

Virginia Department of Health CDC COVID-19 Vaccination Program Provider and Profile Instructions

Step 1: Sign into VERIP

A VDH Staff person will contact you to direct you to complete the CDC COVID-19 Vaccination Program Provider Agreement and Profile Form. If you do not already have access to VERIP, they will help you set up an account. If you have an account, click "Login Here" in the Already Registered box on the [VERIP Website](#).

The image shows four buttons arranged in a 2x2 grid. The top-left button is dark blue with white text: "New to VERIP?" and "Register Here". The top-right button is black with white text: "COVID-19 Vaccine Provider Intent FORM" and "Click here to complete form". The bottom-left button is grey with white text: "Already Registered?" and "Login Here". The bottom-right button is yellow with black text: "Guidance Documents", "VERIP Guide", and "VERIP Q&A".

Step 2: Click on the Agreements Tab

The screenshot shows the "Virginia Department of Health - VERIP Registration System" interface. At the top, there is a navigation bar with "Home" and "Existing Registrations" tabs, and a user greeting "Welcome Mee Green LogOff". Below this, the page title is "VIIS Registration for Scooby Doo Test Org". There are four tabs: "ORGANIZATION", "CONTACTS", "AGREEMENTS" (which is highlighted), and "REVIEW & SUBMIT". Below the tabs, there is a text block explaining that the list below includes MOA and Agreements for VIIS access. Below this text is a table with columns for "Status", "Signed By", and "Signed Date". The table contains one row with a link to "COVID-19 Vaccine Agreement" and a sub-link "CDC COVID-19 Vaccination Program Provider Agreement Form" highlighted in yellow.

Step 3: Click on the CDC COVID-19 Vaccination Program Provider Agreement Form hyperlink

This is a close-up of the table from the previous screenshot. It shows the "COVID-19 Vaccine Agreement" row. The "Signed By" column contains a blue hyperlink: "CDC COVID-19 Vaccination Program Provider Agreement Form".

Step 4: Complete Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

There are two tabs in this section. The first is the Organization Identification tab. Some of this information will be carried over from the VDH COVID-19 Provider Intent Form. The second tab is regarding Responsible Officers. For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in the agreement. The individuals listed must provide their signature after reviewing the agreement requirements. The individuals will be emailed the link to sign the agreements after all information is entered and submitted. Once you complete this Responsible Officers tab click **Save & Next** tab.

SECTION A. COVID-19 VACCINATION PROGRAM PROVIDER REQUIREMENTS AND LEGAL AGREEMENT

Organization identification

Organization's legal name: *

Number of affiliated vaccination locations covered by this agreement: *

Organization telephone: * -

Email: * (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program.)

Street address 1: * Street address 2:

ZIP: * City: * County: * State: *

Responsible officers

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signatures after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information

Last name: * First name: * Middle initial:

Title: Licensure state: * Licensure number: *

Telephone: * - Email: *

Street address 1: * Street address 2:

ZIP: * City: * County: * State: *

Chief Executive Officer (or Chief Fiduciary) Information Same as Chief Medical Officer

Last name: * First name: * Middle initial:

Telephone: * - Email: *

Street address 1: * Street address 2:

ZIP: * City: * County: * State: *

[Save & Next](#) [Close](#)

Step 5: Review Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). In addition, the CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination location covered under the Organization listed in Section A.

Below are screen shots of the top and bottom of this page. The rest of the agreement text can be found in the Appendix. After reviewing the Agreement language and the contact information entered of the persons, select **Save & Next**.

