

Adult Vaccine Program: waadultvaccines@doh.wa.gov Childhood Vaccine Program: wachildhoodvaccines@doh.wa.gov | (360) 236-2829

 Provider Disenrollment Form: AVP ☐ CVP ☐

 Contact the Adult Vaccine and/or Childhood Program at WAAdultVaccines@doh.wa.gov or WACHildhoodVaccines@doh.wa.gov to begin the disenrollment process.

Facility Information			
Facility Name:			PIN:
Facility Address:			
City:	County:	State: WA	Zip:
Contact Person:		Telephone:	
Date of Disenrollment:		Facility Type:	
Disenrollment Reason			
Instructions: Please tell us why you are disenrolling from the Adult and/or Childhood Vaccine Program.			
Provider Inactivity <input type="checkbox"/> Provider did not order vaccines for last 12 months <input type="checkbox"/> Provider did not complete recertification Change in Practice Status <input type="checkbox"/> Provider merged with another provider <input type="checkbox"/> Practice closed <input type="checkbox"/> Provider no longer offering vaccinations <input type="checkbox"/> Physician is retired <input type="checkbox"/> Physician is deceased		Perceived Operational or Financial Burden <input type="checkbox"/> Lack of staff <input type="checkbox"/> Serves too few children/adults <input type="checkbox"/> Administration fee reimbursement too low <input type="checkbox"/> State specific requirements <input type="checkbox"/> Inventory management <input type="checkbox"/> Storage and handling <input type="checkbox"/> Vaccine loss and replacement policy Other Reasons <input type="checkbox"/> Washington Vaccine Association billing process (CVP Only)	
Please provide a description of the circumstances surrounding disenrollment from the program. If disenrollment is due to program requirements, please specify which requirements led to the decision:			

Patient Referral (Recommended)			
If your facility serves children and/or uninsured adults but will no longer provide vaccines, please tell us where you will refer patients for immunizations.			
Clinic Name:		Clinic Name:	
Address:		Address:	
State: WA	ZIP:	State: WA	ZIP:

Transfer Vaccine Inventory & Submit Final Reports

Providers are required to transfer any remaining publicly supplied vaccines to another enrolled provider prior to disenrollment.

- ☐ Use the [Provider Map](#) to view enrolled sites. Contact the program if you need assistance locating an enrolled facility.
- ☐ Review the [Vaccine Transfer Checklist](#) for information on the transfer process and how to transport vaccine.
 - **NOTE:** Partially used multi-dose vials **cannot** be transferred and should be reported as waste through the IIS Inventory Reconciliation page. Only unused or unopened multi-dose vials can be transferred to another enrolled provider.
- ☐ Submit [Vaccine Transfer Request](#) in the Immunization Information System (IIS) for DOH approval 48 hours before the planned transfer date. **Do not move vaccine prior to transfer approval.**
- ☐ After receiving approval, follow the [vaccine transport guidelines](#) for packing vaccines. Ensure the cold chain is maintained during transport. Use a [digital data logger](#) that meets thermometer requirements to monitor temperatures during transport.
- ☐ If vaccine goes out of the appropriate temperature range follow the [Vaccine Temperature Excursion Guide](#).
- ☐ Once the clinic receiving the transferred vaccine accepts the transfer in the IIS, those doses will subtract from your clinic's inventory.
- ☐ If you have any expired, unopened multi-dose, or spoiled vaccines in your inventory, please [adjust](#) those doses from your IIS inventory and complete an [Online Vaccine Return](#). Once the return shipping label is received via email, pack up doses and ship back to the vaccine distributor.
- ☐ Ensure all inventory is listed with 0 doses in the Quantity on Hand column in the IIS and submit your final monthly inventory report.

Date of Transfer:

Receiving Facility Name:

PIN:

Sign & Submit Disenrollment

Sign below to verify that any remaining vaccines have been transferred to another enrolled provider and all disenrollment steps have been completed. Submit completed form to WAAdultVaccines@doh.wa.gov and/or WACHildhoodVaccines@doh.wa.gov.

Person Submitting Document

Signature