



2024-2026 VERMONT CHILD VACCINE PROGRAM PROVIDER AGREEMENT



FACILITY INFORMATION

Facility Name:	VFC Pin#:
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Facility Address:

City:	County:	State:	Zip:
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Telephone:	Fax:
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Shipping Address <i>(if different than facility address)</i> :
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City:	County:	State:	Zip:
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MEDICAL DIRECTOR OR EQUIVALENT

Instructions: *The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.*

**Note: For the purposes of the VFC program, the term 'vaccine' is defined as any FDA-authorized or licensed, ACIP-recommended product for which ACIP approves a VFC resolution for inclusion in the VFC program.*

Last Name, First, MI:	Title:	Specialty:
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License No.:	Medicaid or NPI No.:	Employer Identification No. <i>(optional)</i> :
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Provide Information for second individual as needed:

Last Name, First, MI:	Title:	Specialty:
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License No.:	Medicaid or NPI No.:	Employer Identification No. <i>(optional)</i> :
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VFC VACCINE COORDINATOR**Primary Vaccine Coordinator Name:**

Telephone:

Email:

Completed annual training:

 Yes No

Type of training received:

Back-Up Vaccine Coordinator Name:

Telephone:

Email:

Completed annual training:

 Yes No

Type of training received:

PROVIDERS PRACTICING AT THIS FACILITY *(additional spaces for providers at end of form)*

Instructions: *List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.*

Provider Name	Title	License No.	Medicaid or NPI No.	EIN (Optional)

PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or practice administrator or equivalent:

1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federal or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</p> <p>A. Federal Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none">1. Are an American Indian or Alaska Native;2. Are enrolled in Medicaid;3. Have no health insurance;4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement. <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none">a) In addition, to the extent that my state designates additional categories of children as “state vaccine-eligible,” I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children. <p>Children aged 0 through 18 years that do not meet one or more of the federal vaccine eligibility categories (VFC-eligible), are not eligible to receive VFC-purchased vaccine.</p>
3.	<p>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</p> <ol style="list-style-type: none">a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4.	I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.

6.	I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$21.22 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
7.	I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8.	<p>I will distribute the current Vaccine Information Statement (VIS) (or Immunization Information Statement for nirsevimab) each time a vaccine is administered and maintain records in accordance with the National Vaccine Injury Compensation Program (VICP), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).</p> <p>Note: <i>Until a COVID-19 Vaccine Information Statement (VIS) becomes available, provide information prior to vaccination as follows: EUA Fact Sheet for Recipients, Emergency Use Instructions (EUI), or BLA package insert, as applicable.</i></p> <p><i>For nirsevimab when not co-administered with other vaccines, report all suspected adverse reactions to MedWatch. Report suspected adverse reactions following co-administration of nirsevimab with any vaccine to the Vaccine Adverse Event Reporting System (VAERS).</i></p>
9.	<p>I will comply with the requirements for vaccine management including:</p> <ol style="list-style-type: none"> a) Order vaccine and maintain appropriate vaccine inventories; b) Not store vaccine in dormitory-style units at any time; c) Store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Vermont Vaccine Program storage and handling recommendations and requirements; d) Return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration
10.	<p>I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:</p> <p>Fraud: an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.</p> <p>Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</p>
11.	I will participate in VFC program compliance site visits, including unannounced visits and other educational opportunities associated with VFC program requirements.
12.	<p>For pharmacies, urgent care, or school-located vaccine clinics, I agree to:</p> <ol style="list-style-type: none"> a) Vaccinate all "walk-in" VFC-eligible children and b) Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee. <p>Note: "Walk-in" refers to any VFC-eligible child who presents requesting a vaccine, not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients</p>

	<i>to make an appointment to receive vaccinations, then the policy would apply to VFC patients as well. "Walk-in" may also include VFC-eligible newborn infants at a birthing facility.</i>
13.	Vermont health care providers must report to the Vermont Department of Health immunization data for children under the age of 18 within seven days of the immunization (Vermont Statutes Annotated, 18, Chapter 21 § 1129. Immunization Registry).
14.	I understand this facility or the Vermont Vaccine Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Vermont Vaccine Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Medical Director or Equivalent Name (print):

Signature:

Date:

Name (print) *Second individual as needed:*

Signature:

Date:

