

COVID-19 Vaccine Provider Agreement System (VPAS) Training

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Citywide Immunization Registry (CIR) Access

- Access to the CIR Online Registry is necessary to complete the COVID-19 Vaccination Program Provider Agreement
 - Covid-19 vaccine ordering will also be done in the Online Registry
- Each site should setup CIR Online Registry Site Security Administrator (SSA) access if they haven't already
 - SSAs can set up accounts (username, password) for access to the Online Registry
 - You may request Online Registry access from the CIR directly: complete, scan, and send these forms to cir-reset@health.nyc.gov :
 - [Security Administrator \(User Manager\) User ID/Password Request Form \(Facilities\)](#)
 - [Security Administrator \(User Manager\) Confidentiality Statement for Online Access and Acceptable Use Protocol](#)

Accessing the Vaccine Agreement Invitation in the CIR

- To begin enrollment, a designated staff member should log on to the CIR Online Registry (nyc.gov/health/cir)
- Next, navigate to the **VIM/COVID** icon and select the **COVID-19 Vaccination Program** tab
- An invitation link to begin the enrollment process will be sent to your email address after clicking **Start COVID-19 Vaccination Program Enrollment**

The screenshot displays the CIR Online Registry interface. At the top, there is a navigation bar with icons for 'Online Registry', 'Search', 'MyList', 'Reports', 'Add/Edit', 'Tools', 'Recall', 'Adv. Event', 'VIM/COVID', 'Set Up', 'Adult', and a help icon. Below this is a secondary navigation bar with tabs: 'Vaccine Inventory Management', 'COVID-19 Vaccination Program', 'Reports', 'Other VFC Forms', and 'Standing Orders Aggr'. A red arrow points to the 'VIM/COVID' icon in the top bar and the 'COVID-19 Vaccination Program' tab. The main content area welcomes 'MELISSA' and provides instructions for beginning the registration process for the COVID-19 Vaccination Program. It mentions that an email will be sent to 'lissabkny@yahoo.com' and that the user will be able to complete the required COVID-19 Vaccination Program Provider Agreement. The page is divided into two sections: 'Section A. Provider Requirements and Legal Agreement' and 'Section B. Provider Profile Information:'. Section A lists the individuals whose electronic signatures are required: Chief Medical Officer and Chief Executive Officer or Chief Fiduciary Officer. Section B lists the individual whose electronic signature is required: Medical or pharmacy director or the vaccination site's designated COVID-19 vaccination coordinator. At the bottom, a red circle highlights the 'Start COVID-19 Vaccination Program Enrollment' button. The NYC Health logo is visible in the bottom right corner.

Online Registry

Search MyList Reports Add/Edit Tools Recall Adv. Event VIM/COVID Set Up Adult ? Help

Vaccine Inventory Management COVID-19 Vaccination Program Reports Other VFC Forms Standing Orders Aggr

Welcome MELISSA.

Please click the button below to begin the registration process for the COVID-19 Vaccination Program. Upon clicking the button below, an email will be sent to "lissabkny@yahoo.com", which is associated with your Online Registry login, providing you with access to the COVID-19 Vaccine Provider Agreement System (VPAS).

Once you enter the VPAS, you will be able to complete the required COVID-19 Vaccination Program Provider Agreement.

Section A. Provider Requirements and Legal Agreement
This section must be completed one time per network. You will be able to view and enter data into this section and will be able to add collaborators to complete this section. This section will require electronic signatures of the following individuals:

- Chief Medical Officer
- Chief Executive Officer or Chief Fiduciary Officer

Section B. Provider Profile Information:
One Section B should be completed for each vaccination site associated with your network. You will be able to view and enter data into this section and will be able to add collaborators to complete this section. This section will require the electronic signature of the following individual:

- Medical or pharmacy director or the vaccination site's designated COVID-19 vaccination coordinator

Please note that you will be able to save any incomplete work and return to the Provider Agreement and Provider Profile at a later time. After completing the Provider Agreement, you will also be able to return to the VPAS to add additional vaccination sites (Section B. Provider Profile Information) as needed.

Start COVID-19 Vaccination Program Enrollment

NYC Health

VPAS Invitation Email



COVID-19 Vaccination Program Application

Hello,

[Click Here to Sign In](#)

A red arrow points from the right side of the email towards the "Click Here to Sign In" button.

