California Vaccines for Children (VFC) Program
RECERTIFICATION WORKSHEET

Use this worksheet to gather information needed ahead of time to complete the online VFC Recertification Form on myCAvax.cdph.ca.gov.

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.

Step 1–Location Information/Shipping

Location Name		PIN	CAIR/IIS ID
Practice Information/Shipping Address (No P.O. Box)		City	ZIP
Shipping Address, Part 2		County	

Tax ID/Employee Identification Number (EIN)	National Provider Identifier (NPI)	Phone	Fax
MEDI-CAL Provider? ☐ Yes ☐ No	Is this a mobile facility, or does this facility have mobile units? ☐ Yes ☐ No		

DELIVERY: Check all days and times you may receive vaccine. If closed during lunch hour, please specify.

▶
- ☐ **Monday** From: ___ To: ___ (Closed for lunch from: _____ to _____)
- ☐ **Tuesday** From: ___ To: ___ (Closed for lunch from: _____ to _____)
- ☐ **Wednesday** From: ___ To: ___ (Closed for lunch from: _____ to _____)
- ☐ **Thursday** From: ___ To: ___ (Closed for lunch from: _____ to _____)
- ☐ **Friday** From: ___ To: ___ (Closed for lunch from: _____ to _____)

Step 2 – Key Practice Staff

Role/ Responsibility	Name	Title (MD, DO, NP, PA, PharmD)	Specialty/Clinic Title	National Provider ID	Medical License #	Contact Information
Provider of Record			Specialty: _____ Clinic Title: _____			Direct Phone Number: Email for program updates: EZIZ User ID:
Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: Email for program updates: EZIZ User ID:
Backup Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: Email for program updates: EZIZ User ID:
Provider of Record Designee			Specialty: _____ Clinic Title: _____			Direct Phone Number: Email for program updates: EZIZ User ID:

Optional Key Practice Staff

Role/ Responsibility	Name	Title (MD, DO, NP, PA,	Specialty/Clinic Title	National Provider ID	Medical License #	Contact Information
Additional Vaccine Coordinator			Specialty: _____ Clinic Title: _____			Direct Phone Number: Email for program updates: EZIZ User ID:
Organization Vaccine Coordinator			Specialty:_____ Clinic Title: _____			Direct Phone Number: Email for program updates: EZIZ User ID:
Additional Staff Members *(Staff who will receive program communications)*			Specialty:_____ Clinic Title: _____			Direct Phone Number: Email for program updates: EZIZ User ID:

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Step 3 – Storage Units

Enter all units that will be used to store VFC vaccines and indicate at least one unit as the primary storage unit for vaccines.

Existing storage units from other programs are available to view and add to VFC if storing in the same unit. Brand new units need to be added by completing the information below in myCAvax.

Indicate information for your **REFRIGERATOR** storage unit below:

Refrigerator Type:	Unit Location/ID:	Brand, Model:
☐ Compact ☐ Combination ☐ Stand-Alone ☐ Auto-Dispensing Doorless		

Unit Priority:	Unit Grade:	Vaccines Stored:
☐ Primary ☐ Backup/Overflow ☐ Mobile Unit ☐ No longer in use	☐ Household ☐ Commercial ☐ Purpose-Built (Pharmacy/Lab Grade)	☐ SGF ☐ VFA ☐ VFC ☐ BAP ☐ 317 ☐ Outbreak

Thermometer Type: ☐ Data Logger ☐ Networked continuous temperature monitoring system		Storage Capacity (in cubic feet):
Thermometer Model:	**Thermometer Serial Number:**	**Calibration Expiration Date:**

Indicate information for your **FREEZER** storage unit below:

Freezer Type:	Unit Location/ID:	Brand, Model:
☐ Upright ☐ Combination ☐ Ultra-Cold ☐ Chest ☐ Auto-Dispensing Doorless		

Unit Priority:	Unit Grade:	Vaccines Stored:
☐ Primary ☐ Backup/Overflow ☐ Day Use ☐ Mobile Unit	☐ Household ☐ Commercial ☐ Purpose-Built (Pharmacy/Lab Grade)	☐ SGF ☐ VFA ☐ VFC ☐ BAP ☐ 317 ☐ Outbreak

Thermometer Type: ☐ Data Logger ☐ Networked continuous temperature monitoring system		Storage Capacity (in cubic feet):
Thermometer Model:	**Thermometer Serial Number:**	**Calibration Expiration Date:**

Your location must have a backup thermometer to continue recertification, please indicate information for your **BACKUP THERMOMETER** below:

Thermometer Type: ☐ Data Logger ☐ Networked continuous temperature monitoring system	Intention for Use: ☐ Refrigerator ☐ Freezer ☐ ULT ☐ Transport
Thermometer Model:	**Thermometer Serial Number:** **Calibration Expiration Date:**

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Step 4–Provider Population

Estimated number of children who will receive immunizations at your location during the upcoming 12-month period.

