

Washington State Adult Vaccine Program Enrollment Guide

Thank you for your interest in participating in the Washington State Adult Vaccine Program.

Before you start the enrollment process, we suggest you take the following steps:

- Review this guide for instructions on how to complete the enrollment forms.
- Take images of your cold storage equipment unit(s) including the inside and outside of the storage unit you intend to use to store adult vaccines.
- Collect files of the calibration certificate(s) for each of your digital data loggers (DDLs) or temperature monitoring system.

To enroll, organizations will complete the Adult Vaccine Program Provider Application. The Washington State Department of Health will review your organizations information and email you a link to fill out the provider agreement, which is separated into five (5) sections:

- Facility Information
- Practicing Providers
- Facility Availability for Shipments
- Facility Storage
- Agreements and Signatures

NOTE: If your organization plans to administer adult vaccines, including COVID-19 vaccines at multiple locations, you will need to complete a provider agreement for each location.

After submitting your provider agreement, the Program will review the application and follow up with any questions. If you have questions or need technical assistance, please contact the Washington State Department of Health Adult Vaccine Program at WAAdultVaccines@doh.wa.gov.

Getting Started	
Submitting Responses	<p>At the end of each form, you will need to click “submit” to move onto the next section.</p> <div style="border: 1px solid #ccc; padding: 10px; text-align: center; margin: 10px 0;"> <input type="button" value="Submit"/> <input type="button" value="Save & Return Later"/> </div>
Saving Progress	<p>Select “Save & Return Later” at the end of a form. You can enter an email address to receive an emailed link to return to the page you left off at.</p> <div style="border: 1px solid #ccc; padding: 10px; text-align: center; margin: 10px 0;"> <input type="button" value="Submit"/> <input type="button" value="Save & Return Later"/> </div> <p>Your survey responses were saved!</p> <p><small>You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need the survey link to this survey.</small></p> <p><u>Survey link for returning</u> <small>You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. If you do not receive the email soon afterward, please check your Junk Email folder.</small></p> <div style="margin: 10px 0;"> <input style="width: 150px;" type="text" value="Enter email address"/> <input type="button" value="Send Survey Link"/> </div> <p><small>* Your email address will not be stored</small></p> <p>The Program recommends getting your survey link regardless of whether you are leaving the survey. You can use the link later to confirm all sections were completed.</p>