Or copy and paste the following URL into your browser's address bar:

[https://nyc.vaccineagreement.org/fbaum?
apiKey=AlzaSyDmmDMc5PVVa9D9OMNYAsiUVeO_NyATiqk&mode=signIn&oobCode=5hkIVIS1ia5muekf8l5BcwDrhF_D-
7Da_xbmDQRh11IAAAF4nbQ13w&continueUrl=https://nyc.vaccineagreement.org/provider/5fb80012c07cd5001b5f0446/dashboard&lang=en](https://nyc.vaccineagreement.org/fbaum?apiKey=AlzaSyDmmDMc5PVVa9D9OMNYAsiUVeO_NyATiqk&mode=signIn&oobCode=5hkIVIS1ia5muekf8l5BcwDrhF_D-7Da_xbmDQRh11IAAAF4nbQ13w&continueUrl=https://nyc.vaccineagreement.org/provider/5fb80012c07cd5001b5f0446/dashboard&lang=en)

Your network should complete just one Provider Agreement. One Section A of the Provider Agreement will be completed per network. One Section B will be completed for each vaccination location within your network.

Please note that you will be able to share this link with others in your facility to respond to the specific questions and to add their signatures, if required. You will be able to save and return to the Agreement to modify or update information after submission.

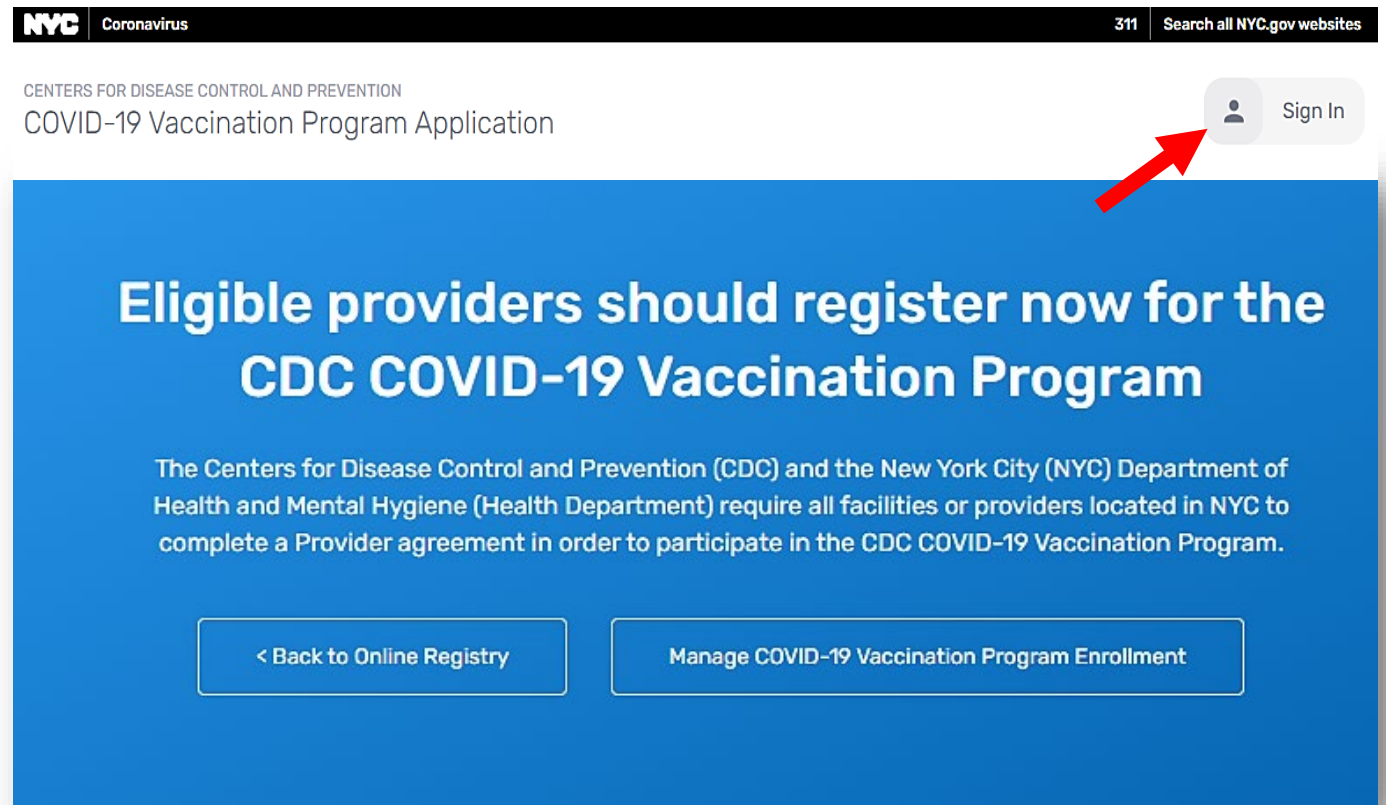
If you are not gelysee@health.nyc.gov or need additional assistance, please contact: nycimmunize@health.nyc.gov.

