

*This resource is intended for VFC Providers outside the City of Phoenix.
If your facility is inside of the City of Phoenix, visit www.maricopa.gov/mcpip*



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Instructions for Completing the Vaccines for Children (VFC) Provider Agreement in ASIIS

This guide includes important information and detailed instructions with screenshots to help you complete your Provider Agreement. Use the guide to help you work through the four screens needed to complete the agreement. Use the checklist on the last page of the guide to track your progress.

Most of the information you will need to complete your Provider Agreement is pre-populated in ASIIS. You will see it when you create the new agreement this year. Please review the information and make sure it is correct. Update everything that has changed.

Completing the re-enrollment process could take 20 minutes or longer, depending on what you need to report. You must complete all required fields in each section of the agreement to proceed to the next screen. The information you enter will be saved as you complete each screen. If you need to stop before you have completed the agreement, be sure to save the screen you are on so you can come back later and complete the process. You must complete all four screens of the online agreement before you submit it to the state.

All parts of the agreement must be signed by the person within your practice who is licensed in the State of Arizona to prescribe vaccines (M.D., D.O., NP or FNP) and who has primary responsibility for making decisions about your practice and its operations.

Keep the original signature document(s) as part of your VFC records.

After completing the Provider Agreement in ASIIS, use this website to upload ALL required re-enrollment documents (follow the link below):

<https://redcap.link/reenrollment2026>

The required documents are:

- Signed VFC Provider Agreement Signature Page
- All pages of the completed and signed [Vaccine Accountability and Management Plan](#)
- Certificates for completed annual training for the primary and backup coordinators, and the
- Valid data logger calibration certificates for all units storing VFC vaccines and the backup data loggers.

Please note that the Refrigerator and Freezer Verification Form, required in previous years, is NO LONGER REQUIRED.

The Provider Agreement is the official form approved by the CDC. *No changes can be made to the provider enrollment requirements without prior approval from the CDC. Do not modify, remove, or add any requirements or information to the Provider Agreement form.*

The 2026 re-enrollment period starts May 4, 2026. You will then be able to add a new Provider Agreement, prepare it, and submit it for review. The re-enrollment period will close on August 31, 2026. If a location fails to re-enroll in 2026, that location may be inactivated from the VFC program for non-compliance. The provider may be permitted to return to the VFC program by submitting a new enrollment, no earlier than one (1) year after the Notice of Action.

The Bureau of Immunization Services (BIZS) cannot approve your Provider Agreement until it is completed in ASIIS and all required documents are uploaded to [REDCap](#).

Please be aware that if your 2025 Provider Agreement expires, you will not be able to order VFC vaccines until your 2026 re-enrollment is submitted and approved.

Ensure your vaccine ordering is not disrupted.

Do not wait until the last minute to complete your online re-enrollment!

Information Needed to Complete the Provider Agreement

You will need to gather some information for verification before starting the online re-enrollment. Gathering the information below ahead of time will save time and help the process go smoothly.

- ◆ Practice Details – *This information will be pre-populated in ASIIS*
 - Facility Details – verify that the physical address where the vaccines are administered is the same as the vaccine delivery address. Verify the mailing address for your practice.
 - Contact Details – verify the names, email addresses, telephone and fax numbers for the facility contacts. Contact details for the primary vaccine coordinator, backup vaccine coordinators and either the signatory physician or office manager are required. Add any contact details that are missing. Make sure emails are correct. Include phone and fax numbers for all contacts, even if they are the same.
 - Shipping Days and Times – verify the days of the week and core business hours that staff are available to receive vaccine shipments. Providers must be open a minimum of 4 consecutive hours on a day other than Monday to receive vaccines.

