NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

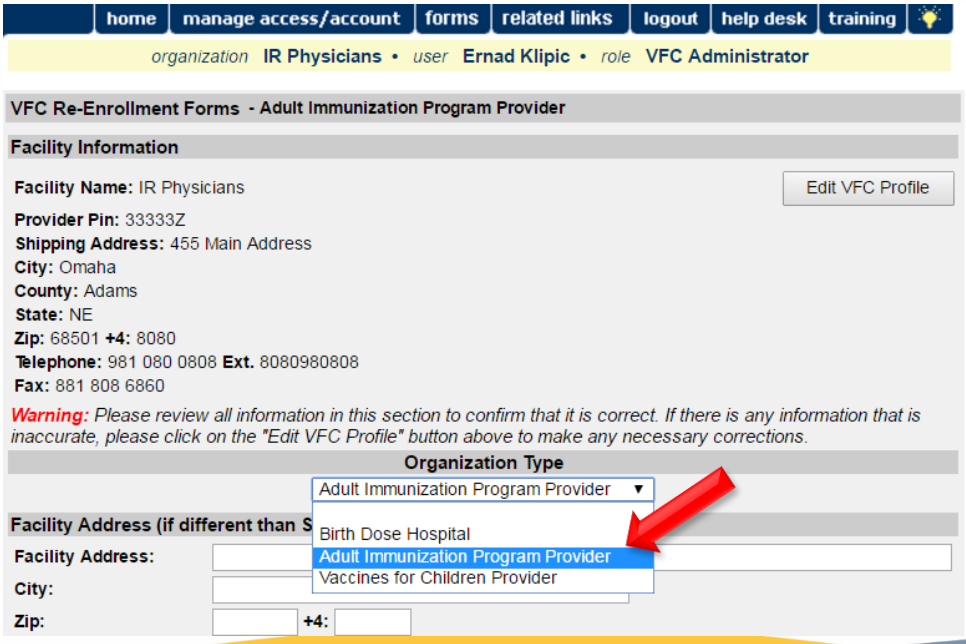
Adult Immunization Program Provider

VFC Provider Enrollment Agreement

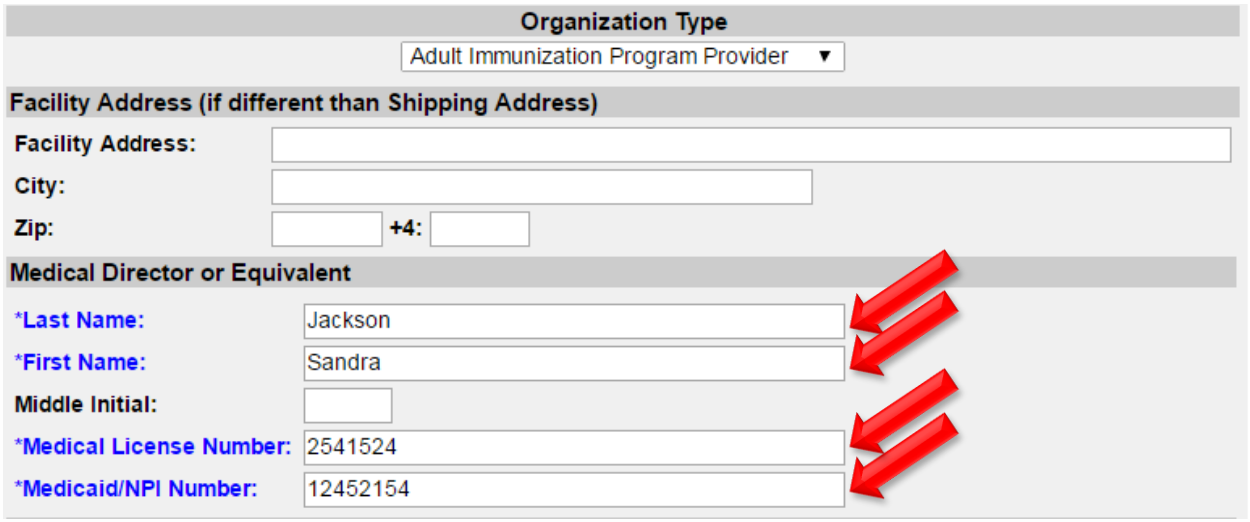
These directions are intended to provide step-by-step instructions for completing the Vaccines for Children (VFC) Program's annual re-enrollment, which is required for all participating VFC providers.