Thank you,

Bureau of Immunization
New York City Department of Health and Mental Hygiene


Vaccine Provider Agreement System (VPAS)

- Use the email associated with your Online Registry account to enter the system
- Staff can add additional collaborators to work on the documents via an email invitation
- Networks should complete a single COVID-19 Vaccination Provider Agreement
- VPAS users will need to add COVID-19 vaccine administration sites to the system so that separate Provider Profiles can be created for each location
- After submission of the COVID-19 Vaccination Provider Agreement and Provider Profile, users can return to the system to add additional administration sites and make changes to the documents in VPAS



NYC Coronavirus 311 Search all NYC.gov websites

CENTERS FOR DISEASE CONTROL AND PREVENTION
COVID-19 Vaccination Program Application

 Sign In

Eligible providers should register now for the CDC COVID-19 Vaccination Program

The Centers for Disease Control and Prevention (CDC) and the New York City (NYC) Department of Health and Mental Hygiene (Health Department) require all facilities or providers located in NYC to complete a Provider agreement in order to participate in the CDC COVID-19 Vaccination Program.

[< Back to Online Registry](#) [Manage COVID-19 Vaccination Program Enrollment](#)

VPAS Overview

- **Section A**

- Provider requirements and legal agreement
- Requires e-signatures:
 - Chief Medical Officer (CMO) or Equivalent and
 - Chief Executive Officer (CEO) or Chief Fiduciary
- One Section A should be completed per network or group

- **Section B**

- A separate Section B is required for each vaccine administration site in a group or network
- Identify COVID-19 Vaccine Coordinators
 - Primary and Back-Up Required
- Shipping location and hours
- Size and type of population served
- Type of facility
- Vaccine storage capacity
- Provider information
- E-signature of Medical/Pharmacy Director or location's Vaccine Coordinator

VPAS Dashboard

NYC

Coronavirus

311

Search all NYC.gov websites

CENTERS FOR DISEASE CONTROL AND PREVENTION

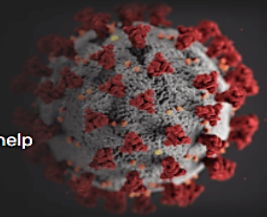
COVID-19 Vaccination Program Application

S

shuie@health.nyc.gov

We're in this together.

Your participation in the CDC COVID-19 Vaccination Program will help protect our community.



NY Presbyterian-West

Facility Code: 1464G02

Profile Created: 38 minutes ago

Status: In Progress

PROGRAM APPLICATION FORMS



Section A

Provider Requirements and Legal Agreements

To participate in the CDC COVID-19 Vaccination Program, your organization's Chief Medical Officer (or equivalent) and Chief Executive Officer (or Chief Fiduciary) must review the requirements in this section and provide electronic signatures.

Continue Editing

Last Updated: 14 minutes ago



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.

Add Location



Application Administrators

Need others to complete a section of the Provider Agreement? You can invite your colleagues to contribute to completion of the Provider Agreement. You will be able to grant access to all in-progress forms, the ability to create new locations, and invite other collaborators.

You can also invite multiple collaborators to individual forms, including the ability to restrict editing capabilities to specific sections, by using the "Share" button at the top of each form.

Admin User

Added to Application

Invite Admin

Section A Overview

Legal Agreement for CIR Testing Staff

Section A

Print

Share

[DASHBOARD](#) > [FORMS](#) > [LEGAL AGREEMENT FOR CIR TESTING STAFF](#)

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.

Submit for Review

Organization Information >

Responsible Officers >

Agreement Requirements & Signatures >

Additional Questions from NYC DOHMH >

Profile for 0101x01

Section B

Print

Share

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.

Submit for Review

Location Details >

Location Demographics >

Facility Storage Capabilities >

Providers Practicing at this Facility >

Additional Questions from NYC DOHMH >

Share Access to this Form

Collaborator Emails:^{*}

Please enter one or many email addresses to invite

Press "enter" after adding each email address to invite as collaborators of this form.

Sections they can edit:^{*}

Location Details x

Location Demographics & Supplemental Information x

Facility Storage Capabilities x

Providers Practicing at this Facility x

Additional Questions from NYC DOHMH x

Cancel

Send Invite

Organization Information

Organization Information ▾

Organization's legal Name:*

Number of affiliated vaccination locations covered by this agreement:*

This field cannot be "0"

Organization Address:*

Street Address

City

Select County...



NY



ZIP Code

Telephone number:*

(____) ____-____

Email:*

Must be monitored, and will serve as dedicated contact method for the COVID-19 Vaccination Program

Next Section

Save

Responsible Officers

Chief Medical Officer (or Equivalent) Information

Last name:* First name:* Middle initial:

Title:* Licensure State:* License No:*

Telephone number:* Email:*

Address:*

Street Address

City Select County... NY ZIP Code

Optional

Chief Executive Officer (or Chief Fiduciary) Information

Last name:* First name:* Middle initial:

Telephone number:* Email:*

Address:*

Street Address

City Select County... NY ZIP Code

Optional

Next Section Save

- CMO (or equivalent) and
- CEO (or chief fiduciary)

Agreement & Signatures

Agreement Requirements & Signatures ▾

I understand this is an agreement between Organization and CDC. This program is a part of collaboration under the relevant state, local, or territorial immunization's cooperative agreement with CDC.