- ◆ Authorized Providers – Prescribing Physician Details – *This information will be pre-populated in ASIIS* – verify the name, specialty, Arizona State Medical License Number, and National Provider ID (NPI) for each physician prescribing vaccines in your practice.
 - Medical License Numbers: <http://www.azmd.gov/glsuiteweb/clients/azbom/public/WebVerificationSearch.aspx>
 - Board of Nursing: <https://www.nursys.com/LQC/LQCterms.aspx>
 - Osteopathic License Number (DO): <https://azdo.gov/find-your-do>
 - The National Provider ID (NPI) is required for each physician/vaccinator in your practice. NPI Registry: <https://npiregistry.cms.hhs.gov/>

- ◆ Practice/Provider Profile – information about the number of children who received immunizations at your practice during the previous calendar year (January 1, 2025 – December 31, 2025), by age group, insurance type, and demographics. Please allow extra time to gather this information. You will need to update this information in ASIIS to complete your agreement.
 - If you captured VFC patient eligibility in ASIIS in 2025, this information will be pre-populated in ASIIS, and you can verify and adjust the data if necessary.
 - If you have not captured VFC patient eligibility in ASIIS, your billing staff may be the best source for this information. *Please note that VFC eligibility must be documented for every visit.

- ◆ Cold Storage Unit Details – *This information will be pre-populated in ASIIS* – Verify the information about the storage units used to store VFC vaccines and the data loggers you use to monitor temperatures in those storage units. If you have been approved and want to recertify for frozen vaccine, you need to verify the information about the freezer used to store VFC vaccines. The required information is: unit name, manufacturer and model number; thermometer type, temperature scale and date of last calibration of the data logger.

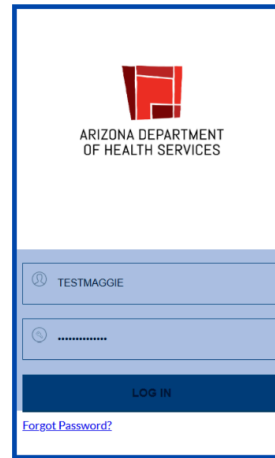
**Please note that data loggers are required and are the ONLY acceptable temperature monitoring devices for all units storing VFC vaccines, including the backup device.*

- ◆ [Vaccine Accountability and Management Plan](#) – completed and signed

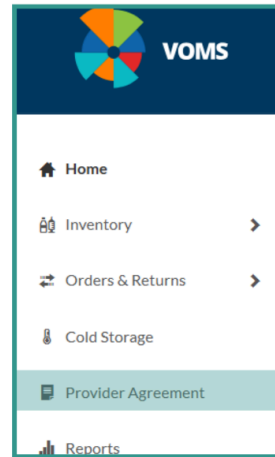
- ◆ Certificates for Completed Annual Training for the primary and backup vaccine coordinators. Annual training is a VFC requirement that can be fulfilled by passing one of the available training options and uploading the certificate to BIZS with the re-enrollment:
 - CDC “You Call the Shots” (YCTS) [Vaccines for Children \(VFC\) Jan 2026](#) - OR
 - CDC “You Call the Shots” (YCTS) [Vaccine Storage and Handling Jan 2026](#) - OR -
 - [AIPO Train](#) - Arizona Vaccines for Children Training

- ✦ Valid data logger calibration certificates for all units storing VFC vaccines and the backup data logger.

How to Access the Provider Agreement in ASIIS



- Go to <https://asiis.azdhs.gov/>. Once on the ASIIS homepage, click **Login**.
- You will be redirected to the login page, type in your **Username and Password**, and click **Login**.



- Once in **VOMS 2.0**, locate **Provider Agreement** on the left sidebar menu (viewable only by users with lot number manager permissions such as the Primary or Backup Vaccine Coordinator) and click on it.

How to Create a New Provider Agreement

Select	Select Frozen Vaccine	PDF Signature Full	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date	Create Organization
→	→	PDF PDF Signature		TEST FACILITY	X0221	EXPIRED	05/31/2023	05/23/2022	05/31/2023	
→	→	PDF PDF Signature		TEST FACILITY	X0221	PENDING PROVIDER SUBMISSION	01/31/2025			

Showing 1 to 2 of 2 entries

First Previous 1 Next Last

Add Export Agreement Export Provider Export Provider/Practice Profile

- Click the **Add** button to create a new Provider Agreement

Provider Agreement Add/Edit

Approver Comments:

Status: PENDING PROVIDER SUBMISSION

VFC PIN: X0221

Organization Name: VOMS TEST

Facility Name: TEST FACILITY

Agreement Signatory: DR

Agreement Signatory Title: MD

Is Information Sharing Agreement current? Yes No

Last Renewed: --select--

Facility Address:

