

# VFC Re-enrollment Guide

New York City Department of Health and Mental Hygiene  
Bureau of Immunization  
September 2025

# Overview

- Accessing the [CIR Facility Manager](#)
- Selecting your facility
- Updating Facility Details, Providers, and Contacts
- Completing the VFC Re-enrollment form
- Additional Follow-up/corrections (if needed)
- Confirmation of Approved Re-enrollment

# 2025 VFC Re-enrollment Process Update

- VFC Re-enrollment will now take place in the [Citywide Immunization Registry \(CIR\) Facility Manager](#). Key features include
  - Allows providers to manage facility details, provider and contact lists, and federal vaccine program enrollments- all in one place
  - Modern interface designed with improved logic for easier navigation
  - Pre-populated form with your existing facility information
  - Streamlined communication and instant email updates on the status of your submission



# Accessing CIR Facility Manager

1. Access the [CIR Facility Manager](#) and login using your email and password. This is the same email and password used to access the CIR Online Registry
2. Select the facility you wish to re-enroll. If you have multiple facilities enrolled in the VFC program, you will need to complete the VFC re-enrollment form for each one

**1**

**CIR AUTHENTICATION SERVER**

Sign in to your account

Email


Password

☐ Remember me [Forgot Password?](#)

**Sign In**

New CIR Single Sign-on User? [Register](#)

For CIR Authentication Server Account issues, contact:  
[cir@health.nyc.gov](mailto:cir@health.nyc.gov)




**2**

[Home](#)

[+ START NEW CIR REGISTRATION](#) [CIR FACILITY LOOKUP](#)

Filters

<b>BUREAU OF IMMUNIZATION - PRO...</b>	<b>CITYWIDE IMMUNIZATION REGISTRY</b>
Facility Code - 9033X01	Facility Code - 9009X01
<b>Approved - Active</b>	<b>Approved - Active</b>



# Update Facility Details

Home | 9009X01 - CITYWID... | ...

**CITYWIDE IMMUNIZATION REGISTRY - 9009X01** Facility code: 9009X01

**Facility Details** | Reporting | Providers | Contacts | Consent Forms | Program Enrollments

<b>Facility name</b> CITYWIDE IMMUNIZATION REGISTRY - 9009X01	<b>Facility address</b> 42-09 28 ST, 5TH FLOOR, QUEENS, NY - 11101	<b>Borough</b> QUEENS	<b>Facility phone number</b>
<b>Facility fax number</b>	<b>Facility email</b>	<b>Funding source</b> ⓘ Public	<b>What age group does your facility primarily serve? (Age Served)</b> ⓘ All Ages: > 0 years
<b>Facility type</b> ⓘ PH Department	<b>Facility sub-type</b> BOI Unit	<b>Associated with a medical group/organizational network?</b> Yes	<b>Specify group/organization</b> ⓘ
<b>Administering immunizations in NYC?</b> ⓘ Yes			

CLOSE EDIT

- Review the accuracy of the information in the 'Facility Details' tab
- If edits are needed, select the **Edit** button on the bottom right of the screen
- NOTE: Edits to the 'Facility Details' screen may require review and approval by CIR staff

# Update Providers List

Home 9009X01 - CITYWID... x

CITYWIDE IMMUNIZATION REGISTRY - 9009X01 Facility code: 9009X01

Facility Details Reporting **Providers** Contacts Consent Forms Program Enrollments

Primary	Registrant	OR SSA	Vaccine contact	Provider name	Provider NPI #	Medical license #	Medical license type	Provider email
>	✓		✓	Medical Adam Doctor			MD - Medicine	
>				test ""			DO - Osteopathy	

CLOSE EDIT

- Ensure the full list of providers at your facility is up to date
- Use the **Edit** button on the bottom right to
  - Remove all providers no longer at your facility
  - Add providers not on the list
  - Update existing provider information
- **Providers listed as vaccine contacts (circled in red to the left) cannot be removed from this screen.** Navigate to the VFC re-enrollment form (page 8) to remove these providers from their vaccine contact role

# Update the Contacts List

Home 9009X01 - CITYWID... x

CITYWIDE IMMUNIZATION REGISTRY - 9009X01 Facility code: 9009X01

Facility Details Reporting Providers **Contacts** Consent Forms Program Enrollments

