------	---	--

Status: Approved



To be approved, all accountability must be submitted including logs, doses administered outside of age range (DOAR) questionnaire, and inventory reports

Approved Status:

- Provider agreement renewal was approved by DOH
- An expiration date will be assigned
- Renewals are good for one year, based on your renewal schedule
- If you have any changes to make throughout the year, contact us at WAChildhoodVaccines@doh.wa.gov

Provider Agreements										
Show 10 entries										
Select	Select Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	DANNETTE'S PEDIATRIC CLINIC	333333	EXPIRED	03/01/2017	02/10/2016	02/28/2017
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	DANNETTE'S PEDIATRIC CLINIC	333333	EXPIRED	08/01/2017	07/25/2016	07/31/2017
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	DANNETTE'S PEDIATRIC CLINIC	333333	EXPIRED	08/31/2018	08/23/2017	08/31/2018
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	DANNETTE'S PEDIATRIC CLINIC	333333	APPROVED	01/27/2020	03/10/20	03/31/2027



Quiz #3

Quiz #3

What scenario requires you to add a new Provider Agreement and submit a signed PDF to the Childhood Vaccine Program?

- A. Adding new signatory
- B. Change of facility name
- C. Change of facility address
- D. All of the above

Thank You!

Provider Agreement Renewal Resources:

[Provider Agreement Renewal Guide](#)

[Provider Agreement Renewal Schedule](#)

[Provider Agreement Renewal FAQ](#)

[Childhood Vaccine Program Training Webpage](#)

[DOH Vaccine Coordinator Training](#) (TRAIN account required)

[DOH Vaccine Coordinator Training Instructions \(PDF\)](#)

Contact Information:

WAChildhoodVaccines@doh.wa.gov

360-236-2829

Future Training Topics

March 12 at Noon: Program Billing Guidelines, Eligibility Screening and Documentation

Please send suggestions for future topics to:
WACHILDHOODVACCINES@doh.wa.gov

Questions?

Childhood Vaccine Program Main Contact Information

WAChildhoodVaccines@doh.wa.gov

Phone: (360)236-2829

Fax: (360)236-3811



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.

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