Agreement requirement

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

Organization Medical Director (or equivalent)

Last name: * First name: * Middle initial:
 Signature: Date:

Chief Executive Officer (chief fiduciary role)

Last name: * First name: * Middle initial:
 Signature: Date:

For official use only:

IIS ID, if applicable:

Unique COVID-19 Organization ID (Section A)*:

* The jurisdiction's immunization program is required to create a unique COVID-19 ID for the organization named in Section A that includes the awardee jurisdiction abbreviation (e.g., an organization located in Georgia could be assigned "GA123456A." This ID is needed for CDC to match Organizations (Section A) with one or more Locations (Section B). This unique identifier is required even if there is only one location associated with an organization

Please review Agreement language above. If you agree and the signer information is correct, please select "Save & Next". If the signer information needs to be updated, select "Previous" and update the contact information. The final Agreement will be sent to the signer by email to sign.

[Previous](#) [Save & Next](#) [Close](#)

Step 6: Complete Section B: CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. Reminder, some of this information will be brought over from the Intent Form. Once completed, click **Save & Next**.

Organization identification for individual locations

Organization location name: * Will another Organization location order COVID-19 vaccine for this site?
 If YES; provide Organization name:

Contact information for location's primary COVID-19 vaccine coordinator

Last name: * First name: * Middle initial:
 Telephone: * Email: *

Contact information for location's backup COVID-19 vaccine coordinator

Last name: * First name: * Middle initial:
 Telephone: * Email: *

Organization location address for receipt of COVID-19 vaccine shipment

Street address 1: * Street address 2:
 ZIP: * City: * County: * State: *
 Telephone: * Fax: *

Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments

AM Open Interval:

Monday *	Tuesday *	Wednesday *	Thursday *	Friday *
From: <input type="text"/>	From: <input type="text"/>	From: <input type="text"/>	From: <input type="text"/>	From: <input type="text"/>
To: <input type="text"/>	To: <input type="text"/>	To: <input type="text"/>	To: <input type="text"/>	To: <input type="text"/>

PM Open Interval:

Monday *	Tuesday *	Wednesday *	Thursday *	Friday *
From: <input type="text"/>	From: <input type="text"/>	From: <input type="text"/>	From: <input type="text"/>	From: <input type="text"/>
To: <input type="text"/>	To: <input type="text"/>	To: <input type="text"/>	To: <input type="text"/>	To: <input type="text"/>

For official use only:

VTrackS ID for this location, if applicable: Vaccines for Children (VFC) PIN, if applicable: IIS ID, if applicable:

Unique COVID-19 Organization ID (from Section A): Unique Location ID***:

** The jurisdiction's immunization program is required to create an additional unique Location ID for each location completing Section 8. The number should include the awardee jurisdiction abbreviation. For example, if an organization (Section A) in Georgia (e.g., GA123456A) has three locations (main location plus two additional) completing section 8, they could be numbered as GA123456B1, GA123456B2, and GA123456B3.

Step 7: Complete Section B: CDC COVID-19 Vaccination Program Provider Profile Information Continued

There are several sections covered in the Profile. Some fields will be brought over from the Intent Form. The different sections of the Profile include:

- COVID-19 Vaccination Provider Type for Location
- Settings Where Location Will Administer Vaccine
- Approximate Number of Patients Routinely Treated at Location
- Influenza Vaccination Capacity for Location
- Populations Served By Location
- Reporting Data to VIIS
- Estimated Number of Doses Capacity Per Unit Type
- Storage Unit Details
- Medical/Pharmacy Director or Vaccine Coordinator Contact Information and Attestation
- Listing of Providers with Prescribing Authority

Read carefully through the entire list to find your provider type. Choose the type of location for this provider from the below list. If Other is selected, please type in the description of the location.