Primary	Registrant	OR SSA	Vaccine contact	Contact name	Role	Title	Email
>	✓			Shirley Huie	ADMINISTRATIVE		
>			✓	Robert Torino	VFC		

> Vicky Papadouka ADMINISTRATIVE CTY RES SCIENT

CLOSE EDIT

- Ensure the full list of contacts at your facility is up to date.
- Use the **Edit** button on the bottom right to
  - Remove all contacts no longer at your facility
  - Add contacts not on the list
  - Update existing contact information
- **Contacts listed as vaccine contacts (circled in red to the left) cannot be removed from this screen.** Navigate to the VFC re-enrollment form (page 8) to remove these contacts from their vaccine contact role

# Starting the VFC Re-enrollment form

Facility Details Reporting Providers Contacts Consent Forms **Program Enrollments**

Vaccines for Children (VFC) **Vaccines for Children (VFC) 2025 Re-enrollment**

### VFC participation information

Re-enrollment for the New York City (NYC) Vaccines For Children (VFC) program is open from October 1, 2025 - November 30, 2025 and must be completed online through the NYC CIR Facility Manager (FACMAN) application.

VFC providers must agree to the requirements listed in the [Provider Agreement](#) (PDF) and re-enroll biennially. After submitting the re-enrollment form, providers will receive an approval or rejection email. If a VFC re-enrollment submission is rejected, the email notification sent details the reason. The form must be corrected and resubmitted.

Providers must NOT be included in the [Medicare/Medicaid Restricted and Excluded Individuals](#) or [Entities list](#).

VFC-enrolled provider sites may participate in the VFC Immunization Quality Improvement for Providers (IQIP) program. To learn more about the IQIP program, please visit [CDC: \(IQIP\) Immunization Quality Improvement for Providers](#).

For more information, refer to the [NYC VFC Provider Requirements Webpage](#) and the [NYC VFC Provider Site Visits Webpage](#).

Before you begin this form, please ensure that the [Contacts](#) and [Providers](#) tabs (above) for your facility are up to date. Staff no longer at this facility, and/or duplicate records should be removed. All new staff not currently listed must be added. If this is not completed, your VFC re-enrollment may be delayed.

Would you like to start the federal Vaccines for Children (VFC) program re-enrollment process? \*

☒ Yes ☐ No

CLOSE SAVE

- After reviewing all information on the preceding tabs, click the **Program Enrollments** tab at the top right
- On the next line select the **Vaccines for Children (VFC) 2025 Re-enrollment** sub-tab
- Review the pertinent participant information
- To agree and proceed to the form, select **Yes** at the bottom left, then **Save** on the bottom right



# Shipping Address

**Facility information**

**i** If facility information displayed in this section is incorrect, please edit the information on the [Facility Details tab](#) before proceeding with this agreement.

<b>Facility name</b>	<b>Facility address</b>	<b>PIN</b>	<b>Facility code</b>
CITYWIDE IMMUNIZATION REGISTRY - 9009X01	42-09 28 ST, 5TH FLOOR, QUEENS, NY - 11101	VFCCIR	9009X01
<b>Facility phone number</b>	<b>Facility fax number</b>	<b>Facility email</b>	

**i** Only a single vaccine shipping address may be specified per facility. If you are enrolled in any other vaccine programs, the address displayed will be used for all vaccine shipments. If you need a different shipping address other than the one currently in use by another vaccine program, please complete a new facility registration.

**Facility shipping name \*** **i**  
CITY IMMUNIZATION REGISTRY

☒ Vaccine shipping address is same as facility address?

**Vaccine shipping address line 1 \***  
42-09 28 ST

**Vaccine shipping address line 2**  
5TH FLOOR

**City \***  
QUEENS

**Borough \***  
QUEENS

**State \***  
NEW YORK

**Zip code \***  
11101

**+4**

CLEAR

RESET

SAVE

- Review the VFC vaccine shipping address currently on file for your facility.
- If the facility address and shipping address are the same, a check box available to indicate this
- Changes can be made if needed at the bottom of this section
- If changes are made to the shipping address, a VFC relocation site visit will be required.