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 Vaccine), constituent products, and ancillary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1.	Organization must administer COVID-19 Vaccine in accordance with all requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices (ACIP) .
	Within 24 hours of administering a dose of COVID-19 Vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, VaccineAdministration Data) for reporting can be found on CDC's website .

Chief Medical Officer (or Equivalent)

E-Signature*

☐ I agree to the requirements and terms as outlined above, and affirm that the information provided in this document is accurate.

Date*

__/__/____

(MM/DD/YYYY)

Chief Executive Officer (or Chief Fiduciary)

E-Signature*

☐ I agree to the requirements and terms as outlined above, and affirm that the information provided in this document is accurate.

Date*

__/__/____

(MM/DD/YYYY)

Next Section

Save

Additional Questions from NYC DOHMH

Additional Questions from NYC DOHMH ▾

How many vaccination sites do you plan to order vaccines for?

Phase 1 - Potentially limited doses available for high-risk personnel:*

Phase 2 - Larger number of doses available:*

Approximate Number of Healthcare Personnel* Served

For the purpose of this section, Healthcare Personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP may not be directly involved in patient care but potentially may be exposed to infectious agents that can be transmitted among from HCP and patients. Please include emergency medical service (EMS) staff, contract staff, medical students, and medical residents.

Total number of healthcare personnel (including high-risk staff captured below) affiliated with the network or the facility:*

For hospitals, number of healthcare personnel with high-risk exposure to COVID-19

Number of ICU personnel:*

Number of Emergency Department personnel:*

Number of other high-risk exposure personnel not captured in previous fields:

- For the purpose of this section, Healthcare Personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP may not be directly involved in patient care but potentially may be exposed to infectious agents that can be transmitted among HCP and patients. Include emergency medical service (EMS) staff, contract staff, medical students, and medical residents.

Submitting Section A for Review

NYC Coronavirus 311 Search all NYC.gov websites

COVID-19 Vaccination Program App

Legal Agreement for Citywide Immunization Registry

DASHBOARD > FORMS > LEGAL AGREEMENT FOR

Working towards Sub

Once your organization has completed this form that invited you to participate in this program organization, an email will be sent with details

The following required field(s) are incomplete:

- Organization Information**
 - Organization Address
- Responsible Officers**
 - CMO Contact Information
 - Address
 - CEO Contact Information
 - Address
- Agreement Requirements & Signatures**
 - CMO eSignature
 - CEO eSignature
- Additional Questions from NYC DOHMH**
 - Phase 1 - Potentially limited doses available for high-risk personnel
 - Phase 2 - Larger number of doses available
 - Total number of healthcare personnel (including high-risk staff captured below) affiliated with the network or the facility
 - Number of ICU personnel
 - Number of Emergency Department personnel

gelysee@health.nyc.gov

Print Share

Submit for Review

- Be sure to **Save** each subsection
- Scroll to the top of the form to submit for review
- **Submit for Review** button will remain disabled
 - If each subsection is not **saved**
 - If there are **incomplete** fields as indicated here

Adding a Section B

NYC

Coronavirus

311

Search all NYC.gov websites

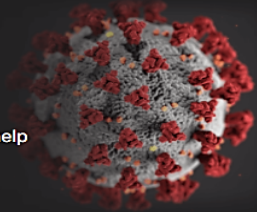
CENTERS FOR DISEASE CONTROL AND PREVENTION

COVID-19 Vaccination Program Application

S shuie@health.nyc.gov

We're in this together.

Your participation in the CDC COVID-19 Vaccination Program will help protect our community.




NY Presbyterian-West

Facility Code: 1464G02

Profile Created: 38 minutes ago

Status: In Progress

PROGRAM APPLICATION FORMS




Section A

Provider Requirements and Legal Agreements

To participate in the CDC COVID-19 Vaccination Program, your organization's Chief Medical Officer (or equivalent) and Chief Executive Officer (or Chief Fiduciary) must review the requirements in this section and provide electronic signatures.