VERMONT ADULT VACCINE PROGRAM PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1.	I will annually submit a VAVP enrollment form or more frequently if there is a change in Medical Director or the population served.
2.	I will screen patients and document patients age at each immunization encounter for VAVP eligibility and administer VAVP-purchased vaccine only to adults age 19-64. Adults aged 65 and older are not eligible to receive VAVP-purchased vaccine.
3.	For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VAVP program unless: <ol style="list-style-type: none"> a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the adult; b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4.	I will maintain all records related to the VAVP program for a minimum of three years and upon request make these records available for review. VAVP records include, but are not limited to, VAVP screening documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible adults with publicly supplied vaccine at no charge to the patient for the vaccine.
6.	I will not deny administration of a publicly purchased vaccine to an established patient because the individual of record is unable to pay the administration fee.
7.	I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Adulthood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
8.	I will comply with the requirements for vaccine management including: <ol style="list-style-type: none"> a) Ordering vaccine and maintaining appropriate vaccine inventories; b) Not storing vaccine in dormitory-style units at any time; c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Vermont Vaccine Program storage and handling recommendations and requirements; d) Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration
9.	I will participate in VAVP program compliance site visits including unannounced visits, and other educational opportunities associated with VAVP program requirements.

10.	Vermont health care providers must report to Vermont Department of Health immunization data for adults 18 years and older, within one month after the health care provider has established an electronic health records system and data interface pursuant to the e-health standards developed by the Vermont information technology leaders. (Vermont Statutes Annotated, 18, Chapter 21 § 1129. Immunization Registry).
11.	I understand this facility or the Vermont Vaccine Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Vermont Vaccine Program.

<i>By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vermont Adult Vaccine Program enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.</i>	
Medical Director or Equivalent Name (print):	
Signature:	Date:
Name (print) <i>Second individual as needed:</i>	
Signature:	Date:

ADDITIONAL PROVIDERS

PROVIDERS PRACTICING AT THIS FACILITY *(attach additional pages as necessary)*

Instructions: List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

Provider Name	Title	License No.	Medicaid or NPI No.	EIN (Optional)

Vaccines for Children (VFC) Program Provider Profile Form

All healthcare providers participating in the Vaccines for Children (VFC) program must complete this form annually or more frequently if the number of children served changes or the status of the provider/facility changes during the calendar year.

Date: ____/____/____

Provider Identification Number _____

FACILITY INFORMATION		
Provider Name:		
Facility Name:		
Vaccine Delivery Address:		
City:	State:	Zip:
Telephone:	Email:	
PROVIDER TYPE (select only one provider type)		
<p>Please review the provider type definitions to assist with provider type selection.</p>		
<input type="checkbox"/> Behavioral Health Clinic <input type="checkbox"/> Birthing Hospital or Birthing Center <input type="checkbox"/> Community Vaccinator <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Family Planning Clinic (non-health department) <input type="checkbox"/> Federally Qualified Health Center <input type="checkbox"/> Hospital <input type="checkbox"/> Indian Health Service, Tribal, or Urban Clinic <input type="checkbox"/> Juvenile Detention Center <input type="checkbox"/> Migrant Health Center <input type="checkbox"/> Mobile Provider	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Private Practice (e.g., family practice, pediatric, primary care) <input type="checkbox"/> Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized <input type="checkbox"/> Public Health Clinic (state/local) <input type="checkbox"/> Public Health Clinic (state/local) as agent for FQHC/RHC-deputized <input type="checkbox"/> Refugee Health Clinic <input type="checkbox"/> Residential/Congregate Care Facility <input type="checkbox"/> Retail Health Clinic	<input type="checkbox"/> Rural Health Clinic <input type="checkbox"/> School-Based Clinic (permanent clinic location) <input type="checkbox"/> STD/HIV Clinic (non-health department) <input type="checkbox"/> Student Health Services <input type="checkbox"/> Teen Health Center (non-health department) <input type="checkbox"/> Urgent/Immediate Care Center <input type="checkbox"/> Women, Infants, and Children (WIC) Clinic <input type="checkbox"/> Other (specify) _____
<p>If applicable, please indicate the specialty of the provider/practice (Select all that apply):</p> <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> Preventive Medicine <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> N/A		
<p>Is this provider site part of a hospital/healthcare system?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A or don't know		

Facility Type (select one):

- Private Facility (privately funded entity; non-governmental)
- Public Facility (publicly funded or government entity)
- Combination (funded with public and private funds)

Is this facility a mobile facility, or does this facility have mobile units?*

- Yes
- No

*A mobile unit is a dedicated vehicle with a primary purpose of providing medical services (e.g., immunization services).

