

# STATE OF NEVADA HEALTH DIVISION

*Immunization Program • 4150 Technology Way • Suite 210 • Carson City • Nevada • 89706*

## 317 Program 2013 Agreement to Participate

Facility Name	NSIP Assigned PIN				
Physical/Shipping Address:					
Street Address (NO PO Box)	Suite	City	State	Zip	
Mailing Address:					
(May be the same as shipping)		Suite	City	State	Zip
Front Office Phone: ( )	Fax Number: ( )				

**Primary Contact Information:**

First Name	Last Name	Title	Direct Phone #:( )
			Extension: _____
E-mail: <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"></table>			

**Secondary Contact/Supervisor information:**

First Name	Last Name	Title	Direct Phone #:( )	
			Extension: _____	
			Fax #: _____	
Mailing Address (if different from above):				
Street/PO Box	Suite	City	State	Zip
E-mail: <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"></table>				

**IMPORTANT – Days and times the clinic is open to accept delivery of vaccines:**

Day Of The Week	Time Office Open for Delivery	Closed for LUNCH from/to	Time Office Closes
<b>MONDAY:</b>			
<b>TUESDAY:</b>			
<b>WEDNESDAY:</b>			
<b>THURSDAY:</b>			
<b>FRIDAY:</b>			

Notify the Nevada State Immunization Program (in writing) of any changes, i.e. clinic closures or changes in hours of operation

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 healthcare facility of which I am the medical director or practice administrator or equivalent:

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**Medical Director, practitioner or equivalent (one who is authorized to prescribe vaccines under Nevada State Law) to initial all:**

- \_\_\_\_\_ 1) 317 vaccine can only be administered to uninsured or underinsured adults aged 19 years and older. Any children aged 0 – 18 years that meet these criteria are eligible for the Vaccines for Children (VFC) Program and should not receive 317 vaccine, and should instead receive VFC vaccine. “Underinsured” adults are individuals who are covered by health insurance, but the coverage does not include vaccines; the insurance covers only selected vaccines; or the insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the individual is categorized as underinsured. Verification of whether an individual is underinsured can be obtained verbally from the individual. Exceptions to this 317 vaccine rule explained above include:
  - Hepatitis B birth dose; and
  - Influenza used in Point of Dispensing (POD) exercises.
- \_\_\_\_\_ 2) I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the 317 Program unless:
  - a) In the providers medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically in appropriate (NRS 392.439, 394.194, 432A.250);
  - b) The particular requirements contradict state law, including laws pertaining to religious exemptions (NRS 392.437, 394.193, 432A.240).
- \_\_\_\_\_ 3) I will maintain all records related to the 317 Program for a minimum of 3 years and make these records available to public health officials, including the Nevada Department of Health and Human Services and/or Federal Department of Health and Human Services, upon request.
- \_\_\_\_\_ 4) I will immunize eligible individuals with 317-supplied vaccine at no charge to the patient for the vaccine.
- \_\_\_\_\_ 5) For uninsured and underinsured adults, the administration fee should not exceed the regional Medicare vaccine administration fee of \$21.34 per vaccine dose.
- \_\_\_\_\_ 6) I will not deny administration of a federally purchased vaccine to an established patient because the individual is unable to pay the administration fee.
- \_\_\_\_\_ 7) I will distribute the most current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Compensation Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) ([www.vaers.hhs.gov](http://www.vaers.hhs.gov)).
- \_\_\_\_\_ 8) I will comply with the requirements for vaccine ordering, vaccine accountability, and vaccine management. Agree to operate within the 317 Program in a manner intended to avoid fraud and abuse.
- \_\_\_\_\_ 9) 317 providers may not store federally purchased vaccine in dormitory style refrigerators at any time. I will return all spoiled/expired public vaccines to CDC’s centralized vaccine distributor within six months of spoilage/expiration.
- \_\_\_\_\_ 10) I will participate in 317 Program compliance site visits, storage and handling unannounced visits and other education opportunities associated with the 317 Program requirements.
- \_\_\_\_\_ 11) I understand this facility or the Nevada State Immunization Program may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If I choose to terminate this agreement, I will properly return any unused 317 vaccine.