Continue Editing

Last Updated: 14 minutes ago



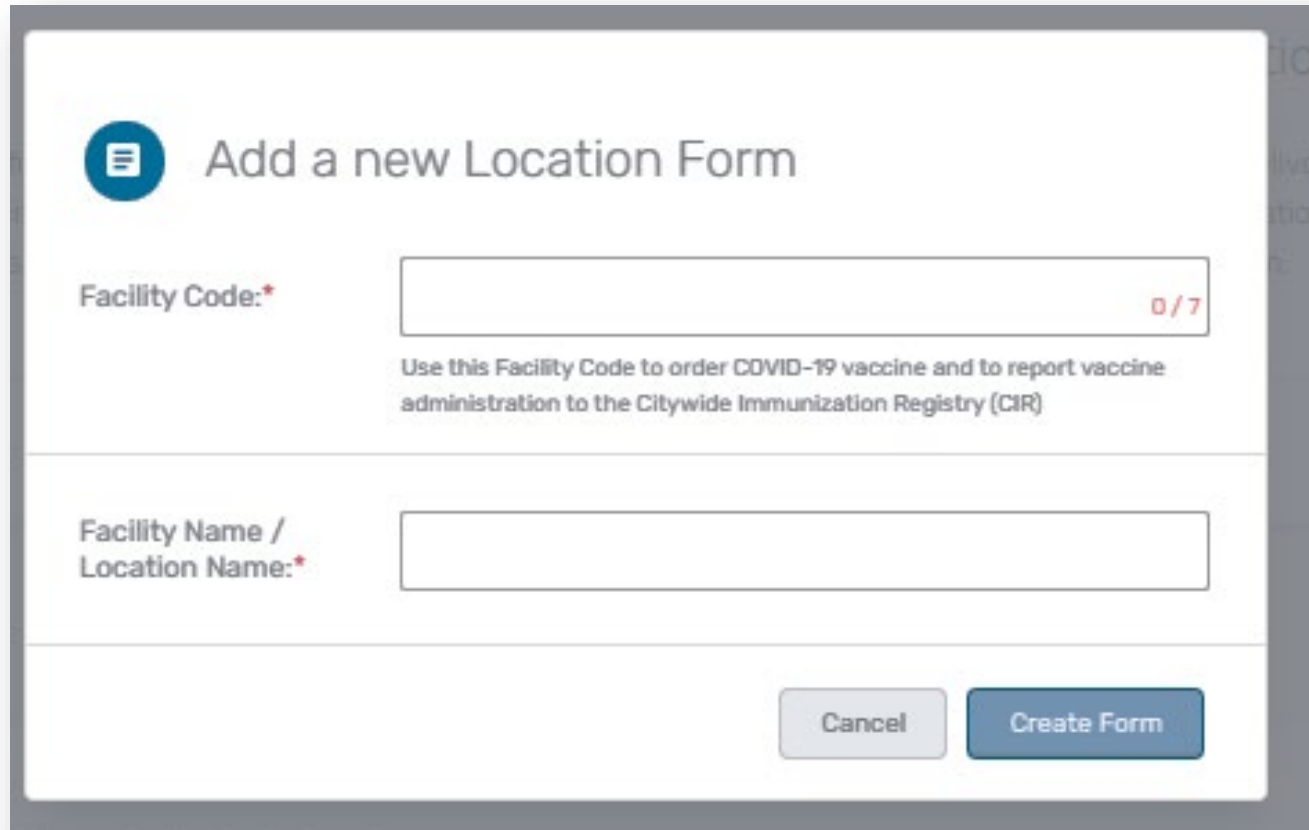
Section B

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.

Add Location

Adding a Section B



The screenshot shows a modal dialog box titled "Add a new Location Form" with a blue circular icon containing a document symbol. It features two input fields: "Facility Code:*" with a character count "0/7" and a descriptive note, and "Facility Name / Location Name:*". At the bottom are "Cancel" and "Create Form" buttons.

Add a new Location Form

Facility Code:* 0/7

Use this Facility Code to order COVID-19 vaccine and to report vaccine administration to the Citywide Immunization Registry (CIR)

Facility Name / Location Name:*

- A CIR Facility Code is needed to add a section B
- Each section must have a separate, distinct Facility Code

Managing Section B Submissions



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	Add Location	
0101x01	Profile for 0101x01	In Progress	20 days ago	Edit	⋮
1469P01	Profile for 1469P01	In Progress	22 days ago	Edit	⋮

- Multiple section Bs may be submitted for each network
- You are able to add , edit or delete section Bs at any time by clicking on the 3 dots

Section B Overview

Profile for 0101x01

Section B

Print

Share

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.

Submit for Review

Location Details >

Location Demographics & Supplemental Information >

Facility Storage Capabilities >

Providers Practicing at this Facility >

Additional Questions from NYC DOHMH >

Profile for 0101x01

Section B

Print

Share

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.

Submit for Review

Location Details >

Location Demographics & Supplemental Information >

Facility Storage Capabilities >

Providers Practicing at this Facility >

Additional Questions from NYC DOHMH >

Share Access to this Form

Collaborator Emails:

Please enter one or many email addresses to invite

Press "enter" after adding each email address to invite as collaborators of this form.

Sections they can edit:

Location Details x Location Demographics & Supplemental Information x Facility Storage Capabilities x Providers Practicing at this Facility x Additional Questions from NYC DOHMH x

Cancel Send Invite

Location Details

Location Details ▾

Location Name:*

X

If another location will order COVID-19 vaccine for this location, please enter that location's name:

COVID-19 Vaccination Provider Type:*

Primary COVID-19 Vaccine Coordinator Information

Please note that the Primary COVID-19 Vaccine Coordinator and the Back-up COVID-19 Vaccine Coordinator CANNOT be the same.

