

COVID-19 Vaccine Provider Enrollment Checklist

Please use the following checklist to help you complete all the sections in the COVID-19 Enrollment.

Review the checklist to make sure your clinic has all the required information available. This checklist is just to help you.

Prior to completing the Enrollment

You will need the following information for the enrollment so have it handy:

- Organization's Legal Name
- Number of affiliated vaccination locations covered by this agreement
- Phone Number
- Email: (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)
- Address
- Chief Medical Officer (or Equivalent) Information
 - Last Name; First Name; and Email
- Chief Executive Officer (or Chief Fiduciary) Information
 - Last Name; First Name; and Email
- Contact information for location's primary COVID-19 vaccine coordinator
 - Last Name; First Name; and Email
- Organization location address for receipt of COVID-19 vaccine shipments
- Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments
- COVID-19 vaccination provider type for this location
- Setting(s) where this location will administer COVID-19 vaccine
- Approximate number of patients/clients routinely served by this location
 - Number of children 18 years of age and younger
 - Number of adults 19 – 64 years of age
 - Number of adults 65 years of age and older
 - Number of unique patients/clients seen per week on average
- Influenza vaccination capacity for this location
- Population(s) served by this location
- Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?
- Estimated number of 10-dose multidose vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures:
 - Refrigerated (2°C to 8°C)
 - Frozen (-15°C to -25°C)
 - Ultra-frozen (-60°C to -80°C)
- Storage unit details for this location
- Providers practicing at this facility

We have included a .pdf file with all the fields found on the electronic enrollment. We will not accept any paper forms, the electronic form with the required electronic signatures are required to successfully enroll to receive COVID-19 vaccines.

When Completing the Enrollment

After the enrollment is completed, remember that the Chief Medical Officer and Chief Executive Officer (or equivalent) must select the link in the email to electronically sign the agreement. The Primary Coordinator cannot sign the document.