



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Ashwin Vasani, MD, PhD
Commissioner

November 2, 2023

Dear Colleague:

The New York City (NYC) Vaccines for Children (VFC) program annual re-enrollment process for 2023-2024 has begun. Please start the re-enrollment process now.

You need to complete re-enrollment by December 31, 2023 to maintain your ability to order VFC vaccines. By re-enrolling, you agree to comply with the terms and conditions of the attached NYC VFC Vaccine Recipient Agreement.

To re-enroll, complete and submit your 2024 VFC re-enrollment form in the Vaccine Inventory Management section of the [Citywide Immunization Registry \(CIR\) Online Registry](#). Prior to completing this form, the physician-in-charge, vaccine coordinator, and back-up vaccine coordinator at your facility must take two required annual web-based trainings developed by the Centers for Disease Control and Prevention (CDC): [Vaccine Storing and Handling](#) (Course #WB4626) and You Call the Shots: [Vaccines for Children \(VFC\) 2023](#) (Course #WB4627). Course completion certificates must be uploaded to the "Training Requirement" section of your re-enrollment form. Only certificates with a date in 2023 will be accepted. For instructions on completing the trainings and obtaining and uploading certificates, refer to the attached Accessing the CDC Training Modules.

All VFC providers are required to carry COVID-19 vaccines. COVID-19 vaccines are now available to order through the Vaccines for Children (VFC) program for your VFC eligible patient population. COVID-19 vaccines can be ordered through the [CIR Online Registry](#) through the same ordering screens used to order all vaccines included in the VFC program. If you have not yet ordered updated COVID-19 vaccines through the VFC program, please do so as soon as possible.

All providers must review the storage unit and DDL thermometer information and photos in the CIR for their facility. You should update any information and photos you see that are inaccurate. If the CIR shows any information as outdated, you will be required to update it before you can submit the re-enrollment form. If you need any guidance on how to update your storage unit and DDL thermometer information please reference the [Vaccine Storage & Thermometer Module Guide](#).

If you have questions, email nycimmunize@health.nyc.gov or call 347-396-2404. Thank you for helping to protect children from vaccine-preventable diseases.

Sincerely,

A handwritten signature in black ink that reads "Bindy Crouch".

Bindy Crouch, MD, MPH
Assistant Commissioner
Bureau of Immunization



Guidelines for Completing the 2024 VFC Re-enrollment Form

Please update and enter all required information for the 2024 re-enrollment to the Vaccines for Children (VFC) program. In completing the re-enrollment form, please note the following:

- The deadline for completing 2024 re-enrollment is **December 31, 2023**. Please complete the 2024 re-enrollment process as soon as possible to ensure that your vaccine ordering privileges are not suspended.
- Make sure to save all your edits and entries by clicking on the **'Save'** button at the bottom of the page. Whatever is not saved, will be lost should the page time out or you log off.
- You must designate a ***physician-in-charge, vaccine coordinator, and back-up vaccine coordinator***. The *physician-in-charge* can also be the *vaccine coordinator* OR *back-up vaccine coordinator* but cannot be all three titles. At minimum, one other person must be listed as either the *vaccine coordinator* OR *back-up vaccine coordinator* and this individual must complete the training requirement.
- Only training certificates saved in the following format types can be uploaded to "Training Requirement" section: *pdf, doc, docx, html, htm, mht, xps, jpg, jpeg, png, gif OR tif*. Please note each file must have a unique name.
- If you have additional people to list as contacts, please include them in the "Other Contact" section by selecting the 'Add Other Contact' button right above the "Shipping Hours" section.
- Only one person can be designated as the shipping contact (either the physician-in-charge, vaccine coordinator, back-up vaccine coordinator, or other contact). The shipping contact is the person primarily responsible for vaccine shipments.
- You may use the tab button on your keyboard to proceed through the fields.
- Required fields are indicated by a red asterisk (*)
- Providers are required to review all vaccine storage unit information currently in the CIR and make updates as needed.
- Upon successfully completing the process, the person completing the re-enrollment should receive an email confirming submission. If you do not receive an email, please email. If you have any questions about 2024 VFC re-enrollment, please email nycimmunize@health.nyc.gov or call 347-396-2404.

PROVIDER AGREEMENT

To receive publicly funded vaccines at no cost, I agree to the following conditions on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or practice administrator or equivalent:

1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	<p>I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:</p> <p>A. Federally Vaccine-eligible Children (VFC eligible)</p> <ol style="list-style-type: none"> 1. Are an American Indian or Alaska Native; 2. Are enrolled in Medicaid; 3. Have no health insurance; 4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement. <p>B. State Vaccine-eligible Children</p> <ol style="list-style-type: none"> a) In addition, to the extent that my state designates additional categories of children as “state vaccine-eligible,” I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children. <p>Children aged 0 through 18 years that do not meet one or more of the federal vaccine eligibility categories (VFC-eligible), are not eligible to receive VFC-purchased vaccine.</p>
3.	<p>For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:</p> <ol style="list-style-type: none"> a) In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child; b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4.	I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5.	I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.

