

How to Update Submitted Forms

New York City Department of Health & Mental Hygiene
 Bureau of Immunization • COVID-19 Vaccination Program
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The New York City (NYC) Bureau of Immunization (BOI) created an electronic system called the [Vaccine Provider Agreement System \(VPAS\)](#) where providers participating in the COVID-19 Vaccination Program manage their enrollment forms. Once providers access VPAS, they must **accurately** enter their information in their **Section A & B** prior to submitting. However, if a correction is necessary once **Sections A & B** have been submitted, providers can log into VPAS and update **Section B** forms that are in **submitted, approved, or rejected** status.

1

UPDATING VPAS FORMS

- Navigate to the **Provider Dashboard**, the home page of VPAS to update both sections A and B
- Select the **Continue Editing** button to update section A
- Select the **Edit** button to update the facility's **Section B form** which will be in '**Submitted**', '**Approved**' or '**Rejected**' status.



Section B Provider Profile Information – Vaccination Clinic Locations

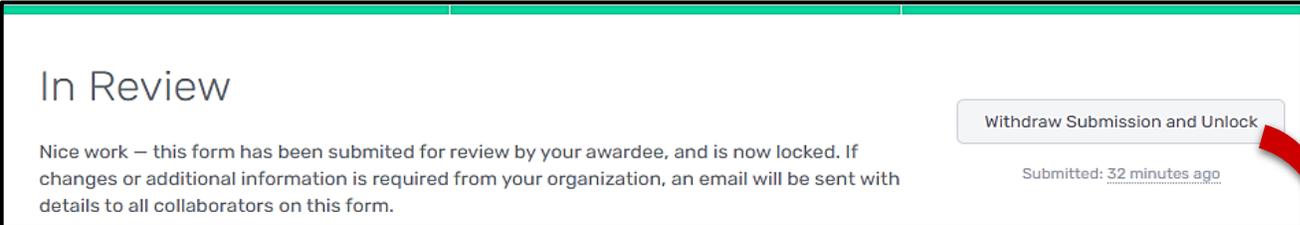
On your Provider Profile, designate the COVID-19 vaccine coordinators and provide the following information: delivery address and times, storage capacity, information about the health care personnel and patient populations served at this location, and a list of vaccinating providers. This information is required for each facility or location that will participate in this program.

Facility Code	Location Name	Status	Last Updated	
1111X01	NYC DOH Facility	Submitted	23 minutes ago	<input type="button" value="Add Location"/> <input type="button" value="Edit"/> <input type="button" value="⋮"/>

2

UPDATING SUBMITTED/REJECTED FORMS

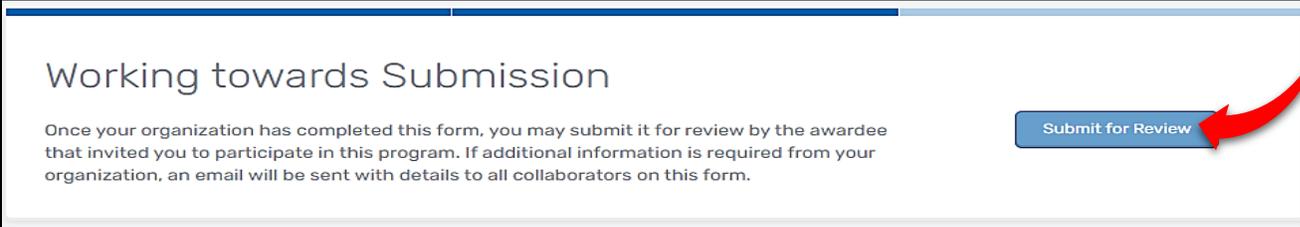
- Once in **Submitted** status, select the **Withdraw Submission and Unlock** button, then select **Confirm Withdrawal**. The **Withdraw Submission and Unlock** button will update to **Submit for Review**.
- Once corrected, providers must **e-sign** and **date** the form to unlock the **Submit for Review** button and resubmit.



In Review

Nice work – this form has been submitted for review by your awardee, and is now locked. If changes or additional information is required from your organization, an email will be sent with details to all collaborators on this form.

Submitted: 32 minutes ago



Working towards Submission

Once your organization has completed this form, you may submit it for review by the awardee that invited you to participate in this program. If additional information is required from your organization, an email will be sent with details to all collaborators on this form.

3

UPDATING APPROVED FORMS

- Once in **Approved** status, select the **Unlock Submission and Adjust** button, then select **Confirm Unlock for Adjustments**. The **Unlock Submission and Adjust** button will update to **Submit Adjustments for Review**.
- If the adjustments were made in error, providers can select **Discard Adjustments**.
- Once corrected, providers must **e-sign** and **date** the form to unlock the **Submit Adjustments for Review** button and resubmit.

Submission Approved

Nice work – this form has been approved by your awardee, and is now locked.

If the Centers for Disease Control and Prevention (CDC) or your awardee require additional information in the future, a notification will be sent via email to your organization.

If you need to revise this submission, you can select the "Unlock and Adjust Submission" button to submit additional changes for review by your awardee.

Unlock Submission and Adjust

Last Updated: 8 minutes ago

Adjustment In Progress

Once your organization has completed making adjustments to this form, you may submit changes for review by your awardee.

If additional information is required from your organization to approve your adjustments, an email will be sent with details to all collaborators on this form.

Submit Adjustments for Review

Discard Adjustments

Last Updated: a few seconds ago

- Once the **adjustments** are made for a Section B form, the status will be depicted in purple.

Section B Provider Profile Information – Vaccination Clinic Locations

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Facility Code	Location Name	Status	Last Updated	
1111X01	NYC DOH Facility	Adjustment Submitted	a few seconds ago	Add Location Edit ⋮