# Physician-in-Charge

**Physician-in-charge**

**i** This title refers to the main physician involved with VFC vaccines. The Physician in Charge can also be the Primary Vaccine Coordinator OR Back-up Vaccine Coordinator. Please note that the Physician in Charge cannot be both the Primary Vaccine Coordinator and Back-up Vaccine coordinator.

**2**

If you do not find the Physician-in-charge you are looking for below, please [add them to your facility](#) as a Provider.

Physician-in-charge \*

Provider: \ Name x v **1**

Provider name	Street address	Provider NPI number
	2 GOTHAM, 5TH FL, LONG ISLAND CITY, NY - 11101	-
Medical license number	Medical license type	Medicaid provider number
000001	MD - Medicine	-
Email	Office phone number	Cell phone number
		-

*If this information needs to be changed, please update the provider record on the [Providers tab](#).*

CLEAR

RESET

SAVED

- The current physician-in-charge at your facility will appear in the physician-in-charge box, with their information displayed below
- To change the Physician-in-charge
  1. Click the dropdown arrow and select another provider from your provider list
  2. If the provider you are looking for does not appear, you must add them to your facility then return to the dropdown to select them

# Vaccine Contacts (1)

**2** If you do not find the person you are looking for below, please [add them to your facility](#).

---

**Primary vaccine coordinator \***

Contact: Robert Torino

Contact name	Street address	Email
Robert Torino	42-09 28 STREET, 5TH FLOOR TH, QUEENS, NY - 11101	
Office phone number	Cell phone number	
	-	

*If this information needs to be changed, please update the provider record on the [Contacts tab](#).*

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**Back-up vaccine coordinator \***

Contact: Jane2 Doe2

Contact name	Street address	Email
Jane2 Doe2	42-09 28 STREET, 5TH FLOOR, QUEENS, NY - 11101	
Office phone number	Cell phone number	
	-	

*If this information needs to be changed, please update the provider record on the [Contacts tab](#).*

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**Shipping contact \***

Contact: Robert Torino

Contact name	Street address	Email
Robert Torino	42-09 28 STREET, 5TH FLOOR TH, QUEENS, NY - 11101	
Office phone number	Cell phone number	
	-	

*If this information needs to be changed, please update the provider record on the [Contacts tab](#).*

- The current primary vaccine coordinator, back-up vaccine coordinator, and shipping contact at your facility will appear in their three respective sections
- The primary and back-up vaccine coordinator cannot be the same person
- To make changes to the staff roles:
  1. Click the dropdown arrow and select another contact or provider from your contact or provider list
  2. If the contact or provider you are looking for does not appear, you must add them to your facility then return to the dropdown to select them

# Vaccine Contacts (2)

- Up to three additional contacts working with VFC vaccines at your facility may be added
- Select the contacts or providers from the dropdown list.
- Their information will appear below as they are selected from the dropdown list.

Additional contacts (Up to 3 additional contacts can be selected)

Other contact 1: Spider Mann x

Other contact 2: Peter Parker x

Other contact 3: Kylo Ren x

Contact name	Street address	Email
Spider SirMarvel Mann	42-09 28 STREET, 5TH FLOOR, QUEENS, NY - 11101 1234	
Office phone number	Cell phone number	
(222) 222-2226 x 777	-	

*If this information needs to be changed, please update the provider record on the [Contacts tab](#).*

# Shipping Hours

## Shipping hours

**i** Enter the hours that your facility is available to receive vaccines. If your facility is closed at any point during the day, only add your open hours in each block. You must be available to receive vaccines for, at minimum, one 4-hour continuous block on either Tuesdays, Wednesdays, or Thursdays.

	Monday	Tuesday	Wednesday	Thursday	Friday
Block 1	9:00 am <input type="text"/> x   v	From... <input type="text"/>   v	8:00 am <input type="text"/> x   v	8:00 am <input type="text"/> x   v	9:00 am <input type="text"/> x   v
	5:00 pm <input type="text"/> x   v	To... <input type="text"/>   v	12:00 pm <input type="text"/> x   v	12:00 pm <input type="text"/> x   v	3:00 pm <input type="text"/> x   v
Block 2	From... <input type="text"/>   v	From... <input type="text"/>   v	1:00 pm <input type="text"/> x   v	2:00 pm <input type="text"/> x   v	From... <input type="text"/>   v
	To... <input type="text"/>   v	To... <input type="text"/>   v	4:00 pm <input type="text"/> x   v	5:00 pm <input type="text"/> x   v	To... <input type="text"/>   v

CLEAR

RESET

SAVE

- The current shipping hours on file for your facility will pre-populate the fields on this screen
- Review and adjust your shipping hours as needed
- If there is a period in the day where your facility cannot receive vaccine deliveries, please note that in the table using the time blocks available
- You must be available to receive vaccines for, at minimum, one 4-hour continuous block on either Tuesdays, Wednesdays, or Thursdays.

