



North Carolina Department of Health and Human Services
Division of Public Health

Pat McCrory
Governor

Richard O. Brajer
Secretary

Danny Staley
Acting Division Director

November 24, 2015

MEMORANDUM

TO: North Carolina Immunization Program (NCIP) Participants
FROM: Wendy Holmes, RN, Head *WH*
Immunization Branch
SUBJECT: 2016 Vaccines for Children Program (VFC) and NCIP Enrollment
Provider Agreement and Provider Profile Forms

The purpose of this memo is to provide the enclosed VFC and NCIP provider Agreement documents for annual re-enrollment. The Centers for Disease Control and Prevention (CDC) requires all providers enrolled in the VFC Program to renew the provider agreement and profile forms on an annual basis. The CDC and NCIP Provider Agreement forms represent the provider’s agreement to comply with all conditions of the VFC and NCIP program. The lead physician signing this agreement must be a Medical Doctor (MD), or Doctor of Osteopathy (DO) licensed to practice medicine in the state of NC. The individual must have authority to ensure that the practice/clinic/facility and all providers listed on the agreement will adhere to the requirements of the program.

Please review the enclosed vaccine agreements and provider profile form in detail. Please note: Providers’ designated primary VFC coordinators and back-up coordinators must complete the annual 2015 VFC program training requirements in one of the following ways: by completing the “You Call the Shots” modules 10 and 16 at: <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>, or if staff attended the state immunization conference held in July 2015. The requirement must be met prior to submission of the provider agreement. This information *must* be completed on your profile sheet.

Pay careful attention to the enrollment numbers for your patient population. The enrollment numbers your practice reported represent the number of children being served by age and eligibility categories. Accuracy in reporting these numbers is a critical piece in determining the correct vaccine supply for your VFC-eligible patients. Please mark through the enrollment numbers if changes are needed and write in the correct number, review the agreement for completion, sign, and return the signed completed forms by no later than December 14, 2015. Completed forms may be returned by USPS mail or faxed to the Immunization Branch.

Forms should be mailed or faxed to the Branch at:

**Immunization Branch,
1917 Mail Service Center
Raleigh, NC 27699-1917
Fax: 1-800-544-3058**

Failure to submit the re-enrollment agreements will result in suspension of vaccine delivery to your practice. If you have any questions you may call the Immunization Help Desk, Monday through Friday, 8 a.m. to 5 p.m. at 1-877-873-6247.

CC: SMT Regional Imm Staff CO Staff Vaccine Manufacturers Elizabeth Hudgins Frank Skwara Terri Pennington
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