COLORADO VFC CHANGE OF INFORMATION FORM

Please complete the form so we may update our records to better serve you:

VFC PIN #:	Date:	List Previous contact(s) to remove:

Facility Name:

NEW INFORMATION

Facility Name:

Shipping Address (NO P.O. Boxes):

City:	State:	County:	Zip Code:

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

Mailing Address:

City:	State:	County:	Zip Code:

Please enter all VFC Contacts.
(VFC Contacts are responsible for vaccine management and ordering of VFC vaccines.)

Primary Contact Last Name:		Primary Contact First Name:
Primary Contact Telephone Number:	Extension	Primary Contact Fax Number:
Primary Contact E-mail Address:		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?
Secondary Contact Last Name:		Secondary Contact First Name:
Secondary Contact Telephone Number:	Extension	Secondary Contact Fax Number:
Secondary Contact E-mail Address:		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 #:		
Back-up Contact Last Name:	**Back-up Contact First Name:**	
Back-up Contact Telephone Number:	**Extension**	**Back-up Contact Fax Number:**
Back-up Contact E-mail Address:	**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?**	

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**

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

Type of Facility:

☐ 1. Public Health Department	☐ 5. Federally Qualified Health Center (FQHC)*
☐ 2. Public Hospital	☐ 6. Rural Health Clinic (RHC)**
☐ 3. Private Practice (individual or group)	☐ 7. Other Public Facility***
☐ 4. Private Hospital	☐ 8. Other Private Facility****

* FQHC – Federally Qualified Health Centers: FQHC designation requires applying to the Health Resources and Services Administration of the U.S. Department of Health and Human Services.
**RHC – Rural Health Centers: RHC certification requires applying to the Health Facilities Division at the Colorado Department of Public Health and Environment.
***Other Public Facility: Clinics that receive public funding for operation. This includes but is not limited to public pre-school/day care/head start, WIC sites, correctional facilities, HIV/STI clinics, substance abuse clinics, Military health care facilities, public hospital-based clinics including university/resident clinics.
****Other Private Facilities: private or non-profit clinics that do not receive government funding. This includes but is not limited to hospital-based clinics, university/resident clinics, privately funded day care/pre-school/head start.

Please describe reason for changes (include date of changes):

FOR VFC STAFF USE ONLY

Approval date: _____ **Updated in System:** _____

Fax this completed form to: 303.691.6118 or email: cdphe_vfc@state.co.us
For general questions, please call 303.692.2700 or visit our website at: www.coloradovfc.com