Facility Information																													
Facility Information	<p>Enter the following information:</p> <ul style="list-style-type: none"> Organization name, Facility Name, Address and Telephone Number If your facility is already reporting to WAIS, this should be your WAIS organization name. PLEASE NOTE: These fields may be populated with information from the WAIS. You will not be able to change this information. Please email WAAdultVaccines@doh.wa.gov for additional support. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="background-color: #4f81bd; color: white;">Facility Information</th> </tr> </thead> <tbody> <tr> <td style="width: 20%;">Organization Name</td> <td colspan="3"></td> </tr> <tr> <td>Facility Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td style="width: 15%;">State WA</td> <td style="width: 15%;">Zip</td> <td></td> </tr> <tr> <td>County</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td></td> <td>Fax</td> <td></td> </tr> </tbody> </table>	Facility Information				Organization Name				Facility Name				Address				City	State WA	Zip		County				Telephone		Fax	
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<p>Medical Director or Equivalent(s)</p>	<ul style="list-style-type: none"> The signing provider must be a practitioner authorized to prescribe adult vaccines under WA State law. This individual will be held accountable for compliance by the entire facility and its providers. For additional information, please review the program information at https://doh.wa.gov/public-health-healthcare-providers/public-health-system-resources-and-services/immunization/adult-vaccine-program. <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p style="text-align: center; background-color: #4F81BD; color: white; padding: 5px;">Medical Director or Equivalent</p> <p style="text-align: center; color: red; font-size: small;">(Must provide value)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">First Name</td> <td><input type="text" value=""/></td> <td style="width: 25%;">Middle Initial</td> <td><input type="text" value=""/></td> <td style="width: 25%;">Last Name</td> <td><input type="text" value=""/></td> </tr> <tr> <td>Title</td> <td colspan="2"><input type="text" value=""/></td> <td>Specialty</td> <td colspan="2"><input type="text" value=""/></td> </tr> <tr> <td>License No.</td> <td><input type="text" value=""/></td> <td>NPI No.</td> <td colspan="3"><input type="text" value=""/></td> </tr> <tr> <td>EIN (optional)</td> <td><input type="text" value=""/></td> <td>Email</td> <td colspan="3"><input type="text" value=""/></td> </tr> </table> <p style="text-align: center; background-color: #4F81BD; color: white; padding: 5px; font-size: small;">Provide Information for a second individual as needed</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">First Name</td> <td><input type="text" value=""/></td> <td style="width: 25%;">Middle Initial</td> <td><input type="text" value=""/></td> <td style="width: 25%;">Last Name</td> <td><input type="text" value=""/></td> </tr> <tr> <td>Title</td> <td colspan="2"><input type="text" value=""/></td> <td>Specialty</td> <td colspan="2"><input type="text" value=""/></td> </tr> <tr> <td>License No.</td> <td><input type="text" value=""/></td> <td>NPI No.</td> <td colspan="3"><input type="text" value=""/></td> </tr> <tr> <td>EIN (optional)</td> <td><input type="text" value=""/></td> <td>Email</td> <td colspan="3"><input type="text" value=""/></td> </tr> </table> </div>	First Name	<input type="text" value=""/>	Middle Initial	<input type="text" value=""/>	Last Name	<input type="text" value=""/>	Title	<input type="text" value=""/>		Specialty	<input type="text" value=""/>		License No.	<input type="text" value=""/>	NPI No.	<input type="text" value=""/>			EIN (optional)	<input type="text" value=""/>	Email	<input type="text" value=""/>			First Name	<input type="text" value=""/>	Middle Initial	<input type="text" value=""/>	Last Name	<input type="text" value=""/>	Title	<input type="text" value=""/>		Specialty	<input type="text" value=""/>		License No.	<input type="text" value=""/>	NPI No.	<input type="text" value=""/>			EIN (optional)	<input type="text" value=""/>	Email	<input type="text" value=""/>		
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<p>Primary and Back-up Vaccine Coordinators</p>	<ul style="list-style-type: none"> Some of this information may be pre-populated. Ensure that the “You Call the Shots-Vaccine Storage and Handling” is completed and that you have saved your completion certificate to upload with your agreement. That training is located here: https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp 																																																