# Upload CDC Training Certificates (1)

**Upload CDC training certificates**

**i** Upload certificates of completion for the following CDC You Call the Shots trainings ( **Vaccine Storage and Handling &** **Vaccines for Children**) for each of the VFC contacts listed. Certificates must match the name of the person in each role and completion dates must be in . Each file must be unique-duplicate certificates will not be accepted If training has not yet been completed, please follow the instructions [here](#) to access the CDC You Call the Shots trainings.

**Physician-in-charge: JOSE RAMIREZ**

Vaccine Storage and Handling - **Upload**

Vaccines for Children (VFC) - **Upload**

**Primary Vaccine Coordinator: Robert Torino**

Vaccine Storage and Handling - **Upload**

Vaccines for Children (VFC) - **Upload**

**Back-up Vaccine Coordinator: Jane2 Doe2**

Vaccine Storage and Handling - **Upload**

Vaccines for Children (VFC) - **Upload**

- The people selected as Physician-in-charge, Vaccine Coordinator, and Back-up Vaccine Coordinator will appear for those respective titles in this section
  - If any of these people are incorrect, scroll up to the 'Vaccine Contacts' section and assign the correct people to those roles
- For each person, upload the certificate of completion for CDC's Vaccine Storage and Handling and Vaccines for Children trainings by clicking **Upload** for each course and selecting the file from your computer
- Courses must have been completed in the current calendar year. Certificates earned earlier will not be accepted. Instructions for accessing CDC You Call the Shots trainings can be found [here](#)

# Upload CDC Training Certificates (2)

**Upload CDC training certificates**

**Upload certificates of completion for the following CDC You Call the Shots trainings** - Vaccine Storage and Handling & 1 - Vaccines for Children) for each of the VFC contacts listed. Certificates must match the name of the person in each role and completion dates must be in Each file must be unique- duplicate certificates will not be accepted If training has not yet been completed, please follow the instructions [here](#) to access the CDC You Call the Shots trainings.

**Physician-in-charge: JOSE RAMIREZ**

Vaccine Storage and Handling - Certificate uploaded - Ramirez\_Storage.pdf [View](#) [Download](#) [Delete](#)

Vaccines for Children (VFC) - Certificate uploaded - Ramirez\_VFC.pdf [View](#) [Download](#) [Delete](#)

**Primary Vaccine Coordinator: Robert Torino**

Vaccine Storage and Handling - Certificate uploaded - Torino\_Storage.pdf [View](#) [Download](#) [Delete](#)

Vaccines for Children (VFC) - Certificate uploaded - Torino\_VFC.pdf [View](#) [Download](#) [Delete](#)

**Back-up Vaccine Coordinator: JOSE RAMIREZ**

Vaccine Storage and Handling - [Upload](#)

Vaccines for Children (VFC) - [Upload](#)

Same as Physician-in-charge

- The Physician-in-charge may also be the Vaccine Coordinator or Backup-Vaccine Coordinator
- In this case, certificates are only required to be uploaded once for this person
  - In the example shown (left), the Physician-in-charge is also the Back-up Vaccine Coordinator
  - The system recognizes this and only allows certificate uploads in the Physician-in-charge role. The uploads for the Back-up Vaccine Coordinator role is not required



# CDC Training Certificates (3)

### Upload CDC training certificates

**Upload certificates of completion for the following CDC You Call the Shots trainings** Vaccine Storage and Handling Vaccine Storage and Handling Vaccines for Children) for each of the VFC contacts listed. Certificates must match the name of the person in each role and completion dates must be in Each file must be unique—duplicate certificates will not be accepted If training has not yet been completed, please follow the instructions [here](#) to access the CDC You Call the Shots trainings.