VACCINES OFFERED

Is this provider a specialty provider?* *Please note: the Immunization Program must review and approve any provider who identifies as a specialty provider.*

- Yes
- No

Vaccines Offered (Select One):

- All ACIP-recommended vaccines for children 0 through 18 years of age
- Select vaccines only (This option is available only for facilities designated as Specialty Providers by the Immunization Program)

*A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN, STD, family planning, etc.) or (2) a specific age group within the general population of children ages 0–18. Local health departments and pediatricians are not considered specialty providers. The Immunization Program has the authority to designate VFC providers as specialty providers. At the discretion of the Immunization Program, certain enrolled providers such as pharmacies or community vaccinators may offer a limited selection of vaccines.

Select Vaccines Offered by Specialty Provider:

- | | | |
|-----------------------------------|---|---------------------------------------|
| <input type="radio"/> COVID-19 | <input type="radio"/> Meningococcal Conjugate | <input type="radio"/> Td |
| <input type="radio"/> DTaP | <input type="radio"/> MMR | <input type="radio"/> Tdap |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Nirsevimab and/or RSV | <input type="radio"/> Varicella |
| <input type="radio"/> Hepatitis B | <input type="radio"/> Pneumococcal Conjugate | <input type="radio"/> Other, specify: |
| <input type="radio"/> HIB | <input type="radio"/> Pneumococcal Polysaccharide | _____ |
| <input type="radio"/> HPV | <input type="radio"/> Polio | |
| <input type="radio"/> Influenza | <input type="radio"/> Rotavirus | |

PROVIDER POPULATION

Provider population based on patients seen during the previous 12 months. Report the number of children by age group who received vaccinations at your facility. Count a child only once based on the age/eligibility categories at the last immunization visit, regardless of the number of visits made. The following table details the number of children who received VFC vaccine and non-VFC vaccine, by eligibility category

VFC Vaccine Eligibility Categories	# of children by age category who received VFC vaccine			
	<1 Year	1–6 Years	7–18 Years	Total
Enrolled in Medicaid				
No health insurance				
American Indian/Alaska Native				
Underinsured in FQHC/RHC or deputized facility ¹				
Total VFC:				
Non-VFC Vaccine Eligibility Categories	# of children by age category who received non-VFC vaccine			
	<1 Year	1–6 Years	7–18 Years	Total
Health insurance (covered by state universal vaccine plan)				
Other underinsured ²				
Children's Health Insurance Program (CHIP) ³				
Total Non-VFC:				
Total Patients (must equal sum of Total VFC + Total Non-VFC)				

¹*Underinsured* includes children with health insurance that does not cover vaccines or only covers specific vaccine types. Children are eligible only for vaccines that are not covered by their insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.

²*Other underinsured* are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

³CHIP – Children enrolled in the state Children’s Health Insurance Program (CHIP). Children enrolled in CHIP are considered insured and are not eligible for vaccines through the VFC program. Each state determines how CHIP vaccine is purchased and administered by participating providers.

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

- Benchmarking
- Medicaid claims data
- IIS
- Other (must describe):
- Doses administered
- Provider encounter data
- Billing system

2024 to 2026 Provider Agreement and Guidelines for Frozen Vaccines

STORAGE REQUIREMENTS: If you wish to receive frozen vaccine you will have to complete this signed agreement showing that your practice meets the following guidelines for proper storage and handling.

- a) Merck & Company, Inc. the manufacturer of frozen vaccine will pack and ship vaccine directly to the provider office after receiving an order from CDC which is submitted through Vaccine Inventory Management System (VIMS).
- b) Vaccines **MUST** be stored in a freezer, and **MUST** maintain temperatures between -15°C to -50°C (+5°F to -58°F).
- c) The freezer **MUST** have a separate door from the refrigerator, (e.g. stand alone freezer). Dorm-style or larger refrigerator/freezer combinations where the freezer is within the refrigerator is **NOT** acceptable.
- d) A continuous monitoring device (data logger) with current certificate of traceability and calibration must be placed in the freezer.
- e) Freezer Max/Min temperatures must be recorded once a day as well as time and initials for each reading and any out of range temperatures **MUST** be reported to the Immunization Program immediately. Please call 1-802-863-7638.
- f) State and/or VFC supplied frozen vaccine **cannot be moved or redistributed from the provider site that received it without permission from the Vermont Immunization Program.**

Practice PIN: _____

Practice Name: _____

Vaccine Contact Name: _____

Contact Telephone Number: _____

I agree to the additional conditions herein for the storage, handling and use of varicella and zoster vaccine.