Last name:*

First name:*

Middle initial:

Telephone number:*

Email:*

(---) --------

Backup COVID-19 Vaccine Coordinator Information

Last name:*

First name:*

Middle initial:

Telephone number:*

Email:*

(---) --------

Location Details

Address for Receipt of COVID-19 Vaccine Shipments

If this facility code has a preexisting Vaccine for Children (VFC) account, ensure that the shipping address for COVID-19 matches the address for VFC. If you would like to use a different address from your VFC account for COVID-19 vaccine shipments, you must create a new facility code.

Address:*

<input type="text" value="Street Address"/>			
<input type="text" value="City"/>	<input type="text" v="v" value="Select County..." x="x"/>	<input type="text" v="v" value="NY" x="x"/>	<input type="text" value="ZIP Code"/>

Telephone number:*

Fax number:

Address for Administration of COVID-19 Vaccine

Please complete this section if vaccine administration will occur at a different location than where shipments are delivered.

<input type="text" value="Street Address"/>			
<input type="text" value="City"/>	<input type="text" v="v" value="Select County..." x="x"/>	<input type="text" v="v" value="NY" x="x"/>	<input type="text" value="ZIP Code"/>

Optional

Telephone number:

Fax number:

Days & Times Vaccine Coordinators are Available for Receipt of COVID-19 Vaccine Shipments

Every day (Monday-Friday) must be accounted for. If there are no shipping hours for a day and the office is closed, please leave it blank. Providers must be on site with appropriate staff to receive vaccine at least one day a week other than Monday, and for at least four consecutive hours on that day. If this facility code has a preexisting Vaccine for Children (VFC) account, ensure that the shipping hours for COVID-19 match the hours for VFC.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="text" v="v" value="From..."/>	<input type="text" v="v" value="From..."/>	<input type="text" v="v" value="From..."/>	<input type="text" v="v" value="From..."/>	<input type="text" v="v" value="From..."/>
	<input type="text" v="v" value="To..."/>	<input type="text" v="v" value="To..."/>	<input type="text" v="v" value="To..."/>	<input type="text" v="v" value="To..."/>	<input type="text" v="v" value="To..."/>
Afternoon	<input type="text" v="v" value="From..."/>	<input type="text" v="v" value="From..."/>	<input type="text" v="v" value="From..."/>	<input type="text" v="v" value="From..."/>	<input type="text" v="v" value="From..."/>
	<input type="text" v="v" value="To..."/>	<input type="text" v="v" value="To..."/>	<input type="text" v="v" value="To..."/>	<input type="text" v="v" value="To..."/>	<input type="text" v="v" value="To..."/>

Next Section

Save

Location Demographics & Supplemental Information

Location Demographics & Supplemental Information ▾

Setting(s) Where this Location will Administer COVID-19 Vaccine

- | | |
|---|---|
| <input type="checkbox"/> Childcare or daycare facility | <input type="checkbox"/> College, technical school, or university |
| <input type="checkbox"/> Community center | <input type="checkbox"/> Correctional/detention facility |
| <input type="checkbox"/> Health care provider office, health center, medical practice, or outpatient clinic | <input type="checkbox"/> Hospital (i.e., inpatient facility) |
| <input type="checkbox"/> In-home | <input type="checkbox"/> Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing) |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Public health clinic (e.g. local health department) |
| <input type="checkbox"/> School (grades K-12) | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Temporary or off-site vaccination clinic – point of dispensing (POD) | <input type="checkbox"/> Temporary location – mobile clinic |
| <input type="checkbox"/> Urgent Care facility | <input type="checkbox"/> Workplace |
| <input type="checkbox"/> Other (specify):
<input type="text"/> | |

Approximate Number of Patients/Clients Routinely Served by this Location

Number of children 18 years of age and younger:*

Enter "0" if location does not serve this age group.

Number of adults 19–64 years of age*

Enter "0" if location does not serve this age group.

Number of adults 65 years of age and older*

Enter "0" if location does not serve this age group.