Clinic Coordinators for Boyer Clinic TESTER																																																							
<p>Instructions: There must be separate primary and back-up vaccine coordinators. Vaccine coordinators are required to complete annual training. The Centers for Disease Control and Prevention (CDC) You Call the Shots, Vaccine Storage and Handling training module can be located on the CDC Web-based Training Course web page. Completion of this training must be the same year the agreement is submitted.</p>																																																							
<p style="text-align: center;">Primary Vaccine Coordinator</p> <table border="1"> <tr> <td>First Name</td> <td><input type="text"/></td> <td>Last Name:</td> <td><input type="text"/></td> </tr> <tr> <td>Telephone</td> <td><input type="text"/></td> <td>Ext:</td> <td><input type="text"/></td> </tr> <tr> <td>Email</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td rowspan="2"> Completed 'You Call the Shots-Vaccine Storage and Handling' training? </td> <td><input type="button" value="Yes"/></td> <td colspan="2" rowspan="2"> Completion Date for Vaccine Storage and Handling training (MM/DD/YY) <input type="text"/> <input type="button" value="Today"/> M-D-Y </td> </tr> <tr> <td><input type="button" value="No"/></td> </tr> <tr> <td></td> <td><input type="button" value="reset"/></td> <td colspan="2"></td> </tr> <tr> <td> Upload Primary Vaccine Coordinator Training Certificate Image </td> <td colspan="3" style="text-align: center;"> <input type="button" value="Upload file"/> </td> </tr> </table> <p style="text-align: center;">Back-Up Vaccine Coordinator</p> <table border="1"> <tr> <td>First Name</td> <td><input type="text"/></td> <td>Last Name</td> <td><input type="text"/></td> </tr> <tr> <td>Phone #</td> <td><input type="text"/></td> <td>Ext:</td> <td><input type="text"/></td> </tr> <tr> <td>Email</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td></td> <td colspan="3">40 characters remaining</td> </tr> <tr> <td rowspan="2"> Completed 'You Call the Shots-Vaccine Storage and Handling' training? </td> <td><input type="button" value="Yes"/></td> <td colspan="2" rowspan="2"> Completion Date for Vaccine Storage and Handling training (MM/DD/YY) <input type="text"/> <input type="button" value="Today"/> M-D-Y </td> </tr> <tr> <td><input type="button" value="No"/></td> </tr> <tr> <td></td> <td><input type="button" value="reset"/></td> <td colspan="2"></td> </tr> <tr> <td> Upload Backup Vaccine Coordinator Training Certificate Image </td> <td colspan="3" style="text-align: center;"> <input type="button" value="Upload file"/> </td> </tr> </table> <p> Would you like to add additional contacts? <input type="button" value="Yes"/> <input type="button" value="No"/> </p> <p><small>* must provide value</small></p>		First Name	<input type="text"/>	Last Name:	<input type="text"/>	Telephone	<input type="text"/>	Ext:	<input type="text"/>	Email	<input type="text"/>			Completed 'You Call the Shots-Vaccine Storage and Handling' training?	<input type="button" value="Yes"/>	Completion Date for Vaccine Storage and Handling training (MM/DD/YY) <input type="text"/> <input type="button" value="Today"/> M-D-Y		<input type="button" value="No"/>		<input type="button" value="reset"/>			Upload Primary Vaccine Coordinator Training Certificate Image	<input type="button" value="Upload file"/>			First Name	<input type="text"/>	Last Name	<input type="text"/>	Phone #	<input type="text"/>	Ext:	<input type="text"/>	Email	<input type="text"/>				40 characters remaining			Completed 'You Call the Shots-Vaccine Storage and Handling' training?	<input type="button" value="Yes"/>	Completion Date for Vaccine Storage and Handling training (MM/DD/YY) <input type="text"/> <input type="button" value="Today"/> M-D-Y		<input type="button" value="No"/>		<input type="button" value="reset"/>			Upload Backup Vaccine Coordinator Training Certificate Image	<input type="button" value="Upload file"/>		
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Provider Type	<ul style="list-style-type: none"> Pick the type that best applies to your facility. If you select "other" and additional box will appear where detailed information can be entered. 																																																						

	<p>Provider Type (select only one provider type):</p> <p>* must provide value</p> <ul style="list-style-type: none"> Addiction Treatment Center Birthing Hospital or Birthing Center Community Health Center Community Vaccinator (non-health dept) Correctional Facility Family Planning Clinic (non-health dept) Hospital HIS, Tribal, or Urban Clinic Juvenile Detention Center Mobile Provider Pharmacy Private Practice Public Health Department (state/local) Refugee Health Clinic School-Based Clinic (permanent clinic location) STD/HIV Clinic (non-health dept) Teen Health Center (non-health dept) Urgent Care Center Women, Infants, and Children (WIC) Clinic Other (specific): <p style="text-align: right;">reset</p>
<p>Mobile Facility Information</p>	<ul style="list-style-type: none"> There is the option for mobile units. Please note if you select yes, you will be directed to enter additional storage and handling information for mobile storage units and DDLs. <p>Is this a mobile facility or does your facility have mobile units?</p> <p>*Answer yes if immunization services are offered primarily through mobile clinics or the facility has a mobile unit that provides some immunization services. *</p> <p>* must provide value</p> <p style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No reset </p>

