

VFC CHANGE OF INFORMATION

Instructions: Facilities are required to notify the VFC Program when there are changes of key staff; the provider of record, primary vaccine coordinator and the backup vaccine coordinator, shipping or mailing address, or staff contact information including email addresses, phone, or fax numbers.

Please complete this form accurately. Enter all VFC contacts. Contact(s) not listed on this form will be removed from the account. Email completed form to vcf@wisconsin.gov or fax to 608-267-9493.

DEFINITION OF TYPES OF CONTACTS

Provider of Record: Medical director or equivalent that must sign enrollment forms.

VFC primary vaccine coordinator: Responsible for the day-to-day management of vaccines at the clinic, and ensuring all vaccines are stored and handled correctly.

VFC backup vaccine coordinator: Providers must have at least one other staff person fully trained to be responsible when the primary vaccine coordinator is unavailable.

Backup contact: Receives VFC communications only.

Facility Name	VFC PIN WIA	Date	
Facility Shipping Address			
City	State	County	Zip Code
Facility Mailing Address (if different from shipping address)			
City	State	County	Zip Code
Facility Phone Number	Fax Number	Email Address	
Provider of Record Name (person who signs enrollment agreements)			Title (MD, DO, PA, NP)
Provider of Record Email Address		Provider of Record Direct Telephone Number	

Vaccine coordinators are responsible for vaccine management, inventory and reconciliation, and ordering of VFC vaccines. Each site is required to have a primary vaccine coordinator and one backup vaccine coordinator, which cannot be the same person. A backup contact is optional. All contacts allowed to order, must complete the inventory reconciliation and vaccine ordering module trainings contained in the Wisconsin Immunization Registry (WIR). Add additional staff requesting to be on the email distribution list on page 2 of this form.

Primary Vaccine Coordinator First Name and Last Name	Email
Backup Vaccine Coordinator First Name and Last Name	Email