Street Address: 150 N 18TH AVE STE 120

Street Address2: 120

City: PHOENIX

State: ARIZONA

County: MARICOPA

Zip Code: 85007

Vaccine Delivery Address:

Check if vaccine delivery address is the same as facility address:

Street Address: 150 N 18TH AVE STE 120

Street Address2: 120

City: PHOENIX

State: ARIZONA

County: MARICOPA

Zip Code: 85007

Mailing Address:

Check if mailing address is the same as facility address:

Street Address: 150 N 18TH AVE STE 120

Street Address2: 120

City: PHOENIX

State: ARIZONA

County: MARICOPA

Zip Code: 85007

- **IRMS/Facility Name:** Do not change these fields. The facility name is the name of your specific site and must meet certain system parameters. Providers that don't have a Facility should use the displayed IRMS Name as the Facility Name.
- **Agreement Signatory:** Enter the name of the Provider signing the agreement.
- **Agreement Signatory Title:** Enter the title of the provider signing the agreement (either M.D., D.O., NP or FNP).
- **Last Renewed:** Click on the down arrow and select the year of your previous active enrollment.
- **Facility Address:** The physical address of your facility.
- **Vaccine Delivery Address:** The address where your facility will receive vaccine deliveries. The Vaccine Delivery address must be the same as where the vaccines will be administered.
 - If the address you would like vaccines delivered to is the same as your street address, check the box under the **Vaccine Delivery Address** header.
- **Mailing Address:** The mailing address of your facility -i.e PO Box.
 - If the mailing address is the same as the facility address, check the box under the **Mailing Address** header.

Contact Details:	
Type1:	Back-up Vaccine Coordinator
Contact First Name1, Middle Initial 1, and Last Name 1:	ASIIS TEST
Phone Number1:	(602)364-3899
Phone Number Extension1:	
Fax Number1:	(602)364-3899
Email Address1:	ASIISHHELPDESK123456789123456789123456789ABF
Completed Annual Training Requirements	01/31/2025
Method of Training Completion	AIPO Train - Arizona VFC Training
Type2:	--select--
Contact First Name2, Middle Initial 2, and Last Name 2:	AIPO Train - Arizona VFC Training CDC - "You Call the Shots" T
Phone Number2:	(602)364-3899
Phone Number Extension2:	
Fax Number2:	
Email Address2:	ASIISHHELPDESK123@AZDHS.GOV
Completed Annual Training Requirements	01/31/2025
Method of Training Completion	AIPO Train - Arizona VFC Training
Type3:	Primary Vaccine Coordinator
Contact First Name3, Middle Initial 3, and Last Name 3:	TEST FOR ASIIS
Phone Number3:	(602)364-3899
Phone Number Extension3:	
Fax Number3:	
Email Address3:	ASIISHHELPDESK456@AZDHS.GOV

- **Contact Details:** Contact information for Primary Vaccine Coordinator, Backup Vaccine Coordinator, Signatory Physician and Office Manager is required.
- Fill out name, phone, fax, and email for each contact (email address must be less than 40 characters).
- Fill out date (Completed Annual Training Requirements) and method of training

How to Select Vaccines Offered

Vaccines Offered

- All ACIP Recommended Vaccines
- Offers Selected Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A "Specialty Provider" is defined as a provider that only serves

- A defined population due to practice specialty (e.g. OB/GYN; STD Clinic; family planning). Please specify:
 (e.g. We are an STD clinic)
- or
- A specific age group within the general population of children ages 0-18. Please specify:
 (e.g. We serve children ages 0-6 years)

Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Select Vaccines Offered by Specialty Provider:

<input type="checkbox"/> COVID	<input type="checkbox"/> Meningococcal Conjugate	<input type="checkbox"/> TD
<input type="checkbox"/> DTaP	<input type="checkbox"/> MMR	<input type="checkbox"/> Tdap
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Nirsevimab	<input type="checkbox"/> Varicella
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pneumococcal Conjugate	Other: <input type="text"/>
<input type="checkbox"/> HIB	<input type="checkbox"/> Pneumococcal Polysaccharide	
<input type="checkbox"/> HPV	<input type="checkbox"/> Polio	
<input type="checkbox"/> Influenza	<input type="checkbox"/> Rotavirus	