	<ul style="list-style-type: none"> Select a response to the remaining questions in that section. <div style="border: 1px solid #ccc; padding: 5px;"> <p>Does your facility require patients be established in order to be vaccinated? <small>* must provide value</small></p> <p style="text-align: right;"> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="reset"/> </p> <hr/> <p>How does your facility offer immunization services to uninsured and underinsured patients? (Choose all the apply.) <small>* must provide value</small></p> <p style="text-align: right;"> <input type="button" value="+ During scheduled appointments"/> <input type="button" value="+ Walk-in vaccinations"/> <input type="button" value="+ Off-site vaccinations"/> <input type="button" value="+ Vaccination-only appointments"/> <input type="button" value="+ Dedicated days/ times for vaccinations"/> <input type="button" value="+ Other (specify)"/> </p> <hr/> <p>Is an office fee charged in addition to any vaccine administration fees? <small>* must provide value</small></p> <p style="text-align: right;"> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="reset"/> </p> </div>
<p>Patient Population</p>	<ul style="list-style-type: none"> Report the number of uninsured and underinsured patients (19-65 years of age) served by your facility in the last 12 months. If “other” is selected for type of data used, an additional description box will pop up asking for additional information. <div style="border: 1px solid #ccc; padding: 5px;"> <p>Uninsured Patients <small>* must provide value</small></p> <p style="text-align: right;"><input type="text"/></p> <hr/> <p>Underinsured Patients <small>* must provide value</small></p> <p style="text-align: right;"><input type="text"/></p> <hr/> <p>Type of Data Used to Determine Patient Population (Choose all that apply) <small>* must provide value</small></p> <p style="text-align: right;"> <input type="button" value="+ Provider Billing System"/> <input type="button" value="+ IIS"/> <input type="button" value="+ Other (must describe):"/> </p> </div>
<p>Vaccine Selection</p>	<ul style="list-style-type: none"> Rank in priority order up to six (6) vaccine products that your facility is interested in for the 2023-2024 budget year. Leave fields blank if there are less than six (6) types you are interested in.

Vaccine Selection		
<p>Instructions: Rank in priority order up to 6 vaccine products that you'd like to have available for your facility through the Adult Vaccine Program for the 2023- 2024 budget year for uninsured and underinsured adults. Leave fields blank if interested in less than 6 types of vaccine.</p> <p>Keep in mind:</p> <ul style="list-style-type: none"> • Your ranking will help us prioritize your preferred vaccine products during the AVP allocation process. • This not a vaccine request or order. Official vaccine requests will be announced in the AVP newsletter. • You are not guaranteed to receive an allocation of the vaccine types selected. 		
<p>Vaccines offered:</p> <ul style="list-style-type: none"> • COVID-19 • Flu- Fluarix Quad • Hep A- Havrix • Hep A- Vagta • Hep B- Engerix-B • Hep B- Recombivax HB • Hep B- Heplisav-B • Hep A/ Hep B- TWINRIX • HPV 9- Gardasil • MMR- M-M-R®II • PCV20- Prevnar 20 • Tdap- Adacel • Tdap- Boostrix • Zoster (Shingles)- Shingrix 		
Priority Level	#	Vaccine Selection
Highest	1.	<input type="text"/>
	2.	<input type="text"/>
	3.	<input type="text"/>
	4.	<input type="text"/>
	5.	<input type="text"/>
Lowest	6.	<input type="text"/>

Practicing Providers	
Number of Providers	<ul style="list-style-type: none"> • Enter the number of providers that practice at your facility. This will open the corresponding number of provider boxes. • If you have more than 15 providers, you will click and download the “Practicing Providers_Template” above the submit button. You will be able to enter additional provider information there.

Instructions: List all licensed health care practitioners (MD, DO, NP, PA, pharmacist, etc.) at your facility who have prescribing authority.

This form allows up to 15 providers to be added. If the facility has more than 15 providers, please upload the required information for additional providers using the attached template.

How many practicing providers do you have at your facility?

Provider 1	
Provider Name (First, Last)	<input style="width: 90%;" type="text"/>
Title (MD, NP, PA, etc.)	<input style="width: 90%;" type="text" value="v"/>
Specialty	<input style="width: 90%;" type="text"/>
Medical License No.	<input style="width: 90%;" type="text" value="2 letters, 8 digit number"/> <small>10 characters remaining</small>
NPI No.	<input style="width: 90%;" type="text" value="10 characters remaining"/> <small>10 characters remaining</small>

Please use attached template to upload additional providers.