Eligibility	Ages			Total
	<1 year old	1-6 years old	7-18 years old	
Medi-Cal Eligible				
Uninsured				
American Indian or Alaska Native				
Underinsured (FQHCs | RHCs Only)				
Privately Insured				

What data source did you use to confirm/modify your patient population? _____

Step 5–Health Care Providers with Prescription Writing Privileges

You must have at least one medical staff listed. Medical staff are healthcare providers with prescription-writing privileges and all licenses must be verified. Health care provider medical licenses will be validated electronically. Please make sure you enter the name **exactly** as it appears on the medical license. Do NOT add middle name, middle initial or title (e.g. MD, DO, etc.). You can verify that you have the correct license numbers from the CA Department of Consumer Affairs (Search.dca.ca.gov).

(Note: The Provider of Record listed in the VFC Recertification form on myCAvax will be pre-populated.)

	First Name	Last Name	Email	NPI #	Medical License Number	Title	Specialty	Clinic Title
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

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Step 6–My Turn Vaccine Locator
Your location will automatically be added to the My Turn Vaccine Locator (Myturn.ca.gov/vaccinelocator). The My Turn Vaccine Locator (previously the EZIZ Provider Locator) is a public-facing page that helps patients find your location based on its proximity and vaccination services. If you are not accepting new patients or would like to opt-out, you may indicate this on the online Recertification form.
Location Description (optional): The location's description will appear on the public portal under the location name. Please enter a maximum of 1,000 characters.
Booking URL (optional): URL for patients to book an appointment or get more information. If you have a My Turn clinic specific link, please enter it below.

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SUPPLEMENTAL PAGE
FOR ADDITIONAL VACCINE STORAGE UNIT &
TEMPERATURE MONITORING EQUIPMENT INFORMATION

DO NOT SUBMIT THIS WORKSHEET TO THE VFC PROGRAM.

If you have additional vaccine storage units and/or thermometers, fill in the information below.

Enter all units that will be used to store VFC vaccines and indicate at least one unit as the primary storage unit for vaccines.

Existing storage units from other programs are available to view and add to VFC if storing in the same unit. Brand new units need to be added by completing the information below in myCAvax.

Indicate information for your **REFRIGERATOR** storage unit below:

Refrigerator Type: ☐ Compact ☐ Combination ☐ Stand-Alone ☐ Auto-Dispensing Doorless	Unit Location/ID:	Brand, Model:
Unit Priority: ☐ Primary ☐ Backup/Overflow ☐ Mobile Unit ☐ No longer in use	Unit Grade: ☐ Household ☐ Commercial ☐ Purpose-Built (Pharmacy/Lab Grade)	Vaccines Stored: ☐ SGF ☐ VFA ☐ VFC ☐ BAP ☐ 317 ☐ Outbreak
Thermometer Type: ☐ Data Logger ☐ Networked continuous temperature monitoring system		Storage Capacity (in cubic feet):
Thermometer Model:	Thermometer Serial Number:	Calibration Expiration Date:

Indicate information for your **FREEZER** storage unit below:

Freezer Type: ☐ Upright ☐ Combination ☐ Ultra-Cold ☐ Chest ☐ Auto-Dispensing Doorless	Unit Location/ID:	Brand, Model:
Unit Priority: ☐ Primary ☐ Backup/Overflow ☐ Day Use ☐ Mobile Unit	Unit Grade: ☐ Household ☐ Commercial ☐ Purpose-Built (Pharmacy/Lab Grade)	Vaccines Stored: ☐ SGF ☐ VFA ☐ VFC ☐ BAP ☐ 317 ☐ Outbreak
Thermometer Type: ☐ Data Logger ☐ Networked continuous temperature monitoring system		Storage Capacity (in cubic feet):
Thermometer Model:	Thermometer Serial Number:	Calibration Expiration Date:

Your location must have a backup thermometer to continue recertification, please indicate information for your **BACKUP THERMOMETER** below:

Thermometer Type: ☐ Data Logger ☐ Networked continuous temperature monitoring system		Intention for Use: ☐ Refrigerator ☐ Freezer ☐ ULT ☐ Transport
Thermometer Model:	Thermometer Serial Number:	Calibration Expiration Date: