



# CVP TRAINING SERIES:

CHILDHOOD VACCINE PROGRAM  
PROVIDER AGREEMENT RENEWALS

Office of Immunization/Childhood Vaccine Program  
February 20, 2025

# Presented By:

February 20, 2025

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360-236-2829

# Outline

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- 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?

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## 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 data
- Annual training requirement- we have a new training this year!



# New DOH Vaccine Coordinator Training

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New for 2025 is the WA State created Vaccine Coordinator Training

## [Register for Courses and Access the Training Modules:](#)

[Module 1 – Intro to the Childhood and Adult Vaccine Programs](#) (23:30)

[Module 2 – Storage & Handling Best Practices](#) (27:52)

[Module 3 – Temperature Monitoring](#) (22:10)

[Module 4 – Ordering & Receiving Vaccines](#) (14:24)

[Module 5 – Inventory](#) (8:23)

[Module 6 – Vaccine Returns](#) (24:33)

[Module 7 – Vaccine Transfers](#) (21:56)

[Module 8 – Eligibility Screening, Documentation & Billing](#) (29:56)

[Module 9 – Off-Site and Mobile Vaccination Clinics](#) (22:45)

## [For Continuing Education Credits Only \(optional\):](#)

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

Complete [Module 10 – Evaluation and Final Assessment](#) (4:38)

\*For Pharmacists and Pharmacist Technicians: Accreditation Council for Pharmacy Education, Universal Activity Number 0130-9999-24-682-H06-P and 0130-9999-24-682-H06-T

# Provider Agreement Renewal Schedule

Renewal Start Date	March 1, 2025	March 1, 2025	April 1, 2025
Renewal Due Date	March 31, 2025	April 30, 2025	April 30, 2025
<b>Counties</b>	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

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## 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

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Getting to your Provider Agreement Renewal:

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



- Click “Add”



- Complete your 2025 Provider Agreement Renewal



# Page 1: Facility Information

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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](mailto: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
<b>VFC PIN:</b>	159200
Organization (IRMS) Name:	JULIANNE'S ORGANIZATION
<b>Facility Name:</b>	PROFESSOR OAK LABORATORY x
Is Information Sharing Agreement current?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Last Renewed:	--select--
Facility Address:	
<b>Street Address:</b>	123 VICTORY ROAD
Street Address2:	
<b>City:</b>	MONTESANO
<b>State:</b>	WASHINGTON
<b>County:</b>	GRAYS HARBOR
<b>Zip Code:</b>	98563
Vaccine Delivery Address:	
Check if vaccine delivery address is the same as facility address:	<input type="checkbox"/>
<b>Street Address:</b>	123 VICTORY ROAD
Street Address2:	
<b>City:</b>	MONTESANO
<b>State:</b>	WASHINGTON
<b>County:</b>	GRAYS HARBOR
<b>Zip Code:</b>	98563
Mailing Address:	
Check if mailing address is the same as facility address:	<input type="checkbox"/>
<b>Street Address:</b>	123 VICTORY ROAD
Street Address2:	
<b>City:</b>	MONTESANO
<b>State:</b>	WASHINGTON
<b>County:</b>	GRAYS HARBOR
<b>Zip Code:</b>	98563

# Page 1: Facility Information

## Signatory

- First contact
- Phone number & email
- Authority at the facility
- Active provider with a valid license

## Primary/Backup Coordinators

- Second and third contact
- Phone number & email addresses
- Annual training



- Only our new online training will be accepted this year
- [Provider Training Instructions for 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:  
[Text Box] (e.g. We are an STD clinic)

or

A specific age group within the general population of children ages 0-18. Please specify:  
[Text Box] (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: [Text Box]
<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 for days and times. A red 'X' is placed over the 'Facility Type' dropdown menu, which is currently set to 'Public: Community Health Center'. Red text next to the 'X' reads 'Do NOT change facility type'. A blue box at the bottom right highlights the 'Save and Add Provider' button, with the text 'Continue to Page 2' 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

Authorized Providers [Add/Edit]

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

Sort By:  Last Name  Status

Back Save and Add Provider/Practice Profile

Add New Provider

Signatory will prepopulate

Continue to Page 3

[WACHildhoodVaccines@doh.wa.gov](mailto:WACHildhoodVaccines@doh.wa.gov)

## Page 3: Provider/Practice Profile

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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, 2024 – December 31, 2024
- Based on patient records
- Only count a child once

<b>Provider/Practice Profile</b>				
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 <sup>1</sup>	11	6	7	24
<b>Total VFC:</b>	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 <sup>2</sup>	0	1	2	3
<b>Total Non-VFC:</b>	26	21	33	80
<b>Total Patients</b> (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 **01/01/2024 – 12/31/2024**, select “Create Report”

