



CHILDHOOD VACCINE PROGRAM PROVIDER AGREEMENT RENEWALS

Washington State Department of Health

Presented By:

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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 data
- Annual provider training requirement

Provider Agreement Renewal Schedule

Renewal Start Date	March 1, 2020		March 1, 2020	April 1, 2020	
Renewal Due Date *	March 31, 2020		April 30, 2020	April 30, 2020	
Counties	Adams	Mason	King	Benton-Franklin	San Juan
	Asotin	NE Tri	Snohomish	Chelan-Douglas	Skagit
	Columbia	Pacific		Clallam	Skamania
	Cowlitz	Pierce		Clark	Whatcom
	Garfield	Spokane		Grant	Whitman
	Grays Harbor	Thurston		Island	
	Kittitas	Wahkiakum		Jefferson	
	Klickitat	Walla Walla		Kitsap	
	Lewis	Yakima		Okanogan	
	Lincoln				

* 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 Walkthrough

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 2020 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
- Email
- Authority at the facility
- Active provider with a valid license

Primary/Backup Coordinators

- Second and third contact
- Phone number
- Email
- Annual training
 - Only online training (You Call The Shots) will be accepted
 - <https://www.cdc.gov/vaccines/ed/youcalltheshots.html>
 - Complete “Vaccines for Children (VFC)” and “Vaccine Storage and Handling” modules

Contact Details:	
Type1:	Signatory
Contact First Name1, Middle Initial 1, and Last Name 1:	SAMUEL <input type="text"/> <input type="text"/> OAK
Phone Number1:	(360)236-2829
Phone Number Extension1:	<input type="text"/>
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 <input type="text"/> <input type="text"/> CERULEAN
Phone Number2:	(360)236-2829
Phone Number Extension2:	<input type="text"/>
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 <input type="text"/> <input type="text"/> PEWTER
Phone Number3:	(360)236-2829
Phone Number Extension3:	<input type="text"/>
Fax Number3:	<input type="text"/>
Email Address3:	BROCK.PEWTER@DOH.WA.GOV
Completed Annual Training Requirements	12/01/2018
Method of Training Completion	Online training

New in 2020: Contact Type 4

This year it is required that you include a billing contact at your facility. Please include name, phone number, and email address

Type4:	Billing Coordinator		
Contact First Name4, Middle Initial 4, and Last Name 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number4:	<input type="text"/>		
Phone Number Extension4:	<input type="text"/>		
Fax Number4:	<input type="text"/>		
Email Address4:	<input type="text"/>		

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="text"/>
<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

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

Do NOT change
facility type

Continue to Page 2

Quiz #1

What is required this year in your Contact Details that was not required last year?

- a) Phone number
- b) Prescribing provider
- c) Billing coordinator
- d) All of the above
- e) None of the above

Quiz #1

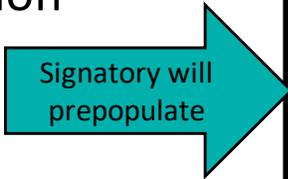
What is required this year in your Contact Details that was not required last year?

- a) Phone number
- b) Prescribing provider
- c) Billing coordinator
- d) All of the above
- e) None of the above

Page 2: Authorized Providers

Verify provider info

- Medical License Number required
- NPI Number required
- Signatory will pre-populate based on contact information section



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	NPI Number			
	NP43058723	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	NPI Number			
	MD15646314	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	NPI Number			
	MD45678912	1548754212			

Sort By: Last Name Status

Continue to Page 3

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, 2019 – December 31, 2019
- 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 01/01/2019 – 12/31/2019, select “Create Report”