- **Vaccines Offered:** VFC providers should offer all ACIP-recommended vaccines. Specialty providers are birthing hospitals, OB/GYN clinics, etc., or providers serving specific populations

How to Add Shipping Information

Document days and times that you are able to receive vaccines:

Monday:	<input checked="" type="checkbox"/>	<input type="text" value="06:00"/>	<input type="text" value="12:00"/>	<input type="text" value="13:00"/>	<input type="text" value="17:00"/>
Tuesday:	<input checked="" type="checkbox"/>	<input type="text" value="06:00"/>	<input type="text" value="12:00"/>	<input type="text" value="13:00"/>	<input type="text" value="17:00"/>
Wednesday:	<input checked="" type="checkbox"/>	<input type="text" value="06:00"/>	<input type="text" value="12:00"/>	<input type="text" value="13:00"/>	<input type="text" value="17:00"/>
Thursday:	<input checked="" type="checkbox"/>	<input type="text" value="06:00"/>	<input type="text" value="12:00"/>	<input type="text" value="13:00"/>	<input type="text" value="17:00"/>
Friday:	<input checked="" type="checkbox"/>	<input type="text" value="06:00"/>	<input type="text" value="12:00"/>	<input type="text" value="13:00"/>	<input type="text" value="17:00"/>

Facility Type:

Facility Type Other:

Facility Comments:

- **Shipping information:** Use military time/24-hour clock. Select the drop-down times for each day that deliveries could occur and choose the hours that you can receive shipments (before and after lunch). You can choose both morning and afternoon hours to reflect a lunch hour. For example, if your office is open 8-5 and closed 12-1 for lunch, select 8:00 and 12:00 in the first set of fields and 13:00 and 17:00 in the second set of fields. Locations must be open and there must be staff on site to receive vaccines at least four (4) consecutive hours on a day other than Monday.
- **Facility Type:** Click the dropdown arrow to select facility type
- **Save and Add Provider:** Click here to save your work and move on to the next page

How to Add Authorized Providers

Authorized Providers [Add/Edit]				
Last Name	First Name	Middle Initial	Title	Specialty
<input type="text" value="SIGNER"/>	<input type="text" value="DOCTOR"/>	<input type="text"/>	<input type="text" value="MD"/>	<input type="text" value="Pediatrics"/>
Active with this Practice	Medical License Number	NPI Number	Medical Director or Equivalent	
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="1234"/>	<input type="text" value="1234567890"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Sort By: Last Name Status

Listed are all providers prescribing vaccines that your practice reported in the previous Provider Agreement. Verify if the listed providers are still active with the practice and select “Yes” for the **Active with this Practice** status indicator. If the provider is not active select “No”.

- A valid Medical License Number and NPI Number are required for each provider
- Signatory Provider must be listed and designated as medical director or equivalent

Adding new provider: Click “Add New Provider” to add additional providers to your list. After you have entered all of your providers, click **Save and Add Provider/Practice Profile** to save your work and continue.

How to Enter the Provider/Practice Profile

1) Report the number of children who received state supplied vaccinations for calendar year **(January 31, 2024 to January 30, 2025)** by age group, insurance type and demographics. This is based on your patient records. Billing staff may be best equipped to respond to this section of the survey. Only count a child once - no matter the number of visits. Retain a copy of this survey for your records for audit purposes. Please provide the best data possible.

Provider/Practice Profile				
VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category			
	< 1 Year	1-6 Years	7-18 Years	Total
AHCCCS	0	1	0	1
Uninsured	0	0	0	0
Nat. Amer. or Alaskan	0	0	0	0
Underinsured	0	0	0	0
Total VFC:	0	1	0	1

Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category			
	< 1 Year	1-6 Years	7-18 Years	Total
Ineligible	0	0	0	0
Total Non-VFC:	0	0	0	0

Total Patients (must equal sum of Total VFC + Total Non-VFC):	0	1	0	1
--	---	---	---	---

2) What data source (or type of data) was used: (check all that apply)

- Benchmarking
- Medicaid Claims
- Doses Administered
- Provider Encounter Data
- Billing System
- Arizona State Immunization Information System (ASIIS)
- Other

You are required to report the number of children who receive VFC vaccines in your practice each year.