The screenshot shows the 'VFC Profile Report' form. The 'Limit Report By' section includes the following fields:

- Vaccine Date Range:** A red box highlights the 'From:' field with the value '01/01/2022' and the 'Through:' field with the value '12/31/2022'.
- Organization:** A radio button is selected, with a dropdown menu showing 'DANNETTE'S TEST ORG ( 7777777 )'.
- Organization Group:** A radio button is unselected, with a dropdown menu showing '--select--'.
- Do Not Limit:** A radio button is unselected.
- Facility:** A radio button is selected, with a dropdown menu showing 'DANNETTE'S TEST CLINIC'.
- Facility Group:** A radio button is unselected, with a dropdown menu showing '--select--'.
- Do Not Limit:** A radio button is unselected.
- PIN:** A checkbox is unselected, with a dropdown menu showing '--select--'.

At the bottom right of the form, there are three buttons: 'Back', 'Reset', and 'Create Report'. The 'Create Report' button is highlighted with a red box.

## Page 3: Provider/Practice Profile

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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

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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, date of last calibration, and calibration expiration. 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	Thermometer Serial Number:	Logtag VFC 400
Freezer Type:	Pharmaceutical (medical grade)	Thermometer Type:	Digital Data Logger
Manufacturer:	Sliph Co.	Other Device:	
Model Number:	RKS-Glc101	Temperature Scale:	Fahrenheit
Effective From:	12/01/2018	Date of Last Calibration:	12/01/2018
Purchase or Issue Date:	11/01/2018	Calibration Expiration:	12/01/2020

Inactivate Freezer 1

**Refrigerator**

**Refrigerator 1**

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

Inactivate Refrigerator 1

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
<b>Thermometer Type:</b>	Digital Data Logger
Other Device:	
<b>Temperature Scale:</b>	Fahrenheit
<b>Date of Last Calibration:</b>	10/14/2016
Calibration Expiration:	10/14/2018



# Approval Status

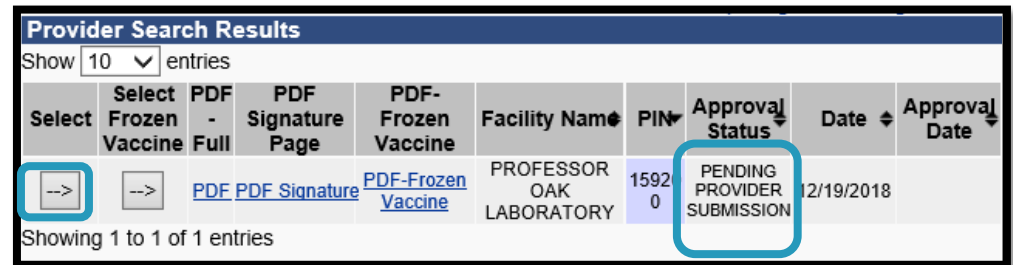
---

- **Expired**
  - Indicates an old agreement
- **Pending Provider Submission**
  - Saved for later
- **Submitted**
  - Submitted for state 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

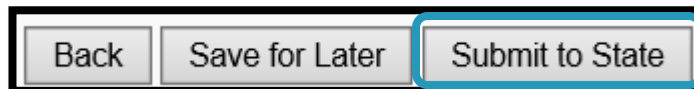
Select	Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	PROFESSOR OAK LABORATORY	15920	PENDING PROVIDER SUBMISSION	12/19/2018	

