Idaho Immunization Program

2012-2013 Provider Profile

Idaho Immunization Program (IIP)

PIN #

Public and Private providers participating in the Idaho Vaccines for Children (VFC) program **must complete this form annually**, and/or when the clinic information changes. For example: A private provider becomes a Federally Qualified Health Center (FQHC) or an organization's contact information changes.

Today's Date _____ (mm/dd/year) Employer's Identification Number: _____

Facility Name _____

Immunization Contact: _____ Phone Number: _____

Contact Email Address _____ Fax Number: _____

Physician-In-Charge of Immunizations: _____

Vaccine Shipping Address _____
Address City State Zip

Mailing Address _____
Address City State Zip

County: _____ Days and times vaccine may be delivered _____

Type of Facility: Please mark the ☐ (square) that correctly defines your facility type

- ☐ Public Health Department
- ☐ Rural Health Clinic (RHC)
- ☐ Other Public Facility
- ☐ Public Hospital
- ☐ Private Hospital
- ☐ Other Private Facility
- ☐ Private Practice (Individual or Group)
- ☐ Federally Qualified Health Center (FQHC)

Provider Type: Please mark the ☐ (square) that correctly defines your facility

- ☐ Pediatrics
- ☐ Family Practice
- ☐ Other (specify) _____

Children to be immunized for calendar year 2013

Report the number of children to be immunized at your facility during calendar year 2013 by age group (only count a child once even though they may be immunized several times during the year).

Children 0-18 yrs. of age	<1 Year Old	1-6 Years	7-18 Years	Total

Children in each VFC eligibility category

Of the total number for each age group above, how many children are expected to be VFC eligible, by category?

	<1 Year Old	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
Uninsured (no health insurance)				
American Indian/Alaskan Native				
Underinsured				
Total (Note: usually less than the total of children to be immunized)				

What type of data was used to determine the number of children to be immunized in 2013 for each VFC eligibility category?

- ☐ Benchmarking Data
- ☐ Registry Data (IRIS)
- ☐ Prior Ordering Data
- ☐ Medicaid Claims Data
- ☐ Vaccine Replacement Data
- ☐ Other _____
- ☐ Provider Encounter Data
- ☐ Doses Administered Data

If you have questions about this form please contact Idaho's Vaccines for Children Coordinator at (208) 334-4949.

Date Received: _____ Processed By: _____