- If you captured VFC patient eligibility in ASIIS in the previous year the profile will display the data according to your reported immunizations.
- If you have not captured VFC patient eligibility in ASIIS, your billing staff may be the best source for this information. ***Please note that VFC eligibility must be documented for every visit.**

VFC Vaccine Eligibility Categories: Reflects the number of VFC patients in each category that your facility administered vaccine to in the previous year, according to ASIIS. Please verify the accuracy by reviewing the data from your EHR/EMR or billing records.

Non-VFC Vaccine Eligibility Categories: Reflects the number of privately insured patients that your facility administered vaccines to in the previous year according to ASIIS. Please verify the accuracy of the data from your EHR/EMR or billing records.

- Review the numbers in each category for accuracy, or if necessary, fill in the numbers in each category
- Choose what data source (or type of data) was used to obtain numbers in each category

Click [Save and Certify Frozen Vaccine](#) once this page is completed to move to the next page

How to Certify Frozen Vaccine and Add Storage Units

Cold Storage Unit

VFC PIN:
Clinic:

Do you want to be certified for frozen vaccine (Varicella or MMRV)? Yes No

Instructions: Your refrigerator information is required for all units within your practice. Use the "Add" button to add additional units. If you choose to be certified for frozen vaccines, then you must answer the questions below and enter your freezer information.

Freezer

Can freezer maintain an average temperature of 5 °F or colder? Yes No

Does freezer have a separate, insulated door? Yes No

Freezer 1	Thermometer 1
Freezer Name: VFC FREEZER	Thermometer Serial Number:
Freezer Type: FREEZER	Thermometer Type: Digital Data Logger
Manufacturer: AMERICAN BIOTECH SUPPLY	Other Device:
Model Number: ABT-HC-UCBI-0420SS-RFCB	Temperature Scale: Fahrenheit
Effective From: 11/11/2019	Date of Last Calibration: 08/09/2024
Purchase or Issue Date: 11/08/2019	Calibration Expiration: 08/09/2025
Is Ultra Cold Freezer: <input type="checkbox"/>	
Inactivate Freezer 1: <input type="checkbox"/>	

Refrigerator

Refrigerator 1	Thermometer 1
Refrigerator Name: VFC FRIDGE	Thermometer Serial Number:
Refrigerator Type: REFRIGERATOR	Thermometer Type: Digital Data Logger
Manufacturer: AMERICAN BIOTECH SUPPLY	Other Device:
Model Number: ABT-HC-UCBI-0404SS-RFCB	Temperature Scale: Fahrenheit
Effective From: 11/11/2019	Date of Last Calibration: 08/09/2024
Purchase or Issue Date: 11/08/2019	Calibration Expiration: 08/09/2025
Inactivate Refrigerator 1: <input type="checkbox"/>	

[Add](#)

By signing this document I certify that appropriate storage is in place for frozen vaccines.

By signing this document I agree with the Terms and Conditions of participating as a State Supplied Vaccine Provider.

Type Name of Authorized Signer:

Back
Save for Later
Submit to State

All providers who want to receive frozen VFC vaccines (M-M-R[®]II, ProQuad[®] and Varivax[®]) must have their freezer approved by the BIZS.

- If you have not been approved for frozen vaccine, or if you do not want to recertify for frozen vaccine, select the radio button next to **“No”**.
- If you have been approved and want to recertify for frozen vaccine, select the radio button next to **“Yes”**. Selection is required for the remaining certification questions and you must enter the freezer information
- **Freezer 1:** Fill in the required fields for each freezer
- **Refrigerator 1:** Fill in the fields for each refrigerator
- **Thermometer:** Fill in the data logger details
 - **Data loggers are required and the only acceptable temperature monitoring devices on all units storing VFC vaccines**
- **Add:** Click Add to enter information on additional cold storage units. All units storing VFC vaccines must be added
- If you need to exit the Provider Agreement before completion, you can save it and return to it later, but you must complete the page you are working on before the system will allow you to save your work. **Click Save for Later** if you don't want to submit the Provider Agreement at this time.
- **Submit to State:** Click here only if the Provider Agreement is complete and you are ready to submit to BIZS for approval

How to Sign and Submit the Provider Agreement

By signing this document I certify that appropriate storage is in place for frozen vaccines.