- Select appropriate settings where this location will administer vaccines
- Choose multiple options if appropriate

Location Demographics & Supplemental Information

Population(s) Served by this Location

- | | |
|---|--|
| <input checked="" type="checkbox"/> General pediatric population | <input checked="" type="checkbox"/> General adult population |
| <input type="checkbox"/> Adults 65 years of age and older | <input type="checkbox"/> Long term care facility residents (nursing home, assisted living, or independent living facility) |
| <input type="checkbox"/> Health care workers | <input type="checkbox"/> Critical infrastructure/essential workers (e.g. education, law enforcement, food/agricultural workers, fire services) |
| <input type="checkbox"/> Military - active duty/reserves | <input type="checkbox"/> Military - Veteran |
| <input type="checkbox"/> People experiencing homelessness | <input type="checkbox"/> Pregnant women |
| <input type="checkbox"/> Racial and ethnic minority groups | <input type="checkbox"/> Tribal communities |
| <input type="checkbox"/> People who are incarcerated/detained | <input type="checkbox"/> People living in rural communities |
| <input type="checkbox"/> People who are under-insured or uninsured | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> People with underlying medical conditions* that are risk factors for severe COVID-19 illness | <input type="checkbox"/> Other people at higher-risk for COVID-19 (specify):
<input type="text"/> |

Next Section

Save

- Select populations served by this location
- Choose multiple options if appropriate

Facility Storage Information and E-signature

Facility Storage Capabilities ▾

Influenza Vaccination Capacity

Number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season:*

Enter "0" if no influenza vaccine doses were administered by this location in the 2019-20 influenza season.

COVID-19 Vaccine Storage Capacity

Please enter the estimated number of 10-Dose Multidose Vials (MDVs) this location is able to store during peak vaccination periods (e.g., during back-to-school or influenza vaccine season) at the following temperatures:

Refrigerated (2° to 8°C):*

Approximately additional 10-dose MDVs

Must indicate capacity at this temperature, or enter "0" to indicate no capacity

Frozen (-15° to -25°C):*

Approximately additional 10-dose MDVs

Must indicate capacity at this temperature, or enter "0" to indicate no capacity

Ultra-Frozen (-60° to -80°C):*

Approximately additional 10-dose MDVs

Must indicate capacity at this temperature, or enter "0" to indicate no capacity

Facility Storage Information and E-signature

Storage Unit Details

Please list the brand/model/type of storage units to be used for storing COVID-19 vaccine at this location.

Consider the following when entering your vaccine storage details:

- **Purpose Built/Pharmaceutical-Grade Storage Units** - Designed specifically for storage of biologics, including vaccines.
- **Combined Household Storage Units** - Only the refrigerator section of a combination unit should be used to store vaccines. The freezer compartment of this type of unit is not recommended to store vaccines.
- **Dorm-Style & Bar-Style Storage Units** - Not allowed for vaccine storage.

For more guidance on vaccine storage and handling requirements, refer to the Center for Disease Control & Prevention's [Vaccine Storage and Handling Toolkit](#).

Brand (e.g. CDC & Co.)

0 / 85

Model (e.g. Red series two-door)

0 / 85

Select Unit Type...



Add Additional Storage Unit

COVID-19 Vaccine Storage Agreement

E-Signature*



I, the medical/pharmacy director or vaccine coordinator for this location, attest that each storage unit listed will maintain the appropriate temperature range indicated above.

Date*

--/--/----

(MM/DD/YYYY)

Next Section

Save

Providers Participating in COVID-19 Vaccine Program

Providers Practicing at this Facility ▾

Please list below all licensed healthcare providers at this location who have prescribing authority or will have oversight of the handling or administration of COVID-19 vaccine (i.e., MD, DO, NP, PA, RPh). Only those with direct involvement with COVID-19 vaccine should be listed.

Provider Name	Title	License No.
<input type="text"/>	<div>Select a title... ▾</div>	<input type="text" value="....."/>
Add Additional Provider		

Next Section

Save

Additional Questions from NYC DOHMH ▾

Is your facility willing to vaccinate patients other than your own?

☐ Yes, our facility is willing to vaccinate patients other than our own.

Save

Providers Participating in COVID-19 Vaccine Program

Providers Practicing at this Facility ▾

Please list below all licensed healthcare providers at this location who have prescribing authority or will have oversight of the handling or administration of COVID-19 vaccine (i.e., MD, DO, NP, PA, RPh). Only those with direct involvement with COVID-19 vaccine should be listed.

Provider Name	Title	License No.
<input type="text"/>	<div>Select a title... ▾</div>	<input type="text" value="....."/>
Add Additional Provider		

Next Section

Save

Additional Questions from NYC DOHMH ▾

Is your facility willing to vaccinate patients other than your own?

☐ Yes, our facility is willing to vaccinate patients other than our own.

Save

COVID-19 Vaccine Program Application Rejection



Your Organization's COVID-19 Vaccine Program
Section B application for 1555Z01 has been rejected

COVID-19 Vaccination Program Application

Dear Provider,

Thank you for your recent enrollment (Section B) of your network and individual facilities in the New York City (NYC) Department of Health and Mental Hygiene (Health Department) COVID-19 Vaccination Program using the Vaccine Provider Agreement System (VPAS). Unfortunately, your enrollment application for facility 1555Z01 has been rejected.

