



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
 BUREAU OF IMMUNIZATIONS  
 VACCINES FOR CHILDREN PROGRAM  
**PROVIDER UPDATE**

930 Wildwood Drive  
 Jefferson City, MO 65109  
 800.219.3224 • Fax: 573.526.5220

Utilize this form to notify the Vaccines for Children (VFC) program of changes and/or updates within the facility/clinic. When the VFC program receives changes and/or updates, a VFC staff member will contact the clinic to address specific needs. Completing the check box indicates changes/updates. Complete and fax to 573.526.5220. Please feel free to contact the VFC program at 800.219.3224 with questions.

<b>PIN (REQUIRED)</b>	<b>MEDICAL DIRECTOR (REQUIRED)</b>	<b>MEDICAL DIRECTOR EMAIL ADDRESS (REQUIRED)</b>
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<input type="checkbox"/> <b>NEW NAME OF FACILITY/CLINIC</b>	<b>DATE</b>
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**NEW ADDRESS**

<input type="checkbox"/> <b>NEW TELEPHONE NUMBER</b>	<input type="checkbox"/> <b>NEW FAX NUMBER</b>
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<input type="checkbox"/> <b>NEW PHYSICIAN/NURSE PRACTITIONER NAME</b>	<b>TITLE</b>	<b>MEDICAL LICENSE #</b>	<b>MEDICAL PROVIDER/NPI #</b>

<input type="checkbox"/> <b>NEW VFC PRIMARY CONTACT NAME</b>	<input type="checkbox"/> <b>NEW VFC BACK-UP CONTACT NAME</b>
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<input type="checkbox"/> <b>VFC PRIMARY CONTACT EMAIL ADDRESS</b>	<input type="checkbox"/> <b>VFC BACK-UP CONTACT EMAIL ADDRESS</b>
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**REMOVE VFC CONTACT OR PHYSICIAN/NURSE**

**REFRIGERATOR OR FREEZER MOVED TO ANOTHER LOCATION**

**NEW REFRIGERATOR OR FREEZER (NEW UNITS MUST BE VALIDATED PRIOR TO STORING VFC VACCINE)**

**DELIVERY SCHEDULE Check all days and times the facility may receive vaccine. If closed during lunch hour, please specify.**

Tuesday From \_\_\_\_ To \_\_\_\_ (Closed for Lunch From: \_\_\_\_ To \_\_\_\_)  Thursday From \_\_\_\_ To \_\_\_\_ (Closed for lunch From \_\_\_\_ To \_\_\_\_)

Wednesday From \_\_\_\_ To \_\_\_\_ (Closed for Lunch From \_\_\_\_ To \_\_\_\_)  Friday From \_\_\_\_ To \_\_\_\_ (Closed for lunch From \_\_\_\_ To \_\_\_\_)

**FOR VFC STAFF USE ONLY** (Check, date and initial once completed.) **DATE:**

Updated:  Provider Contacted  IQM Notified  VTcks  SMV  Blast Fax  Database

Provider Type: \_\_\_\_\_

Facility Type:  Private  Public  Both Private or Public

Ages Served:  <1 year  1-6 years  7-18 years

Is this a specialty provider?  Yes  No

Is this an FOHC or RHC?  Yes  No

Legend: ✓ = Up-to-Date \* = Added X = Removed