VFC Profile Report	
Limit Report By	
Vaccine Date Range:	From: 01/01/2019 Through: 12/31/2019 x
<input checked="" type="radio"/> Organization	DANNETTE'S PRACTICE (100021)
<input type="radio"/> Organization Group	--select--
<input type="radio"/> Do Not Limit	
<input checked="" type="radio"/> Facility	DANNETTE'S PEDIATRIC CLINIC
<input type="radio"/> Facility Group	--select--
<input type="radio"/> Do Not Limit	
<input type="checkbox"/> VFC PIN	--select--
<input type="button" value="Back"/> <input type="button" value="Reset"/> <input type="button" value="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

Back

Save and Certify Frozen Vaccine

[Continue to Page 4](#)

Quiz #2

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

Quiz #2

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**

Thermometer Requirements

As of January 1, 2018, federal requirements with regard to temperature monitoring systems were updated:

- All providers enrolled in the Childhood Vaccine Program must use a digital data logger with continuous monitoring and recording capabilities.
- Allowed thermometers must have a probe in solution and a valid certificate of calibration.
- Backup thermometer must also meet CDC requirements.
- Detailed information regarding the thermometer requirements found:

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-538-ThermometerDescriptionsGuide.pdf>

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.

Cold Storage Unit	
LHJ:	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	Thermometer 1
Freezer Name: GLACEON	Thermometer Serial Number: Logtag VFC 400
Freezer Type: Pharmaceutical (medical grade) ▼	Thermometer Type: Digital Data Logger ▼
Manufacturer: Silph 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 <input type="checkbox"/>	
Add	
Refrigerator	Thermometer 1
Refrigerator Name: UMBREON	Thermometer Serial Number: Logtag VFC 400
Refrigerator Type: Pharmaceutical (medical grade) ▼	Thermometer Type: Digital Data Logger ▼
Manufacturer: Silph 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 <input type="checkbox"/>	
Add	
<input checked="" type="checkbox"/> 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		ACH CASCADE PACIFIC	
LHJ:		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		Thermometer 1	
Freezer Name:	GLACEON	Thermometer Serial Number:	Logtag VFC 400
Freezer Type:	Pharmaceutical (medical grade)	Thermometer Type:	Digital Data Logger
Manufacturer:	Silph 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	<input type="checkbox"/>		
Add			
Refrigerator			
Refrigerator 1		Thermometer 1	
Refrigerator Name:	UMBREON	Thermometer Serial Number:	Logtag VFC 400
Refrigerator Type:	Pharmaceutical (medical grade)	Thermometer Type:	Digital Data Logger
Manufacturer:	Silph 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	<input type="checkbox"/>		
Add			
<input checked="" type="checkbox"/> By signing this document I certify that appropriate storage is in place for frozen vaccines.			
Back		<input type="button" value="Save for Later"/> <input type="button" value="Submit to State"/>	

Quiz #3

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

Quiz #3

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

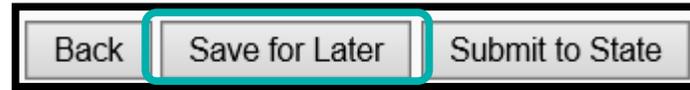
Approval Status

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



Select	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	159200	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.

Back Save for Later **Submit to State**

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

Thank you
TEST, Thank You for Submitting your Provider Agreement.
Fax number: 360-236-3597
Email address: oicp@doh.wa.gov
Please contact the help desk at 1-866-397-0337 if you have any questions.

PDF-Full PDF Signature Page

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:	TEST VOM CLINIC
Agreement Signatory:	JOHN DOE <input type="text"/>
Agreement Signatory Title:	MD <input type="text"/>
Is Information Sharing Agreement current?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Last Renewed:	--select-- <input type="text"/>
Facility Address:	

Status: Approved

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

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	03/10/2020	03/31/2021



Quiz #4

The **only** status where DOH can review and approve my 2020 Provider Agreement renewal is:

- A. Pending Provider Submission
- B. Submitted
- C. Returned
- D. Expired

Quiz #4

The only status where DOH can review and approve my 2020 Provider Agreement renewal is:

