

Vaccine Provider Change of Information Request

This form alerts the DC Health Immunization Division when facilities experience a change that impacts the program, such as staffing or new equipment. Upon completion of the form, please email to doh.immunization@dc.gov. The immunization team will contact your facility to address your specific needs and/or to arrange a visit, if necessary.

Please check the program and the changes that occurred:

- | | |
|---|---|
| <input type="checkbox"/> VFC Program | <input type="checkbox"/> New Chief Executive Officer |
| <input type="checkbox"/> VFA Program | <input type="checkbox"/> New Medical Director |
| <input type="checkbox"/> COVID-19 Bridge Access Program | <input type="checkbox"/> New Primary Vaccine Coordinator |
| <input type="checkbox"/> Clinic/Office Closing | <input type="checkbox"/> New Backup Vaccine Coordinator |
| <input type="checkbox"/> Clinic/Office Relocated | <input type="checkbox"/> New Tertiary Vaccine Coordinator |
| <input type="checkbox"/> New Shipping Hours | <input type="checkbox"/> iWeb/VOMS Training Needed |
| <input type="checkbox"/> Remove Contact | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> New Address and/or Phone Number for Facility | |
| <input type="checkbox"/> New Refrigerator or Freezer <i>(must be validated prior to storing vaccine)</i> | |

Details of Change: _____

Name of Clinic: _____ **Pin #:** _____

Address: _____

Primary Contact

Name & Title: _____

Email Address: _____ **Telephone Number:** _____

Backup Contact

Name & Title: _____

Email Address: _____ **Telephone Number:** _____

Tertiary Contact

Name & Title: _____

Email Address: _____ **Telephone Number:** _____

Change Effective Date: _____

Medical Director: _____

Medical License #: _____ **Medicaid Provider #:** _____

Email Address: _____ **Telephone Number:** _____

Will this change impact your client enrollment Data? Yes No *If yes, please amend your Provider Profile.*

Print Name of Medical Director

Signature of Medical Director

Date