

# Vaccines for Children (VFC) Program

## VFC Site Visit - Acknowledgement of Receipt (AoR)

Provider Name: \_\_\_\_\_ Site Visit No.: \_\_\_\_\_

Site Visit Reviewer: \_\_\_\_\_ Email: \_\_\_\_\_

Thank you for participating in this VFC Site Visit. Please take a few minutes to review your follow-up plan. The goal of this plan is to support you and your staff with successfully implementing the program and improving access to vaccines for VFC-eligible children within your practice. It is important if you have questions about your visit, that you contact your site visit reviewer as soon as possible.

To close out today's visit, please complete the Provider Acknowledgement section of the form below and keep this document for your records. Thank you for your continued dedication to the VFC Program.

TO BE COMPLETED BY SITE VISIT REVIEWER	
<p>I, _____, acknowledge that a VFC Site Visit was performed on _____  <i>(Site Visit Reviewer)</i> <span style="float: right;"><i>(Visit Date)</i></span></p> <p>and that I have provided a Follow-up Plan that includes any follow-up actions required of the provider (as applicable) and a list of all 2016 Requirements &amp; Recommendations assessed during the visit.</p>	
TO BE COMPLETED BY PROVIDER	
<b>If the Medical Director (or equivalent) who signed the Provider Agreement is present:</b>	
<p>I, _____, acknowledge that my practice took part in the VFC Site Visit noted  <i>(Medical Director)</i></p> <p>above. I understand the findings of the visit and agree to take all required actions necessary in order to meet VFC Program Requirements (as applicable).</p>	
<b>If the Medical Director (or equivalent) who signed the Provider Agreement is NOT present:</b>	
<p>I, _____, acknowledge that my practice took part in the VFC Site Visit noted  <i>(Responsible Individual designated by MD)</i></p> <p>above. I understand and will communicate to the Medical Director the findings of the visit and any required actions that must be taken by our office in order to meet VFC Program Requirements (as applicable).</p>	
<b>Reviewer Signature:</b>	<b>Date:</b>
<b>Provider Signature:</b>	<b>Date:</b>