

COVID-19 Vaccine Provider Disenrollment Form

Contact the COVID-19 Vaccine Program at Covid.Vaccine@doh.wa.gov to begin the disenrollment process. If you have any remaining COVID-19 vaccine inventory, please let the COVID-19 Vaccine Program know when you submit this disenrollment form.

Note: Once you are disenrolled from the program, you will need to complete the [enrollment process](#) again if you want to offer COVID-19 vaccines in the future.

Facility Information			
Facility Name:		PIN:	
Facility Address:			
City:	County:	State: WA	Zip:
Contact Person:		Telephone:	
Date of Disenrollment:		Facility Type:	
Disenrollment Reason			
Please tell us why you are disenrolling from the COVID-19 Vaccine Program.			
<p>Provider Inactivity</p> <p><input type="checkbox"/> Our practice did not order or transfer vaccines for the last 3 months</p> <p>Change in Practice Status</p> <p><input type="checkbox"/> Our practice merged with another provider</p> <p><input type="checkbox"/> Our practice closed</p> <p><input type="checkbox"/> Our practice is no longer offering vaccinations</p> <p>Other Reasons</p> <p><input type="checkbox"/> The program is too much of an operational or financial burden for our practice</p> <p><input type="checkbox"/> Our practice serves too few patients</p>			
Please provide a description of the circumstances surrounding disenrollment from the program. If disenrollment is due to program requirements, please specify which requirements led to the decision:			
Sign & Submit Disenrollment			
Submit completed form to Covid.Vaccine@doh.wa.gov .			
Person Submitting Document:			
Signature:			

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.