Attachment: [Practicing_Providers_Template.xlsx](#) (12.7 kB)


Facility Availability for Shipments																													
<p>Facility Shipment Information</p>	<ul style="list-style-type: none"> Select the button that corresponds to the shipping day you are entering time for. Enter the start and end times for each day your facility can receive shipments. <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p style="text-align: center;">Facility Shipment Information</p> <p>Instructions: Please enter your facility's availability for receiving vaccine shipments using 24 hour format. Facilities are required to be available for vaccine shipments a minimum of four consecutive hours two days a week Monday - Friday. (Example: Tuesday 08:00am to 12:00pm & Wednesday 13:00pm to 17:00pm).</p> <p style="background-color: #0070c0; color: white; padding: 2px;">Please indicate vaccine shipment availability.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">All Day (No breaks in availability, AM to PM)</th> <th style="width: 20%;">No availability</th> <th style="width: 30%;">Available during specific hours (or break in facility's availability)</th> </tr> </thead> <tbody> <tr> <td>Mondays <small>* must provide value</small></td> <td style="text-align: center;"><input checked="" type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Tuesdays <small>* must provide value</small></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Wednesdays <small>* must provide value</small></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Thursdays <small>* must provide value</small></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Fridays <small>* must provide value</small></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table> <div style="margin-top: 10px; border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center; background-color: #0056b3; color: white; padding: 2px;">Mondays</p> <p style="text-align: center; background-color: #d9ead3; padding: 2px;">All Day (24 hr, AM to PM)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Start</td> <td style="width: 35%; border: 1px solid #ccc; padding: 2px;"> <input type="text"/> 🕒 Now H:M </td> <td style="width: 15%;">End</td> <td style="width: 35%; border: 1px solid #ccc; padding: 2px;"> <input type="text"/> 🕒 Now H:M </td> </tr> </table> </div> <div style="margin-top: 10px;"> <p>Special Instructions or Limited Shipping Availability:</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p style="text-align: right; font-size: 0.8em;">Expand</p> </div> </div>		All Day (No breaks in availability, AM to PM)	No availability	Available during specific hours (or break in facility's availability)	Mondays <small>* must provide value</small>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tuesdays <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wednesdays <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thursdays <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fridays <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Start	<input type="text"/> 🕒 Now H:M	End	<input type="text"/> 🕒 Now H:M
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Facility Storage	
Cold Storage Equipment	<ul style="list-style-type: none"> Enter the number of storage units and how many of each type your facility has. Please note, if the total number of storage units does not add up, you will need to correct it before moving forward. <div style="border: 1px solid #0070c0; padding: 5px; margin-top: 10px;"> <p style="text-align: center; background-color: #0070c0; color: white; margin: 0;">Cold Storage Equipment</p> <p style="font-size: small; margin: 0;">Please fill out the information below for each cold storage unit at the facility and those used in mobile units.</p> <p>How many vaccine storage units does [redacted] have? <input style="width: 150px;" type="text"/></p> <p style="font-size: x-small; margin: 0;">* must provide value Not including portable vaccine storage units.</p> <hr/> <p>Of these, how many are refrigerators? <input style="width: 150px;" type="text"/></p> <p style="font-size: x-small; margin: 0;">* must provide value</p> <hr/> <p>Of these, how many are freezers? <input style="width: 150px;" type="text"/></p> <p style="font-size: x-small; margin: 0;">* must provide value</p> <div style="background-color: #e1f5fe; padding: 5px;"> <p>Of these, how many are ultra-cold freezers? <input style="width: 150px;" type="text"/></p> <p style="font-size: x-small; margin: 0;">* must provide value</p> </div> </div>
Cold Storage specifics	<ul style="list-style-type: none"> Enter the details for each type of storage unit. You will need to upload proof of the brand/model of the storage unit(s) and certificate of calibration.