Showing 1 to 1 of 1 entries

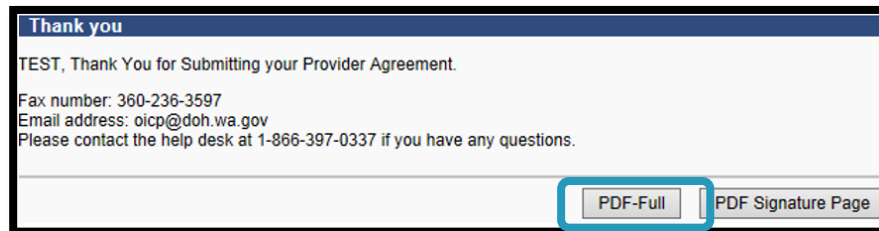
# Status: Submitted

## Submitted Status:

- Provider selected “Submit to state”
- DOH will 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 ◆
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	NICOLE'S VFC CLINIC 2	6541	EXPIRED	08/01/2017
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	NICOLE'S VFC CLINIC 2	6541	EXPIRED	12/31/2018
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	NICOLE'S VFC CLINIC 2	6541	EXPIRED	12/02/2019
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	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
<a href="#">--&gt;</a>	<a href="#">--&gt;</a>	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	TEST VOM CLINIC	111TEST	RETURNED	01/17/2018		
<a href="#">--&gt;</a>	<a href="#">--&gt;</a>	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	TEST VOM CLINIC	111TEST	APPROVED	01/03/2018	01/03/2018	01/31/2019
<a href="#">--&gt;</a>	<a href="#">--&gt;</a>	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	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
<b>VFC PIN:</b>	111TEST
Organization (IRMS) Name:	TEST CLINIC
<b>Facility Name:</b>	TEST VOM CLINIC
<b>Agreement Signatory:</b>	JOHN DOE <input type="text"/>
<b>Agreement Signatory Title:</b>	MD
Is Information Sharing Agreement current?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Last Renewed:	--select--
<b>Facility Address:</b>	

<a href="#">Back</a>	<a href="#">Save for Later</a>	<a href="#">Submit to State</a>
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# Status: Approved

To be approved, all accountability must be submitted including all reports, doses administered outside of age range (DOAR) questionnaire, and other 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](mailto:WAChildhoodVaccines@doh.wa.gov)

Select	Select Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	DANNETTE'S PEDIATRIC CLINIC	333333	EXPIRED	03/01/2017	02/10/2016	02/28/2017
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	DANNETTE'S PEDIATRIC CLINIC	333333	EXPIRED	08/01/2017	07/25/2016	07/31/2017
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	DANNETTE'S PEDIATRIC CLINIC	333333	EXPIRED	08/31/2018	08/23/2017	08/31/2018
-->	-->	<a href="#">PDF</a>	<a href="#">PDF Signature</a>	<a href="#">PDF-Frozen Vaccine</a>	DANNETTE'S PEDIATRIC CLINIC	333333	APPROVED	01/27/2020	03/10/20	03/31/2026



# Quiz #3

## Quiz #3

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What are three scenarios that require 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!

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Provider Agreement Renewal Resources:

[Provider Agreement Renewal Guide](#)

[Provider Agreement Renewal Schedule](#)

[Provider Agreement Renewal FAQ](#)



[NEW DOH Vaccine Coordinator Training](#)

Contact Information:

[WAChildhoodVaccines@doh.wa.gov](mailto:WAChildhoodVaccines@doh.wa.gov)

360-236-2829



# Future Training Topics

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March 27 at Noon:      Program Billing Guidelines, Eligibility Screening  
and Documentation

Please send suggestions for future topics to:  
[WACHILDHOODVACCINES@doh.wa.gov](mailto:WACHILDHOODVACCINES@doh.wa.gov)

# CVP Training Webpage

## In this section

### Childhood Vaccine Program

#### Childhood Vaccine Program Training

Online Accountability Reporting

Order Immunization Materials

Patient Eligibility

Provider Enrollment

Publicly-Supplied Vaccines

Storage and Handling

Vaccine Ordering and Returns

## Childhood Vaccine Program Training

This page includes Childhood Vaccine Program training announcements and opportunities. These training courses are for health care providers, local public health, and immunization staff.

### Upcoming webinar opportunities

#### CVP Training Series: Provider Agreement Renewals

**Date:** February 20, 2025

**Time:** 12 noon

**Primary Audience:** Providers and Vaccine Coordinators for the Childhood and Adult Vaccine Programs

[Register for the Training Session](#) >>

### Training

- [New Vaccine Coordinator Training Checklist \(PDF\)](#)
- [DOH Annual Vaccine Coordinator Training Modules \(Required\)](#)
- [IIS Training Materials Portal](#)
- [IIS Resources \(PDF\)](#)

### Recorded webinars

- January 9, 2025 – Overview of New Vaccine Coordinator Training Requirements [Video](#) | [PDF](#)
- November 14, 2024 – What to Do in a Power Outage, Vaccine Transport and Reporting Temperature Excursions [Video](#) | [PDF](#)
- [September 17, 2024 – Respiratory Season Updates: Vaccine Recommendations, Ordering and Distribution](#)
- [August 29, 2024 – COVID-19 Updates Webinar](#)
- June 20, 2024 – Vaccine Returns and Vaccine Loss Policy [Video](#) | [PDF](#)
- April 18, 2024 – Clinical Updates, Vaccine Ordering, and Vaccine Choice [Video](#) | [PDF](#)
- March 21, 2024 – Billing and Eligibility Screening [Video](#) | [PDF](#) | [Q&A](#)
- February 15, 2024 – Provider Agreement Renewal Process [Video](#) | [PDF](#)
- January 18, 2024 – REDCap Refresher: Submitting Temperature Logs and Reporting Temperature Excursions [Video](#) | [PDF](#)

# Questions?

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Childhood Vaccine Program Main Contact Information

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