**Physician-in-charge: JOSE RAMIREZ**

Vaccine Storage and Handling Certificate uploaded - Ramirez\_Storage.pdf [View](#) [Download](#) [Delete](#)

Vaccines for Children (VFC) Certificate uploaded - Ramirez\_VFC.pdf [View](#) [Download](#) [Delete](#)

**Primary Vaccine Coordinator: Robert Torino**

*This file is also uploaded for Robert Torino. Each file must be unique—duplicate certificates will not be accepted.*

Vaccine Storage and Handling Certificate uploaded - Torino\_Storage.pdf [View](#) [Download](#) [Delete](#)

*This file is also uploaded for Robert Torino. Each file must be unique—duplicate certificates will not be accepted.*

Vaccines for Children (VFC) Certificate uploaded - Torino\_Storage.pdf [View](#) [Download](#) [Delete](#)

- Each file uploaded must have a unique name
- If a duplicate file is uploaded, a warning will display in red
- To correct this error:
  1. Click **Delete** next to the file that is not correct
  2. Once deleted, you will be able to click **Upload** again in that location and select the correct file



# Vaccines Offered

**Vaccines offered**

**i** VFC providers are required to stock all ACIP-recommended vaccines for their VFC eligible population except for those classified as specialty providers.

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN, STD, Birthing hospital, Pharmacy, etc.) or (2) a specific age group within the general population of children ages 0-18. The VFC program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC program, certain enrolled providers such as pharmacies or community vaccinators may offer a limited selection of vaccines.

Select all the vaccine types offered in your practice for VFC eligible population from the list below.

☒ This facility offers all ACIP-recommended vaccines for children 0 through 18 years of age

OR

☒ COVID-19

☒ DTaP

☒ Hepatitis B

☒ HPV

☒ Maternal RSV

☒ Meningococcal Group B (MenB)

☒ Mpox

☒ Pneumococcal

☒ Polio

☒ Td

☒ Varicella

☒ Dengue

☒ Hepatitis A

☒ Hib

☒ Influenza

☒ Meningococcal Conjugate

☒ MMR

☒ Nirsevimab

☒ Pneumococcal Polysaccharide vaccine

☒ Rotavirus

☒ Tdap

CLEAR

RESET

SAVE

- If you offer all the ACIP recommended vaccines, then select the top checkbox (shown left)
- Specialty providers (Urgent Cares, Pharmacies, Inpatient Nurseries) are not required to carry all ACIP recommended vaccines for VFC eligible patients. If this applies to your facility, then select only the vaccines you offer from the available list

# Annual Patient Numbers

Annual patient numbers

*This table is populated with the number of patients in each age group and VFC eligibility category reported to the CIR by your facility in the last year. If needed, adjust the data in the table so it is representative of your patient population over the last year. Do not enter percentages, symbols, etc.*

Indicate the source used for the data entered by selecting one or more of the checkboxes below the table.

Reporting period beginning

09/29/2024

Category	<1 Year	1-6 Years	7-18 Years	≥ 19 Years
American Indian/Alaskan Native	0	0	0	0
Child Health Plus B (CHPlus B)	0	0	0	0
Medicaid/Medicaid Managed Care	0	0	0	0
Not Eligible	0	0	0	0
Not Insured/No Insurance	0	0	0	0
Underinsured	0	0	0	0
Total	0	0	0	0

**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); a child whose insurance does not include first-dollar coverage for a vaccine. 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.

**Not Eligible** - Insurance covers all or part of the cost of vaccine.

Type of data used to determine profile:

☐ Benchmarking
☐ Dose administered
☐ Registry
☐ Provider encounter data
☐ Medicaid claims data
☐ Other (specify)

- The annual patient numbers table will pre-populate with the number of patients in each age group and VFC eligibility category reported to the CIR by your facility in the last year
- If needed, adjust the table values so that the patient population shown is accurate to what your facility served in the last year
- Select one or more of the checkboxes at the bottom of the section to indicate what data source(s) were used to determine the patient profile

# Practitioner List

**Practitioner list**

*Please list all immunizing staff at your facility, including anyone you listed above.*

**If you do not find the practitioner you are looking for below, please [add them to your facility](#) as a Provider .**

**Practitioners \***

Georgia Elysee , Lic #: 123456, Email:

JOSE RAMIREZ , Lic #: 000001, Email

x

1

Provider name	Street address	Provider NPI number
Georgia Elysee	42-09 28 STREET, 5TH FLOOR, QUEENS, NY - 11101	-
Medical license number	Medical license type	Medicaid provider number
		-
Email	Office phone number	Cell phone number
		-
If this information needs to be changed, please update the provider record on the <a href="#">Providers tab</a> .		