COVID-19 vaccination provider type for this location (select one) *

<input type="radio"/> Commercial vaccination service provider	<input type="radio"/> Corrections/detention health services	<input type="radio"/> Health center – community (non-Federally Qualified Health Center/ non-Rural Health Clinic)
<input type="radio"/> Health center – migrant or refugee	<input type="radio"/> Health center – occupational	<input type="radio"/> Health center – STD/HIV clinic
<input type="radio"/> Health center – student	<input type="radio"/> Home health care provider	<input type="radio"/> Hospital
<input type="radio"/> Indian Health Service	<input type="radio"/> Tribal health	<input type="radio"/> Medical practice – family medicine
<input type="radio"/> Medical practice – pediatrics	<input type="radio"/> Medical practice – internal medicine	<input type="radio"/> Medical practice – OB/GYN
<input type="radio"/> Medical practice – other specialty	<input type="radio"/> Pharmacy – chain	<input type="radio"/> Pharmacy – independent
<input type="radio"/> Public health provider – public health clinic	<input type="radio"/> Public health provider – Federally Qualified Health Center	<input type="radio"/> Public health provider – Rural Health Clinic
<input type="radio"/> Long-term care – nursing home, skilled nursing facility, federally certified	<input type="radio"/> Long-term care – nursing home, skilled nursing facility, non-federally certified	<input type="radio"/> Long-term care – assisted living
<input type="radio"/> Long-term care – intellectual or developmental disability	<input type="radio"/> Long-term care – combination (e.g., assisted living and nursing home in same facility)	<input type="radio"/> Urgent care
<input type="radio"/> Other (Specify)		

This provider may vaccinate at one type of location or multiple. Please review list and how you intent to administer vaccines. Select all locations that apply to your intention.

Setting(s) where this location will administer COVID-19 vaccine (select all that apply) *

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

The first three fields on this tab will be brought over from the Intent Form. Review those numbers and update if needed, and complete the number of unique patients seen per week on average.

Approximate number of patients/clients routinely served by this location *

Number of children 18 years of age and younger: (Enter "0" if the location does not serve this age group.) Unknown

Number of adults 19 – 64 years of age: (Enter "0" if the location does not serve this age group.) Unknown

Number of adults 65 years of age and older: (Enter "0" if the location does not serve this age group.) Unknown

Number of unique patients/clients seen per week on average: Unknown

Not applicable (e.g., for commercial vaccination service providers)

Enter the number of influenza vaccine doses administered during the peak of 2019-20 influenza season. If you didn't administer influenza vaccine, enter 0.

Influenza vaccination capacity for this location *

Number of influenza vaccine doses administered during the peak (Enter "0" if the location does not serve this age group.) week of the 2019–20 influenza season: Unknown

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

Select all populations that apply that you treat at your location.

Population(s) served by this location (select all that apply) *

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

You need to have your VIIS Org Code to enter into the [List IIS Identifier] field.

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)? *

If YES [List IIS Identifier]:

If NOT, please explain planned method for reporting vaccine administration data to the jurisdiction's IIS or other designated system as required:

If NOT APPLICABLE, please explain:

Provide the number of 10-dose multidose vials your location is able to store during peak vaccination periods. Use numeric values rather than words. Select the **No capacity** box if you do not have the equipment to store at the referenced temperature below.

Estimated number of 10-dose multidose vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures: *

Refrigerated (2°C to 8°C):	<input type="checkbox"/> No capacity OR	Approximately	additional 10-dose MDVs
		<input type="text"/>	
Frozen (-15°C to -25°C):	<input type="checkbox"/> No capacity OR	Approximately	additional 10-dose MDVs
		<input type="text"/>	
Ultra-frozen (-60°C to -80°C):	<input type="checkbox"/> No capacity OR	Approximately	additional 10-dose MDVs
		<input type="text"/>	

Enter the brand/model/type of storage unites that will be used to store COVID-19 vaccine at this location. Enter the Name and Email address of the person that will attest that each of these units will maintain the appropriate temperature range as listed above.

Storage unit details for this location *

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

Medical/ Pharmacy Director or Location's Vaccine Coordinator:

Please provide the Medical/ Pharmacy Director or Location's Vaccine Coordinator information who can attest that each storage unit listed in the **Profile** will maintain the appropriate temperature range indicated on the **Profile** :

Last name: * **First name: *** **Middle initial:**

Email: *

I attest that each unit listed will maintain the appropriate temperature range indicated above (please sign and date):

Medical/pharmacy director or location's vaccine coordinator signature:

Date:

Enter in all persons with prescribing authority at this location. There are two ways to do this.