By signing this document I certify that I agree with the Terms and Conditions of participating as a State Supplied Vaccine Provider.

Type Name of Authorized Signer:

- **Check the boxes** and **type in the name of the authorized signer** (this MUST be the signatory provider/medical director or equivalent). If you're ready to submit your agreement for approval, click the **Submit to State** button. After submitting the online agreement, you must print and sign the signature page.

Provider Agreements											
Select	Select Frozen Vaccine	PDF Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name	PIN	Approval Status	Date	Approval Date	Expiration Date	Create Organization
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	TEST FACILITY	X0221	EXPIRED	05/31/2023	05/23/2022	05/31/2023	
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	TEST FACILITY	X0221	APPROVED	05/03/2024	05/03/2024	05/31/2025	

Showing 1 to 2 of 2 entries

- Click on **PDF** to print the full Provider Agreement for your records. Keep the **original** signature document(s) for your records
- Click on the **PDF Signature Page** link to print the agreement signature page
- The Refrigerator and Freezer Verification form will be generated in the full PDF or can be opened by clicking **PDF-Frozen Vaccine**
- All parts of the Agreement must be signed by the person within your practice that is licensed in the state of Arizona to prescribe vaccines (M.D., D.O., NP or FNP) and who has primary responsibility for making decisions about your practice and its operations
- After completing the Provider Agreement in ASIIS, use the link to REDCap to upload ALL required re-enrollment documents
- The required documents are:
 - Signed provider agreement signature page
 - All pages of the completed and signed [Vaccine Accountability and Management Plan](#)
 - Certificates of completed annual training for the primary and backup coordinators
 - Signed Refrigerator and Freezer Verification Form
 - Valid data logger calibration certificates for all units storing VFC Vaccines and the back-up data logger

Provider Agreement Status

Provider Agreements											
Show 10 entries		Search:									
Select	Select Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name ▲	PIN ◆	Approval Status ◆	Date ◆	Approval Date ◆	Expiration Date ◆	Create Organization
-->	-->	PDF	PDF Signature		TEST FACILITY	X0221	EXPIRED	05/31/2023	05/23/2022	05/31/2023	
-->	-->	PDF	PDF Signature		TEST FACILITY	X0221	APPROVED	05/03/2024	05/03/2024	05/31/2025	

Showing 1 to 2 of 2 entries

First Previous **1** Next Last

Add Export Agreement Export Provider Export Provider/Practice Profile

Check the status of your provider agreement at any time. Look at Approval Status:

- **Pending:** The Provider Agreement is saved and is not complete. You can open and continue working
- **Submitted:** The Provider Agreement was submitted and is waiting for the Bureau of Immunization Services to review and approve
- **Approved:** The Bureau of Immunization Services staff has approved the Provider Agreement
- **Expired:** The previous provider agreement has expired and is no longer valid

****Only when the Provider Agreement shows an Approved status is your facility officially re-enrolled in the program and able to continue placing vaccine orders****

Working On a Saved Provider Agreement

Provider Agreements									
Show 10 entries									
Select	Select Frozen Vaccine	PDF - Full	PDF Signature Page	PDF-Frozen Vaccine	Facility Name ▲	PIN ◆	Approval Status ◆	Date ◆	Approval Date ◆
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	ARIZONA TEST FACILITY	1156	EXPIRED	01/04/2019	04/01/2017
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	ARIZONA TEST FACILITY	1156	APPROVED	01/04/2019	01/04/2019
-->	-->	PDF	PDF Signature	PDF-Frozen Vaccine	ARIZONA TEST FACILITY	1156	PENDING PROVIDER SUBMISSION	01/22/2019	

- To continue working on a saved Provider Agreement: Login to ASIIS > Navigate to Inventory Management Tab > Select VOMS 2.0 > Select Provider Agreement > and click the [arrow](#) under the Select column for the agreement

If you have questions regarding the re-enrollment process or the online forms, please contact the Bureau of Immunization Services at (602) 364-3642 or e-mail us at: ArizonaVFC@azdhs.gov.