6.	<p><u>VFC Vaccine Eligible Children</u> I will not charge a vaccine administration fee to non-Medicaid federally-vaccine eligible children that exceeds the administration fee cap of \$25.10 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.</p> <p><u>Non-VFC Vaccine Eligible Children</u> I will not charge a vaccine administration fee to non-Medicaid state vaccine-eligible children that exceeds the fee cap of 17.85 per vaccine dose.</p>
7.	<p>I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.</p>
8.	<p>I will distribute the current Vaccine Information Statement (VIS) (or Immunization Information Statement for nirsevimab) each time a vaccine is administered and maintain records in accordance with the National Vaccine Injury Compensation Program (VICP), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).</p> <p>Note: <i>Until a COVID-19 Vaccine Information Statement (VIS) becomes available, provide information prior to vaccination as follows: EUA Fact Sheet for Recipients, Emergency Use Instructions (EUI), or BLA package insert, as applicable.</i></p> <p><i>For nirsevimab when not co-administered with other vaccines, report all suspected adverse reactions to MedWatch. Report suspected adverse reactions following co-administration of nirsevimab with any vaccine to the Vaccine Adverse Event Reporting System (VAERS).</i></p>
9.	<p>I will comply with the requirements for vaccine management including:</p> <ol style="list-style-type: none"> Order vaccine and maintain appropriate vaccine inventories; Not store vaccine in dormitory-style units at any time; Store vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet New York City Department of Health and Mental Hygiene, Bureau of Immunization storage and handling recommendations and requirements; Return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration
10.	<p>I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:</p> <p>Fraud: an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.</p> <p>Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</p>

11.	I will participate in VFC program compliance site visits, including unannounced visits and other educational opportunities associated with VFC program requirements.
12.	<p>For specialty providers, such as pharmacies, urgent care, school-located vaccine clinics, or birthing hospitals, I agree to:</p> <ul style="list-style-type: none"> a) Vaccinate all “walk-in” VFC-eligible children and b) Will not refuse to vaccinate VFC-eligible children based on a parent’s inability to pay the administration fee. <p>Note: “Walk-in” refers to any VFC-eligible child who presents requesting a vaccine, not just established patients. “Walk-in” does not mean that a provider must serve VFC patients without an appointment. If a provider’s office policy is for all patients to make an appointment to receive vaccinations, then the policy would apply to VFC patients as well. “Walk-in” may also include VFC-eligible newborn infants at a birthing facility.</p>
13.	I agree to replace vaccine purchased with state and federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a <u>dose-for-dose</u> basis.
14.	<p>For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the New York City Department of Health and Mental Hygiene, Bureau of Immunization to serve underinsured VFC-eligible children, I agree to:</p> <ul style="list-style-type: none"> a) Include “underinsured” as a VFC eligibility category during the screening for VFC eligibility at every visit; b) Vaccinate “walk-in” VFC-eligible, underinsured children; and <p>Submit required deputization reporting data</p> <p>Note: “Walk-in” in this context refers to any underinsured child who presents requesting a vaccine, not just established patients. “Walk-in” does not mean that a provider must serve underinsured patients without an appointment. If a provider’s office policy is for all patients to make an appointment to receive vaccinations, then the policy would apply to underinsured patients as well. “Walk-in” may also include VFC-eligible newborn infants at a birthing facility.</p>
15.	I will comply with NYS Public Health Law 2168 and the NYC Health Code Section 11.11(d) for reporting to the Citywide Immunization Registry (CIR) all doses of vaccines administered to children < 19 years of age regardless of insurance status or VFC eligibility. I will ensure that my Site Security Administrator, staff and I will not share Citywide Immunization Registry (CIR) Online Registry usernames and passwords. Each user must sign a Confidentiality Statement and agree to the Acceptable Use Protocol, including log in separately to report immunizations, add or look up patients, and for all other activities performed online. Further, I will ensure that Online Registry accounts for staff who have left my facility are inactivated promptly.
16.	I understand this facility or the New York City Department of Health and Mental Hygiene, Bureau of Immunization may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the New York City Department of Health and Mental Hygiene, Bureau of Immunization.



