COLORADO VFC CHANGE OF INFORMATION FORM
EMAIL TO: cdphe_vfc@state.co.us OR FAX TO: 303-691-6118

Instructions: Providers are required to notify the VFC Program when there are changes in: Key VFC staff including the Provider of Record, primary vaccine coordinator and the Back-up vaccine coordinator, days or hours of operation, shipping or mailing address, or staff contact information including email addresses, phone, or fax numbers. Please complete the form accurately. Enter all VFC contacts. Any existing contact not listed on this form will be removed from the account.

DEFINITION OF TYPES OF CONTACTS:
*Provider of Record - this is the medical director or equivalent at the office who must sign enrollment forms.
*VFC primary vaccine coordinator - the staff person that will be responsible for the day to day management of vaccines at the clinic and for ensuring all vaccines are stored and handled correctly.
*VFC back-up vaccine coordinator - all providers must have at least one other staff person fully trained to be responsible when the primary vaccine coordinator is unavailable.
*Back-up contact - this person will receive VFC communications only.

VFC PIN #:	Facility Name:		Date:

Telephone Number:	Fax Number:

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:

Facility Shipping Address:

City:	State:	County:	Zip Code:

Facility Mailing Address (P.O. Boxes):

City:	State:	County:	Zip Code:

The standard delivery schedule for vaccines will be Tuesday, Wednesday or Thursday between 9:00am and 4:00pm.

Please indicate if your clinic hours are open during this standard delivery time. Check Box: ☐ Yes ☐ No

NO, please indicate the clinic hours including lunch closures on Tuesday, Wednesday, and Thursday:

Special Shipping Instructions (i.e. Deliver to pharmacy, Inside school, etc.):

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 back-up vaccine coordinator. A back up contact is optional. All contacts who are allowed to order must complete the Inventory reconciliation and Vaccine Ordering Module trainings.

Primary Vaccine Coordinator First Name:	Primary Vaccine Coordinator Last Name
Email:	Allow this contact to order VFC vaccine through the VOM in CIIS? ☐ Yes ☐ No
Does this person have a CIIS username? ☐ Yes ☐ No	If YES, what is the CIIS username for this person?
Back-Up Vaccine Coordinator First Name:	**Back-Up Vaccine Coordinator Last Name**
Email:	Allow this contact to order VFC vaccine through the VOM in CIIS? ☐ Yes ☐ No
Does this person have a CIIS username? ☐ Yes ☐ No	If YES, what is the CIIS username for this person?

VFC PIN #:	Facility Name:		Date:

Back-Up Vaccine Coordinator First Name:	**Back-Up Vaccine Coordinator Last Name**
Email:	Allow this contact to order VFC vaccine through the VOM in CIIS? ☐ Yes ☐ No
Does this person have a CIIS username? ☐ Yes ☐ No	If YES, what is the CIIS username for this person?
Back-Up Vaccine Coordinator First Name:	**Back-Up Vaccine Coordinator Last Name**
Email:	Allow this contact to order VFC vaccine through the VOM in CIIS? ☐ Yes ☐ No
Does this person have a CIIS username? ☐ Yes ☐ No	If YES, what is the CIIS username for this person?
Back-Up Vaccine Coordinator First Name:	**Back-Up Vaccine Coordinator Last Name**
Email:	Allow this contact to order VFC vaccine through the VOM in CIIS? ☐ Yes ☐ No
Does this person have a CIIS username? ☐ Yes ☐ No	If YES, what is the CIIS username for this person?

Please enter any staff contacts who, in addition to the VFC Primary Vaccine Coordinator and the Back-Up Vaccine Coordinators listed above, who need to receive VFC communications only

Back-Up Contact First Name:	**Back-Up Contact Last Name**
Email:	Position Title
Back-Up Contact First Name:	**Back-Up Contact Last Name**
Email:	Position Title

Please provide any additional information as needed:

FOR VFC STAFF USE ONLY

Date Updated in CIIS:	Date Updated In VTrckS:

Updated: 06-01-16