A. Pending Provider Submission

B. Submitted

C. Returned

D. Expired

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

Live Demo

IIS Training Team Resources

IIS Questions & Assistance

Contact the Help Desk

- 1-800-325-5599
- WAIISSHelpDesk@doh.wa.gov

Request IIS Training

Email the IIS Outreach & Training Team

IIS.Training@doh.wa.gov

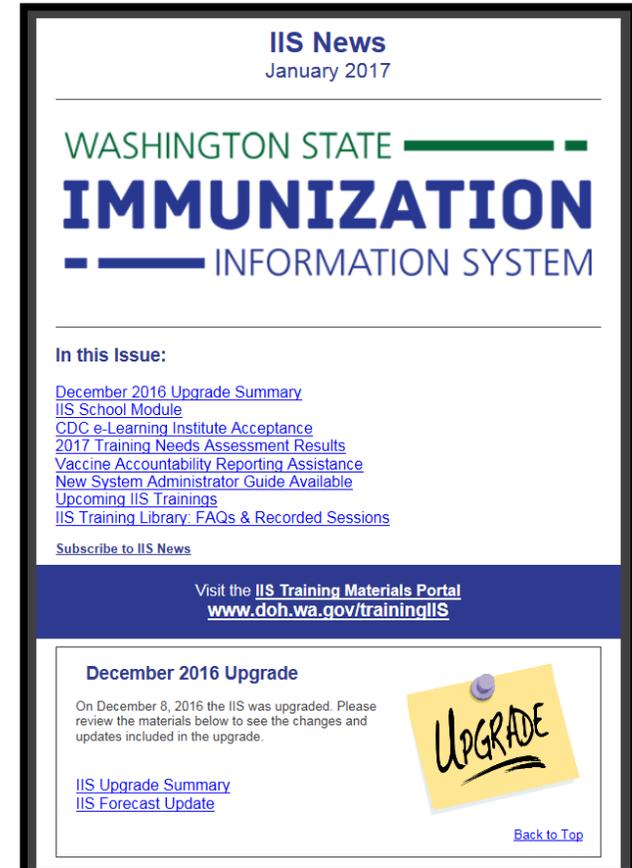
IIS Training Resources

Visit the IIS Training Materials Portal

www.doh.wa.gov/trainingIIS

Recorded IIS Monthly Webinars on YouTube

Visit the IIS YouTube Channel [here](#)



The image shows the cover of the 'IIS News' newsletter for January 2017. At the top, it says 'IIS News January 2017'. Below that is the title 'WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM' with a green horizontal line under 'WASHINGTON STATE'. The main content area is titled 'In this Issue:' and lists several links: 'December 2016 Upgrade Summary', 'IIS School Module', 'CDC e-Learning Institute Acceptance', '2017 Training Needs Assessment Results', 'Vaccine Accountability Reporting Assistance', 'New System Administrator Guide Available', 'Upcoming IIS Trainings', and 'IIS Training Library: FAQs & Recorded Sessions'. There is a 'Subscribe to IIS News' link at the bottom of this section. Below this is a dark blue banner with the text 'Visit the IIS Training Materials Portal www.doh.wa.gov/trainingIIS'. The bottom section is titled 'December 2016 Upgrade' and contains the text: 'On December 8, 2016 the IIS was upgraded. Please review the materials below to see the changes and updates included in the upgrade.' It includes links for 'IIS Upgrade Summary' and 'IIS Forecast Update'. To the right of this text is a yellow sticky note with the word 'UPGRADE' written on it. At the bottom right of the page is a 'Back to Top' link.

[Subscribe to IIS News](#)

Thank you!!

Renewal Information:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/ChildhoodVaccineProgram/ProviderEnrollment>

You Call The Shots Training:

<https://www.cdc.gov/vaccines/ed/youcalltheshots.html>

Thermometer Requirements Guide:

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-538-ThermometerDescriptionsGuide.pdf>

Contact information

Vaccine Management Team

WAChildhoodVaccines@doh.wa.gov

360-236-2829

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