Vaccines for Children Program
NYC DOHMH Bureau of Immunization 42-
09 28th Street, 5th Floor, CN-21 Queens,
New York, 11101-4132
Phone: (347) 396-2404 / Fax: (347) 396-2559



By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Medical Director or Equivalent Name (print):

Signature:

Date:

Accessing the Center for Disease Control and Prevention Training Modules

NYC DOHMH Vaccines For Children Program: Annual Training Requirement

The Physician In-Charge, Vaccine Coordinator, & Backup Vaccine Coordinator **Must** Complete This Training Annually.

A. Steps to Taking The Course

1. Go to the first course link below (#1a) and then follow #2-4 and then go to the second course link (#1b) and follow # 2-4.
 - a. **You Call the Shots: Vaccine Storage and Handling- 2023 (Course #WB4626)**
Can be found here: <https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp>
 - b. **You Call the Shots: Vaccines for Children (VFC)-2023 (Course #WB4627)**
Can be found here: <https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/vfc/ce.asp>
2. Click '**Continue**' to proceed for **Course WB4626**
Click '**Continue**' to proceed for **Course WB4627**
3. Take the course (if you have to stop and come back note where you left off and forward to that section when you come back)
4. Repeat steps 1-3 for second course (link #1b)
5. Once you are done with both courses, proceed to section **B**. If you have already set up a CDC training account, proceed to section **C**.

B. Setting Up an Account **Please note that the Physician In-Charge, Vaccine Coordinator & Vaccine Coordinator Backup will all have to create their own individual accounts*

1. Go to: <https://tceols.cdc.gov/>
Please note that this webpage has been updated as of January 2018. If you are a RETURNING participant, sign-in by entering your email and password. You will need to verify your account information and update your password in order to access the new system. Please follow all instructions on the Training and Continuing Education Online (TCEO) webpage.
2. Click on the '**Create Account**' link if you are **NEW** to CDC's webpage.
3. Enter your email and create your password (make sure to write this down; you will need to know your Username if you ever forget your password).
Please note that your password must be 8 characters long and contain an uppercase letter (A-Z), a number character (0-9), and a special character (\ / ` ' " : ; , . | _) () { } > < ~ + = ? ! & \$ % ^ * -) (e.g., Mike1234#)
4. Complete the **Your profile** section and click the '**Create Account**' button on the bottom of the page
5. A verification email titled **New TCEO Account Verification** will then be sent to the email you provided while completing **Your Profile**. It may take up to 10 minutes for the verification email to arrive.
6. Go to your email and locate the email from TCEOnoreply@cdc.gov. This email will contain your user name (which is your email) and you must click on the link and enter the password you created to verify your account information (if you do not see it in your inbox after 10 minutes, check your spam folder.)
7. Once you have successfully created your new account, write down your username Name and Permanent Password for your records.
8. Enter your Login Name and password to '**Sign-in**'. You will need to answer 2 security questions each time you sign in to the TCEO System (make sure to save this information also).
9. To register for the course, go to **step #3** in section **C**.

C. Registering for the Course

1. Go to: <https://tceols.cdc.gov/> and log into your TCEO account
2. Enter your email or username and password and click on the '**Sign in**' button to login
3. Click on the '**Search Courses**' icon on the left side of the page
4. Type the course # (WB4626/WB4627) as indicated in the blank white box
5. Click (only one time) on the '**Search**' button

Accessing the Center for Disease Control and Prevention Training Modules

NYC DOHMH Vaccines For Children Program: Annual Training Requirement

- Click on the course titled: 'Immunization: You Call the Shots Module.....', read the course description and then click 'Continue'
- Scroll to the bottom of the page and click the CE credit option that applies to you and click 'Save and Continue':
 - 1.250 CME (for physicians)/(attendance for non-physicians)
 - 1.100 CNE (for nurses)
 - 0.100 CEU (for other professionals)
 - 2.000 CPH (for public health professionals)
 - 1.000 CHES (for certified health education specialists)
 - 0.113 CPE (for pharmacists)
- In the **My Activities** page, under **Pending CE**, your registered courses will be displayed
 - Immunization: You Call the Shots Module Ten: Vaccine Storage and Handling – 2023 (web-based) (WB4626)
OR
 - Immunization: You Call the Shots Module Sixteen: Vaccines For Children (VFC) – 2023 (web-based) (WB4627)