**Additional requirements based on Nevada policies and laws:**

- \_\_\_\_ 12) Upon termination from the 317 Program, I will properly return any equipment purchased with state/federal funds to the Nevada State Immunization Program.
- \_\_\_\_ 13) I will not move state supplied vaccines unless I have prior approval from the Nevada State Immunization Program.
- \_\_\_\_ 14) I (the facility) will be financially responsible for the replacement cost of any state-supplied vaccines that are wasted through my failure or the failure of my staff to properly store, handle, account for, or rotate the vaccine.
- \_\_\_\_ 15) I will not borrow 317 vaccine to administer to non-317 eligible patient(s) unless a rare unplanned situation exists. In the event an unplanned situation occurs that requires borrowing of 317 vaccine to administer to a non-317 eligible patient, or vice-versa, then I will be required to complete the "Vaccine Borrowing Report" to document borrowed and replaced doses. I will submit this form with monthly reports for the month in which the borrowing occurred.
- \_\_\_\_ 16) I will record all vaccines that our office administers to children and adults into Nevada's immunization registry (Nevada WebIZ) unless the patient has chosen to not participate in the registry. In order for a patient to opt-out of Nevada WebIZ, a form must be completed and faxed or mailed to the Nevada WebIZ Help Desk. Providers with an undue hardship (i.e. no internet access) can comply by completing a WebIZ paper reporting form and mailing to the WebIZ Program. Please contact the WebIZ Help Desk for this form. These requirements are in reference to Nevada Revised Statutes (NRS) 439.265 and corresponding Nevada Administrative Code (NAC) R094-09A.  
View these laws at:  
o NRS: [www.leg.state.nv.us/NRS/NRS-439.html#NRS439Sec265](http://www.leg.state.nv.us/NRS/NRS-439.html#NRS439Sec265)  
o NAC: [www.leg.state.nv.us/Register/2009Register/R094-09A.pdf](http://www.leg.state.nv.us/Register/2009Register/R094-09A.pdf)  
o WebIZ: [http://health.nv.gov/Immunization\\_WebIZ\\_Policies\\_Forms.htm](http://health.nv.gov/Immunization_WebIZ_Policies_Forms.htm)
- \_\_\_\_ 17) I will maintain clients' immunization records for a period specified by **NRS 629.051** "Health care records: Retention; disclosure to patients concerning destruction of records; exceptions; regulations. #1: *...Each provider of health care shall retain the health care records of his or her patients as part of his or her regularly maintained records for 5 years after their receipt or production. Health care records may be retained in written form, or by microfilm or any other recognized form of size reduction, including, without limitation, microfiche, computer disc, magnetic tape, and optical disc... Health care records may be created, authenticated and stored in a computer system which limits access to those records. #7: A provider of health care shall not destroy the health care records of a person who is less than 23 years of age on the date of the proposed destruction of the records. The health care records of a person who has attained the age of 23 years may be destroyed in accordance with this section for those records which have been retained for at least 5 years or for any longer period provided by federal law.*" If requested, I will make such records available to the Nevada Department of Health and Human Services and/or the Federal Department of Health and Human Services. I will make such records available to the health authority and/or designee, if requested (per NAC 441A.750). This includes the collection of data for quality improvement assessments.
- \_\_\_\_ 18) I understand that the Centers for Disease Control (CDC) will be instituting a new Web-based Vaccine Tracking System (VTrckS) which will allow online provider ordering. This will require all new users to register with CDC's Secure Access Management Services (SAMS) system. Providers will be notified when they are required to participate in VTrckS training.

Therefore I agree to the following:

- Should my staff, representative, or I access VTrckS, I agree to be bound by CDC's terms of use for interacting with the online ordering system. I further agree to be bound by any applicable federal laws, regulations or guidelines related to accessing a CDC system and ordering publically funded vaccines.
- In advance of any VTrckS access by my staff, representative or myself, I will identify each member of my staff or representative who is authorized to order vaccines on my behalf. In addition, I will maintain a record of each staff member who is authorized to order vaccines on my behalf. If changes occur, I will inform the CDC within 24 hours of any change in status of current staff members or representatives who are no longer authorized to order vaccines, or the addition of any new staff authorized to order on my behalf. I certify that my identification is represented correctly on this provider enrollment form.

**Explanation of each item listed above is outlined in the "317 Program Protocol – January 2013." Protocol can be found at: [http://health.nv.gov/Vaccine\\_VFCProgram.htm](http://health.nv.gov/Vaccine_VFCProgram.htm).**

*By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the 317 enrollment requirements listed above and understand I am accountable for compliance with these requirements.*

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**Printed Name:** Medical Director, practice administrator or equivalent  
(one who is authorized to prescribe vaccines under Nevada State Law)

**Medical License #**

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**Signature:**

**Date**