[View Rejected Submission](#)

Or copy and paste the following URL into your browser's address bar:

<https://nyc.vaccineagreement.org/form/69aef08c-af35-4b46-a200-2eab5ca237a0/>

Please log into VPAS using your email, navigate to your dashboard and select the form(s) in rejected status, review the rejection notes located at the top of your screen, then select the "withdraw submission and unlock" button to correct all errors identified and resubmit for review.

Thank you for your cooperation,

Bureau of Immunization
New York City Department of Health and Mental Hygiene

[DASHBOARD](#) > [FORMS](#) > [TEST PEDIATRICS](#)

Submission Rejected

[Withdraw Submission and Unlock](#)

Last updated: a minute ago

This form has been rejected by your awardee, please Withdraw your Submission, make the required adjustments, sign, and Submit again.

Your reviewer's notes were:

"The COVID-19 primary and back -up vaccine coordinators cannot be the same person.
Provider must edit and resubmit."

COVID-19 Vaccine Program Application Approval



COVID-19 Vaccination Program Application

Dear Provider,

Thank you for your recent enrollment of your network and individual facilities in the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) COVID-19 Vaccination Program. Your enrollment application (Section B) has been approved for Facility Code 1555Z01. Your PIN for the COVID-19 Vaccination Program is BAACV9999.

To place your COVID-19 vaccine order, log into the [CIR Online Registry](#) ONE HOUR after receiving this email. Be sure to use the Online Registry User ID that is associated with the CIR Online Registry Facility Code noted on this approved COVID-19 enrollment application. Please order enough vaccine to cover your healthcare personnel and patients when pre-booking COVID-19 vaccine. Partial vaccine shipments will be sent incrementally as vaccine becomes available.

Along with prebooking COVID-19 vaccine your site will need for health care personnel and eligible patients and community members, you will now be asked to submit a partial order for the number of COVID-19 vaccines your facility is able to administer in one week. Going forward, place an order by Monday at 12pm to receive vaccine for the following week. If you did not receive vaccine for the current week, your request will rollover to the next week and you will not need to re-enter an order. After receiving vaccines, you are required to submit and reconcile your first and second dose on-hand COVID-19 vaccine inventory by lot number. Please see the attached guidance for ordering and managing inventory in the VIM.

Even though you may place a COVID-19 vaccine order, vaccine distribution will be based on priority groups put forth by the New York State Department of Health and it may take several weeks before your practice receives vaccine.

In addition, it is required that you report COVID-19 vaccinations to the Citywide Immunization Registry (CIR) within 24 hours of administration. You may report in one of 3 ways:

1. **The preferred option is via direct connection from your electronic health record (EHR).** You can connect your EHR directly to the CIR and report in real time as you are vaccinating. To achieve this, you will need to place a ticket with your EHR vendor to install an immunization interface with the CIR. The EHR vendor will need to reach out to us at cir_interop@health.nyc.gov to set up and test the interface before you can report your vaccinations. You must also complete the [Healthcare Provider Confidentiality Agreement](#) and email it to cir_interop@health.nyc.gov or fax it to (347) 396-2559.
2. Through the [Online Registry \(OR\)](#), the CIR's web-based application. You already obtained access to the [OR](#) in order to sign the COVID-19 Vaccine Provider Agreement and to order COVID-19 vaccine. You can log into the [OR](#) and report COVID-19 vaccinations, one by one.
3. **Via a flat file.** If you have a programmer on site, they can compile a file from your electronic system and send it to us through a secure website. Please email rkabir@health.nyc.gov for more information.

Thank you for your cooperation,

Bureau of Immunization
New York City Department of Health and Mental Hygiene



COVID-19 Vaccine Program Application Withdrawal



COVID-19 Vaccination Program Application

Dear Provider,

Your recent enrollment in the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) COVID-19 Vaccination Program has been **withdrawn**.

Facility Code 1555Z01, VFC PIN BAACV9999

If you would like to re-enroll into NYC's COVID-19 Vaccination Program, email nycimmunize@health.nyc.gov.

Thank you for your cooperation,

Bureau of Immunization
New York City Department of Health and Mental Hygiene

- A request to withdraw an application can be made via phone or email
- Some common reasons include
 - No longer interested in receiving or administering COVID-19 vaccines
 - Staffing and scheduling conflicts

VPAS Reminders

- Access VPAS using the Google Chrome or Microsoft Edge browsers
- If your invitation is unopened for more than 6 hours the link will expire; a new link will be sent to you
- A new link will be sent to you if you change computers
- Once your invitation is activated you can access VPAS here:
 - <https://nyc.vaccineagreement.org/>
- Section A and B must be associated when submitted in order to be considered complete
- Vaccine ordering is only enabled when **Section A and B** are approved in VPAS

Contact Information

Questions?

CIR hotline at 347-396-2400

Email nycimmunize@health.nyc.gov

Thank you!

Questions?

Email COVIDVax@health.nyc.gov