Idaho Immunization Program

PIN #

2012-2013 VACCINES FOR CHILDREN

PARTICIPATING PHYSICIANS LIST

The Idaho Immunization Program is required by the Centers for Disease Control and Prevention to update the participating physicians list annually. Please complete the information for your organization. Current medical license information is required for vaccine to be shipped to your facility. The list should include **only people who administer vaccine and have prescription writing authority.**

Directions:

- Complete all data, including Medical License number, Medicaid number, and "type" of practice.
- Add a staff member by entering the person's information on the next available line.
- A separate sheet of paper may be used if needed

Name of Organization _____

Medical/Agency Director _____
(authorized to sign for the practice/agency) Last Name First Name MI

Medical/Agency Director's Email: _____

Last Name	First Name	MI	Title	Medical License #	Medicaid #	Type of Practice

Mail completed form to:
DEPARTMENT OF HEALTH AND WELFARE
IMMUNIZATION PROGRAM
PO BOX 83720
BOISE ID 83720-0036

IDAHO DEPARTMENT OF HEALTH & WELFARE