Signature of Medical Director or Equivalent

Date

**2024 to 2026 Vermont Immunization Program
Enrollment in the Vermont Adult Vaccine Program (VAVP)**

Facility Name: _____ Facility PIN #: _____
Facility NPI #: _____

Check all that apply:

By checking this box, I acknowledge that practice named above is also enrolling in Vermont Adult Vaccine Program (VAVP).

Insurance type & Age	19 – 34 Years	35 – 49 Years	50 – 64 Years	65+ years	Total
No health insurance					
Underinsured*					
Fully insured					
Total Adults					

*A person who has health insurance, but the insurance does not include any vaccines; a person whose insurance covers only selected vaccines; a person whose insurance does not provide first-dollar coverage for vaccines

This record is to be **submitted via mail, email or fax** and kept on file at the Vermont Department of Health Immunization Program.

Ahs.vdhimmunizationprogram@vermont.gov

**VERMONT DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM**

P.O. BOX 70

108 CHERRY STREET
BURLINGTON, VT 05402
PHONE 802-863-7638
FAX 802-863-7395

Provider Type Definitions

Behavioral Health Clinic

Locations that provide counseling, behavioral therapy, medication, case management, and other types of services to persons with behavioral health disorders. This provider type is used for behavioral health treatment centers where on-site vaccination services are provided.

Birthing Hospital or Birthing Center

Birthing centers or birthing hospitals where on-site vaccination services are provided.

Community Vaccinator

Community-wide vaccinators that are external to public or private conventional healthcare providers, offer vaccination services only, and conduct vaccination clinics in mobile, temporary, or offsite locations exclusively (e.g., non-permanent school-located vaccination clinics).

Correctional Facility

Juvenile correctional facilities as well as adult correctional facilities where juveniles are confined, and on-site vaccination services are provided. Unlike juvenile detention centers, confinement in correctional facilities is generally long-term in nature; youths are confined in secure correctional facilities for periods generally ranging from a few months to years.

Family Planning Clinic (non-health department)

Clinic that provides contraceptive services for clients who want to prevent pregnancy and/or space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STD services (including HIV/AIDS), and other preconception health services (e.g., screening for obesity, smoking, and/or mental health). This provider type is used for family planning clinics where vaccination services are provided. *NOTE: Non-health department clinics that offer only STD/HIV screening and treatment services should be categorized as “STD/HIV Clinic (non-health department).”*

Federally Qualified Health Center

Community-based health care providers that offer primary care services in underserved areas and meet the criteria for “Federally Qualified Health Center (FQHC)” certification as set by the Centers for Medicare and Medicaid Services (CMS) (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the Social Security Act). FQHCs include [HRSA Health Center Program](#) award recipients and HRSA Health Center Program look-alikes, which are health centers that meet Health Center Program requirements but do not receive federal award funding. *NOTE: Certain tribal organizations are also FQHCs. However, for tribal or urban Indian health clinics enrolled as FQHCs, use the “Indian Health Service, Tribal, or Urban Clinic” designation. The FQHC provider type includes any satellite, temporary, or offsite locations where the provider of record (i.e., FQHC personnel) is administering vaccine.*

Hospital

All hospitals, including medical school or university-affiliated hospitals but excluding birthing hospitals, where on-site vaccination services are provided. *NOTE: For birthing hospitals, use the “Birthing Hospital or Birthing Center” designation. The Hospital provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., hospital or hospital-contracted personnel) is administering vaccine.*

Indian Health Service, Tribal, or Urban Clinic

Indian Health Service (IHS), Tribal, or Urban Indian Health Program facilities that provide vaccination services. Urban Indian Health Centers are also designated Federally Qualified Health Centers and provide comprehensive primary care and related services to American Indians and Alaska Natives. Alaska Village Clinics should be included in this provider type.

Juvenile Detention Center

Juvenile detention centers where on-site vaccination services are provided. Juvenile detention is defined as the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a short-term restricted environment for their own or the community’s protection while pending legal action or dispositional placement in a correctional facility.

Migrant Health Center

Centers that provide health services, including on-site vaccination services, to migratory and seasonal agricultural workers and their families.

Mobile Provider

Providers who offer vaccination as well as other healthcare services exclusively out of a mobile facility. This designation should NOT be used for providers who have a mobile unit associated with their facility, but the unit is not the primary location for vaccine storage and administration.

Pharmacy

Stand-alone retail pharmacy (e.g., CVS, Duane Reade, Walgreens, independently owned pharmacies, etc.) or retail pharmacy within a hospital or health system where on-site vaccination services are provided. This category also includes retail pharmacies that conduct community vaccination clinics at offsite or mobile locations. *NOTE: This provider type does not include retail health clinics (e.g., Minute Clinic) or centralized pharmacies within a hospital or healthcare facility that dispense vaccines to be administered by facility staff. In those cases, the provider type is determined by who administers the vaccine. The Pharmacy provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., pharmacy personnel) is administering vaccine.*

Private Practice (e.g., family practice, pediatric, primary care)

Private practice locations, including solo, group, or HMO practitioners, where vaccination services are provided. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., provider location personnel) is administering vaccine.*

Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized private practices, including solo, group, or HMO practitioners, that provide vaccination services. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized private practice personnel) is administering vaccine.*

Public Health Clinic (state/local)

State or local public health clinics that provide vaccination services. This category includes public health -run STD/HIV clinics, family planning clinics, and teen health centers. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., public health clinic personnel) is administering vaccine.*

Public Health Clinic (state/local) as agent for FQHC/RHC-deputized

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized state or local public health clinics that provide vaccination services. *NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized public health clinic personnel) is administering vaccine.*

Refugee Health Clinic

Clinics that are designated to improve the health care and monitor medical conditions of refugees who have relocated to the United States. This provider type is used for refugee health clinics that provide vaccination services. *NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a refugee health clinic but are not administered by refugee health staff, select the category of the provider with oversight of vaccination services.*

Residential/Congregate Care Facility

Out-of-home settings, including group homes, childcare institutions, congregate foster care facilities, where onsite vaccination services are provided. *NOTE: If children in these settings receive vaccinations from a mobile provider or community vaccinator, then that provider type should be used.*

Retail Health Clinic

Health clinics located within grocery, drug, or retail stores that provide onsite vaccination services. Retail health clinics generally provide a focused range of protocol-driven healthcare services, such as the treatment of minor illnesses or injuries and vaccination services (e.g., Minute Clinic, Take Care Clinic).

Rural Health Clinic

Clinics located in a non-urbanized Health Professional Shortage Area, Medically Underserved Area, or governor-designated and secretary-certified shortage area. This provider type is used for rural health clinics that provide vaccination services.

School-Based Clinic (permanent clinic location)

Permanent school-based clinics that provide vaccination services through 12th grade. *NOTE: For non-permanent school-based clinics, use the “Community Vaccinator” designation. The School-Based Clinic (permanent clinic location) provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., school-based clinic personnel) is administering vaccine.*

STD/HIV Clinic (non-health department)

Clinics that provide timely STD/HIV diagnosis, testing with on-site treatment, and partner services. This provider type is used for STD/HIV clinics NOT located within a health department where on-site vaccination services are provided. *NOTE: this category should be used by non-HD clinics that exclusively offer STD/HIV screening and treatment services.*

Student Health Services

Permanent school-based clinics that provide vaccination services for college/university students (e.g., Job Corps).

Teen Health Center (non-health department)

Teen health centers that are NOT public health department-sponsored and provide on-site vaccination services.

Urgent/Immediate Care Center

Locations that provide immediate medical outpatient care for the treatment of acute and chronic illness and injury. This provider type should be used for urgent care centers or walk-in clinics where on-site vaccination services are provided.

Women, Infants, and Children (WIC) Clinic

Locations that serve low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 years who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. This provider type is used for WIC clinics that also provide vaccination services. *NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a WIC clinic but are not administered by WIC staff, select the category of the provider with oversight of vaccination services.*

Other

Any provider type not captured in one of the other provider type options.

Provider Specialties Definitions

Family Medicine

Manages common illnesses and conditions for people of all ages, focusing on overall health and well-being throughout the lifespan.

Internal Medicine

Deals with the prevention, diagnosis, and nonsurgical treatment of diseases and disorders of the internal organs/structures in adults.

OB/GYN

Obstetrician-gynecologist. Provides specialized services in women’s health.

Pediatrics

Involves disease/disorder prevention, diagnosis, and treatment associated with the physical and developmental health of children from birth to young adulthood.

Preventive Medicine

Focuses on the health of individuals and communities with the goal of promoting health and well-being and preventing disease, disability, and death.