Provider name	Street address	Provider NPI number
JOSE RAMIREZ	2 GOTHAM, 5TH FL, LONG ISLAND CITY, NY - 11101	-
Medical license number	Medical license type	Medicaid provider number
000001	MD - Medicine	-
Email	Office phone number	Cell phone number
		-
If this information needs to be changed, please update the provider record on the <a href="#">Providers tab</a> .		


**2**

CLEAR RESET SAVED

- List all the staff immunizing with VFC vaccines at your facility in this section
  - Include all immunizing staff, even if they are already listed in another section of this form
- Click the dropdown arrow and select each provider from your provider list
  - If the provider you are looking for does not appear, you must add them to your facility then return to the dropdown to select them

# Storage Information


**Storage information**

 As per the Centers for Disease Control & Prevention (CDC), vaccines must be stored in compliant storage units and monitored at all times using Digital Data Logger (DDL) thermometers.

For overall guidance on vaccine storage and handling requirements, refer to the [CDC Vaccine Storage and Handling Toolkit](#).

- Take a picture of each storage unit at your practice and their corresponding Digital Data Logger (DDL) temperature monitoring thermometer, then upload them below.
- Storage unit pictures must have the door open and the inside of the unit should be clearly visible. Photos or images retrieved online or from websites are not acceptable.
- Indicate the brand, model and type of each storage unit and DDL.
- Indicate the calibration expiration date of the DDL as per the manufacturer.
- All edits made to storage and thermometer details will be in **pending** review status until **approved**. An email will be sent to notify your practice of the **approval** or **rejection** status of your submission. If **rejected**, the reason for the rejection will be included in this notification. Update the required details below before continuing.

<div><div>Storage Unit 1</div><div>Unit Label/Location: Test A</div><div>Status: <b>Approved</b></div><div>Unit Brand: GE</div><div>Type: Pharmaceutical-Grade Refrigerat...</div><div>Thermometer Information</div><div>Thermometer Brand: GE</div><div>Status: <b>Approved</b></div><div>Calibration Expiration: 10/10/2029</div><div>EditDelete</div></div>	<div><div>Storage Unit 2</div><div>Unit Label/Location: Freezer Unit</div><div>Status: <b>Approved</b></div><div>Unit Brand: Frozen</div><div>Type: Regular Stand-Alone Chest Free...</div><div>Thermometer Information</div><div>Thermometer Brand: Below zero</div><div>Status: <b>Approved</b></div><div>Calibration Expiration: 10/10/2026</div><div>EditDelete</div></div>	<div>+ Add Storage Unit</div>	<div>← Storage and Thermometer Tips</div> <ul style="list-style-type: none"><li>Complete your current storage and thermometer information once. However, if you purchase new thermometers or storage units, you will need to update the information previously submitted.</li><li>Image file size should not exceed 24MB/24,576KB. If uploading a file that exceeds 24MB/24,576KB, reduce its size by saving it in a different format.</li></ul>
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- Ensure that the vaccine storage units and DDL thermometers at your practice are up to date
- You can check the photos currently on file by clicking the  icon.
- To make changes to an existing unit, click **Edit** in the bottom right corner of the unit tile
- If you no longer have a storage unit that is listed, click **Delete** in the bottom right corner of the unit tile
- If you do not see a storage unit in your facility on this list, add it by clicking + **Add Storage Unit**
- For guidance on vaccine storage and handling requirements, refer to the [CDC Vaccine Storage and Handling Toolkit](#)

# VFC Re-enrollment Agreement and Consent

Agreement and consent

Vaccines for Children (VFC) Program Re-enrollment 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 the VFC-eligible populations served by my practice/facility and the privately insured (i.e., non-VFC eligible) population I plan to vaccinate. 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. 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:

A. Federally Vaccine-eligible Children (VFC eligible)

  1. Are an American Indian or Alaska Native;
  2. Are enrolled in Medicaid;
  3. Have no health insurance;

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 re-enrollment requirements stated above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

1

☒ I agree

Robert Torino

2

CLOSE

SUBMIT

- Read the full text of the VFC Program Provider Agreement displayed in the scroll box in this section.