Instructions: Please enter information for each type of cold storage unit that will store vaccines. A photo for proof of brand/model, capacity and calibration certificate required for each unit listed.	
Cold Storage 1 Name (Provide name for unit to reference during follow-up) Provide name for unit to reference during survey and follow-up <small>* must provide value</small>	
Cold Storage 1 - _____	
What type of storage equipment is this:	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px; text-align: center;">Refrigerator</div> <div style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px; text-align: center;">Freezer</div> <div style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px; text-align: center;">Ultra-cold Freezer</div> </div> <div style="text-align: right; font-size: small; margin-top: 5px;">reset</div>
Is this _____ also used to store Childhood Vaccine Program vaccines?	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px; text-align: center;">Yes</div> <div style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px; text-align: center;">No</div> <div style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px; text-align: center; font-size: small;">I am not a Childhood Vaccine Program provider</div> </div> <div style="text-align: right; font-size: small; margin-top: 5px;">reset</div>
Manufacturer	<input type="text"/>
In Use Date	<input type="text"/> <small>M-D-Y</small> Today
Thermometer Brand	<input type="text"/>
Thermometer Model	<input type="text"/>
Date of Last Calibration	<input type="text"/> <small>M-D-Y</small> Today
Please upload a photo or other proof of the brand/model of the _____ for verification. Upload file	Please upload calibration certificate Upload file
Medical/Pharmacy Director Location's Vaccine Coordinator Storage Unit Attestation	<ul style="list-style-type: none"> The storage information submission requires a signature and date. If you have additional documents, such as transport equipment, qualified pack outs, or backup DDLs, that information can be attached here.

Medical/Pharmacy Director or Location's Vaccine Coordinator Storage Unit Attestation	
<p>I attest that each unit listed will maintain the appropriate temperature range indicated above:</p> <p>(Medical/Pharmacy Director or Vaccine Coordinator Signature) * must provide value Add signature</p>	
<p>Date: <input type="text"/> Today Y-M-D * must provide value</p>	
<p>Please upload any additional relevant documents or information. Upload file</p>	
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<p><input type="button" value="Submit"/></p> <p><input type="button" value="Save & Return Later"/></p>	

Agreement and Signatures									
Provider Agreement Regulations	<ul style="list-style-type: none"> Review and save the regulations and requirements of participating in the program. You must have both signatures to submit the agreement. The survey link can be emailed to another person to sign. Ensure you have a copy of the survey link. 								
Medical Director Signature	<ul style="list-style-type: none"> The medical director of the facility will need to sign and date the agreement. <div style="border: 1px solid #0070C0; padding: 5px; margin-top: 10px;"> <p style="text-align: center; background-color: #0070C0; color: white; margin: 0;">Medical Director</p> <p>I understand and accept the conditions of this agreement and agree to comply with these requirements on behalf of myself and all the practitioners associated with this facility. I agree to inform all providers in the facility of their obligations under this agreement. The department may terminate this agreement at any time for failure to comply with program requirements. I may terminate this agreement at any time for personal reasons.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Medical Director Full Name:</td> <td><input type="text"/></td> </tr> <tr> <td>Medical Director License Number:</td> <td> <input type="text"/> <small>10 digits- 2 letters followed by 8 numbers 10 characters remaining</small> </td> </tr> <tr> <td>Medical Director Signature:</td> <td>Add signature</td> </tr> <tr> <td>Date:</td> <td><input type="text"/> Today Y-M-D</td> </tr> </table> </div>	Medical Director Full Name:	<input type="text"/>	Medical Director License Number:	<input type="text"/> <small>10 digits- 2 letters followed by 8 numbers 10 characters remaining</small>	Medical Director Signature:	Add signature	Date:	<input type="text"/> Today Y-M-D
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Medical Director License Number:	<input type="text"/> <small>10 digits- 2 letters followed by 8 numbers 10 characters remaining</small>								
Medical Director Signature:	Add signature								
Date:	<input type="text"/> Today Y-M-D								
Primary Vaccine Coordinator	<ul style="list-style-type: none"> The Primary Vaccine Coordinator of this facility will also need to sign this agreement. 								

Primary Vaccine Coordinator	
<p>I understand and accept the conditions of this agreement and agree to comply with these requirements on behalf of myself and all the practitioners associated with this facility. I agree to inform all providers in the facility of their obligations under this agreement. The department may terminate this agreement at any time for failure to comply with program requirements. I may terminate this agreement at any time for personal reasons.</p>	
Primary Vaccine Coordinator Full Name	<input type="text"/>
Primary Vaccine Coordinator Title	<input type="text"/>
Primary Vaccine Coordinator Signature	Add signature
Date	<input type="text"/>  Today Y-M-D

Once this page is signed and submitted, your agreement will be reviewed.