D. Taking the Evaluation & Posttest for Each Course

- Go to <https://tceols.cdc.gov/> and login to your TCEO account.
- Select the 'My Activities' icon.
- Click on 'Evaluation' link. Please note that the evaluation must be completed before taking the Posttest.
- Complete the **Evaluation** and click on the **Submit Evaluation** button at the bottom of the page.
- You will then be redirected to the **My Activities** page. A green check (✓) mark will appear next to Evaluation indicating that it is complete.
- Click on the 'Posttest' Link. Make sure to note which course you selected. A minimum passing score of 80% is required. Click on 'Submit' to complete the posttest.
- The next page will congratulate you on passing the test, give you a score and your certificate will be generated.
- Repeat steps 1-7 for the second course.
- TCEO allows 2 attempts to take the posttest. The 2nd attempt must be completed within 30 days of the first trial. **If you fail both attempts, you will not be able to take it a 3rd time and you will not earn a continuing education credit or certificate.**

E. Retrieving Your Certificate

- You can retrieve your certificate immediately by clicking on the link '**Congratulations! You've passed. Click here to download your certificate**' at the top of the page directly after completing the posttest **OR** to retrieve your certificate at a later date.
- Go to <https://tceols.cdc.gov/> and login to your TCEO account.
- Click on the 'Transcripts & Certificates' icon.
- Use any of the search fields (i.e. keyword, requested dates, or a specific date range) displayed to locate your completed courses and certificates. Click on the 'View' button to display **Transcript** results.
- A table will appear with your completed courses.
 - Immunization: You Call the Shots Module Ten: Vaccine Storage and Handling – 2023 (web-based) (WB4626)
OR
 - Immunization: You Call the Shots Module Sixteen: Vaccines for Children (VFC) – 2023 (web-based) (WB4627)
- Locate the appropriate course and click on the '**Download Certificate**' link found in the seventh column titled **Certificate**.
- Your certificate will load as a **PDF** document in **Adobe Acrobat**.
- Make sure to print AND save an electronic copy of each of your certificates for at least 3 years.** For instructions on how to do so refer to **#8** and **#9**.

Accessing the Center for Disease Control and Prevention Training Modules

NYC DOHMH Vaccines For Children Program: Annual Training Requirement

9. **To print:**
 - a. Click the **"File"** tab in **Adobe Acrobat**. Select **"Print"**. A print box should come up **OR**
 - b. Press down on the **'Ctrl'** and **'P'** buttons on your keyboard at the same time. A print box should come up

10. **To save:**
 - a. Click the **"File"** tab in **Adobe Acrobat**.
 - b. Select **"Save As"**. A dialog box should come up on the screen.
 - c. Choose **Desktop** on the left side of the box or choose any other location (i.e. folder) to save the file.
 - d. Go to **'File Name'** at the bottom of the box and rename your file (it probably says CEUcertificate.pdf).
 - e. You can name it **YourName_Storage** for the first one and **YourName_VFC** for the second one.
 - f. Make sure the **"Save as type"** field found underneath **'File Name'** says **'Adobe PDF Files'**.
 - g. Click the **'Save'** button at the bottom right corner of the box.
 - h. Repeat steps a-h for the second certificate.

F. Uploading Your Certificates to the Re-Enrollment Form in CIR

1. Go to <https://immunize.nyc/provider-client/servlet/PC>
2. Log into your account
3. Click on the **'VIM/COVID'** bubble found on the top right of the screen.
4. Click on the **'2023' VFC Re-enrollment Form** link found on the top far right of the screen.
5. Scroll down to the second to last section titled **'Training Requirement'**.
6. Locate your title (Physician-in-Charge, Vaccine Coordinator **OR** Back-up Vaccine Coordinator).
7. Click on the first **'Browse/Choose File'** button underneath your title.
8. A box should appear. Select **'Desktop'** on the left side and locate your first document (i.e., **YourName_Storage**) on the right side. Once you see it click on it twice. The box should have disappeared, and your file name should be on the right side of the first **'Browse/Choose File'** button.
9. Click on the second **'Browse/Choose File'** button underneath your title.
10. A box should appear. Select **'Desktop'** on the left side and locate your first document (i.e., **YourName_VFC**) on the right side. Once you see it click on it twice. The box should have disappeared, and your file name should be on the right side of the second **'Browse/Choose File'** button.

Please note that each file uploaded must have a unique name. If any of the files have the same name, you will not be able to proceed.

11. Go to the bottom of the form and click the **'Save'** button. Once the page reloads and takes you back to the top, scroll down to the **"Training Requirement"** Section. Your file names should now be on the right side of **'File:'**
12. Once you have completed all sections of your **2023 Re-Enrollment Form**, you can submit it to us by clicking the **'Continue'** button at the bottom of the page and then the **'Confirm'** button on the next page. If the next page does not load, it may be because of an error(s). This error(s) should appear at the top of the form in **red**. Fix the error(s) & proceed to submit again. Upon successful submission, you will receive a confirmation email.