1. You can manually type each person into the grid. If you need more rows, click the **+** icon in the bottom right.
2. You can click the download template link to download an excel template. Once you complete the template with your listing select **Choose File to Upload**, select your file and then click the **Upload** button. The template is three columns as seen in the grid and can be created by the location as well. Once the file has uploaded, it should complete the grid with the information from the excel.

Finally select **Review** button to review the entire Agreement and Profile.

Providers practicing at this facility (additional spaces for providers at end of form): *

Instructions: List below all licensed healthcare providers at this location who have prescribing authority (i.e., MD, DO, NP, PA, RPh). [\(download template\)](#)

Provider Name	Title	License No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Choose File to Upload](#) + (Click '+' to add more Provider)

Review the entire Agreement and Profile and select the **Submit** button at the bottom of the screen. Once the Agreement and Profile is submitted, automated emails will be sent to the Medical Officer, Chief Executive Officer, and Medical/Pharmacy Director or Vaccine Coordinator that will attest to the vaccine units. Once these emails are signed, the names and dates of signatures will be saved in VERIP which will automatically complete the Enrollment Process for the provider.

CDC Agreement Requirements

I understand this is an agreement between Organization and CDC. This program is part of a collaboration under the relevant state, local, or territorial immunization program'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).¹

2. 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, Vaccine Administration Data) for reporting can be found on CDC's website.² Organization must submit Vaccine Administration Data through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements.² Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.

3. Organization must not sell or seek reimbursement for COVID-19 vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to Organization.

4. Organization must administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay COVID-19 vaccine administration fees.

5. Before administering COVID-19 vaccine, Organization must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.

6. Organization's COVID-19 vaccination services must be conducted in compliance with CDC's Guidance for Immunization Services During the COVID-19 Pandemic for safe delivery of vaccines.

7. Organization must comply with CDC requirements for COVID-19 vaccine management. Those requirements include the following: a) Organization must store and handle COVID-19 vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's Vaccine Storage and Handling Toolkit, which will be updated to include specific information related to COVID-19 vaccine; b) Organization must monitor vaccine storage unit temperatures at all times using equipment and practices that comply with guidance in CDC's Vaccine Storage and Handling Toolkit⁴; c) Organization must comply with each relevant jurisdiction's immunization program guidance for dealing with temperature excursions; d) Organization must monitor and comply with COVID-19 vaccine expiration dates; and e) Organization must preserve all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by state, local, or territorial law.

8. Organization must report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.

9. Organization must comply with all federal instructions and timelines for disposing of COVID-19 vaccine and adjuvant, including unused doses.⁵

10. Organization must report any adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS) (1-800-822-7967 or <http://vaers.hhs.gov/contact.html>).

11. Organization must provide a completed COVID-19 vaccination record card to every COVID-19 vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 vaccine shipment will include COVID-19 vaccination record cards.

12. a) Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 vaccine. b) Organization must administer COVID-19 vaccine in compliance with all applicable state and territorial vaccination laws.

This agreement expressly incorporates all recommendations, requirements, and other guidance that this agreement specifically identifies. Organization must monitor such identified guidance for updates. Organization must comply with such updates. 1

www.cdc.gov/vaccines/hcp/acip-recs/index.html 2 www.cdc.gov/vaccines/programs/iis/index.html 3
www.cdc.gov/vaccines/pandemic-guidance/index.html 4 www.cdc.gov/vaccines/hcp/admin/storage-handling.html 5 The disposal process for remaining unused COVID-19 vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under storage and handling conditions noted in Item 7 until CDC provides disposal instructions; website URL will be made available. 6 See Pub. L. No. 109-148, Public Health Service Act § 319F-3, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020).