For new VFC providers: Contact the Bureau of Immunization Services at (602) 364-3642.

Reminder: Facilities located within the City of Phoenix will work directly with MCPIP for VFC re-enrollment. Visit MCPIP's website here: maricopa.gov/mcPIP

Provider Re-Enrollment Checklist

CHECK	Provider Agreement Item
ASIIS Agreement Page 1	
	Facility Details
	<p>Facility, Vaccine Delivery, and Mailing Address</p> <ul style="list-style-type: none"> • Addresses cannot be a PO Box, aside from mailing address. • Address Line 1 must be less than 35 characters and cannot include special characters. • Vaccine delivery address must be the location where the vaccines will be administered.
	<p>Contact Details</p> <ul style="list-style-type: none"> • Contact details in ASIIS should match the contact details on the Vaccine Accountability and Management Plan • Emails should not exceed 40 characters
	<p>Primary & Backup Vaccine Coordinators</p> <ul style="list-style-type: none"> • Completed Annual Training Requirements: Enter the date the training was completed per the training certificate • Method of Training Completion: Select the training completed (CDC You Call the Shots (CDC YCTS) Training or AIPO Train - Arizona VFC Training)
	<p>Signatory Physician/Agreement Signatory</p> <ul style="list-style-type: none"> • Must be an MD, DO, NP, or FNP
	<p>Office Manager</p>
	<p>Vaccines Offered</p> <ul style="list-style-type: none"> • Select All ACIP Recommended Vaccines, unless you are a specialty provider <ul style="list-style-type: none"> ◦ Specialty providers must be pre-approved and are clinics like OB/GYN's, birthing hospitals, family planning clinics, etc.
	<p>Document days and time that you are able to receive vaccines</p> <ul style="list-style-type: none"> • Clinics must be open a minimum of 4 consecutive hours on a day other than Monday
ASIIS Agreement Page 2 (View Provider)	
	<p>Physician/Vaccinator Details</p> <ul style="list-style-type: none"> • Medical Licenses and NPI Numbers must be reviewed for accuracy • Indicate if the provider is still active with this practice • 1 provider must be indicated as the Medical Director or Equivalent (Agreement Signatory/Signatory Physician)

Provider Re-Enrollment Checklist

CHECK	Provider Agreement Item
ASIIS Agreement Page 3 (View Provider/Practice Profile)	
	<p>Provider/Practice Profile</p> <ul style="list-style-type: none"> ASIIS will prefill information based on patient records submitted. Information can be edited.
ASIIS Agreement Page 4 (View Certify Frozen Vaccine)	
	<p>Freezer & Refrigerator</p> <ul style="list-style-type: none"> Information must match the Vaccine Accountability & Management Plan <ul style="list-style-type: none"> Refrigerator/Freezer Manufacturer, Refrigerator/Freezer Model Number, Data Logger/Thermometer Serial Number, and Calibration dates (per data logger calibration certificates) All units storing VFC Vaccines must be listed
	<p>Type Name of Authorized Signer</p> <ul style="list-style-type: none"> Signatory Physician/Medical Director or Equivalent/Signing Provider's Name
<p>Upload ALL required supplemental documents to REDCap here: https://redcap.link/reenrollment2026</p>	
	<p>Signed VFC Provider Agreement Signature Page</p> <ul style="list-style-type: none"> Signed by Signatory Physician/Medical Director/Agreement Signatory
	<p>Completed and signed Vaccine Accountability and Management Plan (VAMP)</p> <ul style="list-style-type: none"> Find an up-to-date copy of the VAMP on the VFC Operations Guide and Resources page: https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#vaccines-children-guide
	<p>Certificates for completed annual training for Vaccine Coordinators</p> <ul style="list-style-type: none"> https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/new-vaccine-coordinator-job-aid.pdf?v=20250305
	<p>Valid data logger calibration certificates for all units storing VFC vaccines</p> <ul style="list-style-type: none"> https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/job-aids/data-logger-requirements-flyer.pdf?v=20230713
	<p>Valid data logger calibration certificates for the backup data logger(s)</p> <ul style="list-style-type: none"> https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/job-aids/data-logger-requirements-flyer.pdf?v=20230713