



INSTRUCTIONS FOR COMPLETING VFC'S 2014 ON-LINE RECERTIFICATION

It is a federal requirement that the Provider of Record for each enrolled site receiving VFC-supplied vaccines complete and submit the VFC Recertification forms annually.

The 2014 VFC Recertification is accessible through MyVFCVaccines at www.eziz.org once providers have confirmed completion of the EZIZ Training Requirement.

Sites with multiple satellite clinics must complete this process individually for each site.

The 2014 VFC Recertification Consists of 3 Key Parts:

PART 1: VERIFY YOUR PRACTICE'S CURRENT PROVIDER OF RECORD AND VACCINE COORDINATOR AND THEIR COMPLETION OF THE 2013 TRAINING REQUIREMENT

- 1) Log into MyVFCVaccines with your PIN and Zip Code. Click on the "Complete Training Requirement" button.
- 2) Select the name of your practice's current Vaccine Coordinator and Provider of Record and then click "Update" to verify if the selected Vaccine Coordinator and Provider of Record have completed all required EZIZ trainings.
- 3) If your selected Vaccine Coordinator and/or Provider of Record have NOT completed all required training, please [log in to EZIZ Training to take the required lessons](#).
- 4) If your selected Vaccine Coordinator and Provider of Record HAVE completed all required training, please re-enter the names of the selected Vaccine Coordinator and Provider of Record to verify correct spelling of their names. ***IMPORTANT*** The names that you enter here will be recorded for your practice's 2014 Recertification. Please ensure the spellings of the names are correct.
- 5) Click on the "Complete 2014 VFC Recertification" link to begin the 2nd part of recertification.

PART 2: COMPLETING AND SUBMITTING THE VFC E-RECERTIFICATION FORMS

- 1) PRACTICE INFORMATION: Confirm your practice's profile information, including your shipping address, delivery dates and times.
- 2) KEYPRACTICE STAFF: Enter the contact information for the four key staff for your practice. The names of the Provider of Record and Vaccine Coordinator has been pre-populated for you as entered and confirmed during Part 1. Enter the NPI and Medical License Number for the Provider of Record. ***Important:** The medical license number entered will be verified. VFC will contact you if the medical license entered for your Provider of Record cannot be verified. Enter the direct phone number for each key staff. Enter and confirm the direct email address for each key staff.
- 3) VACCINE STORAGE AND TEMPERATURE MONITORING EQUIPMENT: Enter the types of refrigerator and freezer storage units and the number of each that your practice has (storing VFC vaccines). Enter the type of thermometer used for each refrigerator and freezer unit and the date that the thermometer was last calibrated. Enter the type of back-up thermometer used.
- 4) PATIENT ESTIMATES: Review the VFC-eligible patient population estimates for your practice that has been pre-populated based on your practice's vaccine usage history. Confirm or modify the estimates to accurately reflect the estimated number of eligible patients that will receive immunizations at your practice in 2014. Also enter the number of non-VFC eligible patients served by your practice. Select the data source that you used to confirm or modify your patient estimates.

Helpful Tips before Submitting Your Recertification!

- Before you login to MyVFCVaccines, have this information ready:
 - ✓ The names, email addresses, and direct phone numbers of your practice's Vaccine Coordinator, Back-up Vaccine Coordinator, Provider of Record, and Provider of Record Designee
 - ✓ The current and valid medical license number and NPI number for your practice's Provider of Record and any other healthcare providers in your practice with prescription-writing privileges who administer vaccines
 - ✓ Brand and model of your refrigerator(s) and freezer(s)
 - ✓ The types of thermometers used for each of your practice's refrigerator(s) and freezer(s) and the date of last calibration for the thermometers
- Review your billing information, CAIR usage reports, VFC usage logs, or other sources as needed to confirm estimates of your patient population to be immunized during 2014
- Move your mouse over question marks for key definitions



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- 5) **HEALTH CARE PROVIDERS WITH PRESCRIPTION-WRITING PRIVILEGES:** Verify the list of health care providers with prescription writing privileges who will administer VFC vaccines. Add or modify the providers as needed. Note: it is not necessary to include the names of all staff who may administer VFC vaccine, but only those who possess a medical license or are authorized to write prescriptions (ex: MD, DO, NP).
- 6) **CERTIFICATION OF CAPACITY TO STORE VACCINES AND MANAGE VACCINES:** Please carefully review all terms of this agreement and click the checkbox to agree to comply with the conditions listed on this form.
- 7) **PROVIDER AGREEMENT:** Please carefully review all terms of this agreement. To participate in the VFC Program and receive federally-procured vaccines, **THE PROVIDER OF RECORD** must click the checkbox to agree to abide by the conditions listed in the agreement. By checking the acknowledgement and certification box at the bottom of the page, you signify your acceptance of the VFC Program federal participation requirements. Click "Submit eRecertification" to submit your completed 2014 VFC Recertification. Print a copy for your record by clicking the "Print Information" button on the bottom.

PART 3: COMPLETE THE VFC PROVIDER SATISFACTION SURVEY

Click on the "Complete VFC Provider Satisfaction Survey" link to access and complete the survey.

Thank you for completing your VFC Recertification online!