1. Once you have read and understood the terms of the agreement, and have completed all sections of the form above, check the **I Agree** checkbox on the bottom left
2. To submit your agreement for review, click the **Submit** button on the bottom right

# Additional Follow-up/Corrections

- You will receive processing updates via email
- If your VFC re-enrollment submission is **rejected**, the email notification sent will contain details stating the reason and any corrections needed
  - Return to the [Citywide Immunization Registry \(CIR\) Facility Manager](#) and access the VFC 2025 Re-enrollment Form for the facility
  - Make the adjustment requested to the necessary section(s)
  - Agree and submit the re-enrollment for to be reviewed again
- If your VFC Enrollment submission is **approved**, you will receive confirmation via email – save this message for your records

# Correcting a Rejected Re-enrollment (1)

Dear Provider,

The NYC Vaccines for Children (VFC) Re-enrollment Agreement for

Facility: CITYWIDE IMMUNIZATION REGISTRY - 9009X01

Facility Code: 9009X01

PIN: VFCCIR

Facility Address: 42-09 28 ST, 5TH FLOOR, QUEENS, NY, 11101

Facility Phone:

Facility Fax:

Facility Email: jov

submitted by Georgia Elysee on 09/24/2025 at 04:25 PM has been **REJECTED**.

Your Vaccines for Children (VFC) Re-enrollment Agreement was **REJECTED** for the following reason(s): **Rejection reason found here**

- If your VFC re-enrollment is rejected, you will be notified through email
- The rejection reason will be listed for your review
- Return to the [CIR Facility Manager](#) to make the corrections described in the email



# Correcting a Rejected Re-enrollment (2)

CITYWIDE IMMUNIZATION REGISTRY - 9009X01 Facility code: 9009X01

Facility Details Reporting Providers Contacts Consent Forms Program Enrollments


Vaccines for Children (VFC) Vaccines for Children (VFC) 2025 Re-enrollment Incomplete agreement

VFC participation information

CLOSE DISCONTINUE RE-ENROLLMENT

Vaccines for Children (VFC) Program Re-enrollment Rejected

Rejection reason: Rejection reason found here

 Your re-enrollment agreement submission was rejected. Make all required corrections and resubmit it for review. Failure to resubmit the corrections will result in your re-enrollment not being processed and may delay your ability to order vaccines. If you no longer wish to participate in the Vaccines for Children (VFC) program, you must select the "DISCONTINUE RE-ENROLLMENT" button.

- Select the facility that had the re-enrollment rejected
- Click the **Program Enrollments** tab at the top right
- On the next line select the **Vaccines for Children (VFC) 2025 Re-enrollment** sub-tab
- The reason the re-enrollment was rejected will appear at the top of the form
- Make the corrections identified
- Click **I Agree** and **Submit** at the bottom of the re-enrollment form to re-submit for review



# Confirmation of Approved Re-enrollment

Dear Provider,

The NYC Vaccines for Children (VFC) Re-enrollment Agreement for

Facility: Citywide Immunization Registry  
Facility Code: 9009X01  
PIN: VFCCIR  
Facility Address: TEST, LONG ISLAND CITY, NY, 11101  
Facility Phone: 0000000000  
Facility Fax: 0000000000  
Facility Email: @HEALTH.NYC.GOV

submitted by Robert Torino on 09/23/2025 at 04:27 PM has been APPROVED

- Once your VFC re-enrollment agreement is reviewed by NYC VFC staff and approved you will receive an email confirmation
- Save this message for your records
- Additional VFC requirements and helpful resources are listed in this email as well. Please take a moment to review them and ensure you and your staff are up to date on all VFC requirements and recommendations

# Questions?

If you have additional questions about the VFC re-enrollment process, please email us at:

[nycimmunize@health.nyc.gov](mailto:nycimmunize@health.nyc.gov)