1. Click on the "**VFC RE-ENROLLMENT FORMS"**:

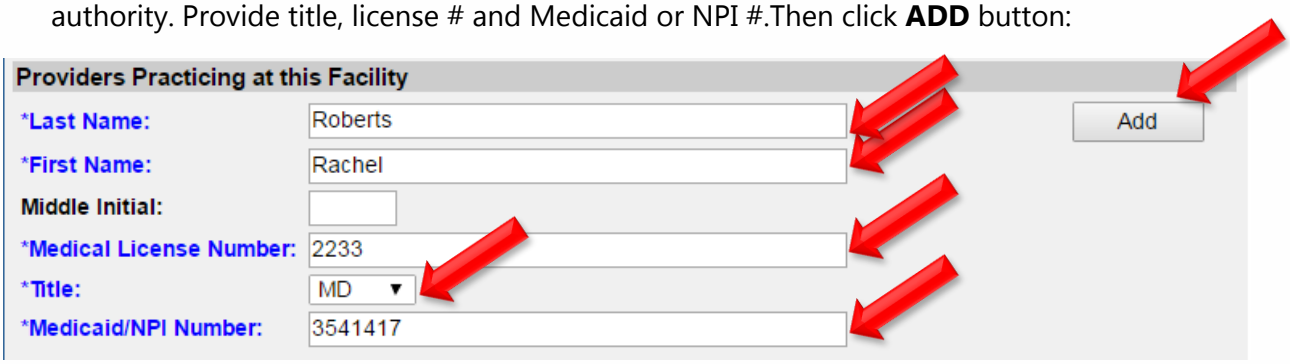
2. Please review all information in this section to confirm that it is correct. If there is any information that is inaccurate, please click on the "**Edit VFC Profile**" button above to make any necessary corrections. Then, in the dropdown list under "Organization Type", select **ADULT IMMUNIZATION PROGRAM PROVIDER**:



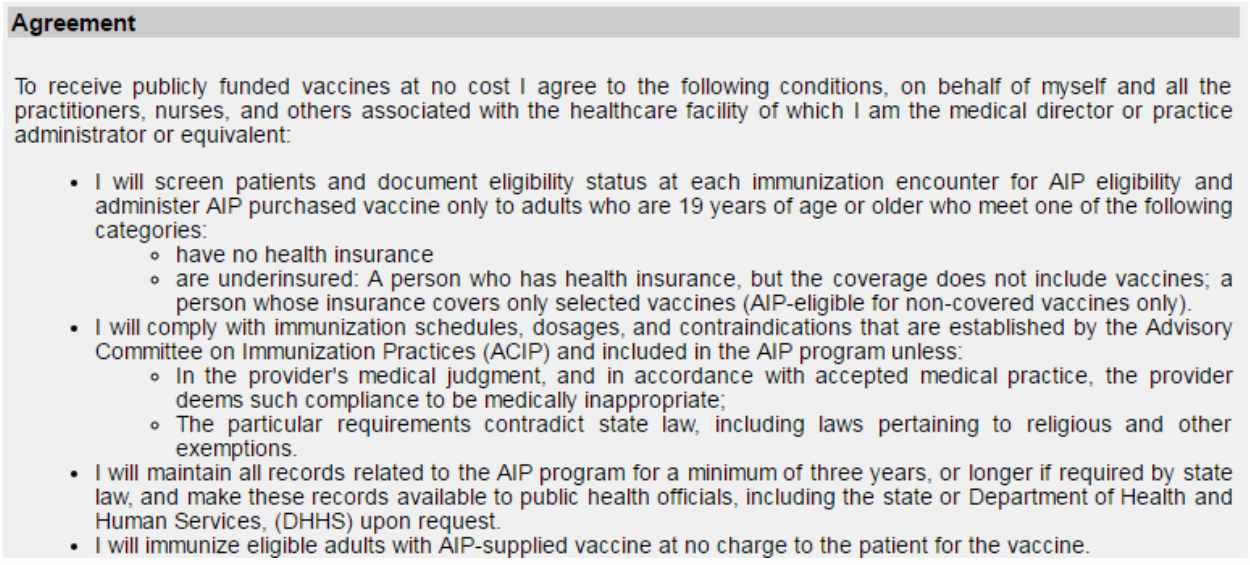
3. All fileds in **blue** are required:



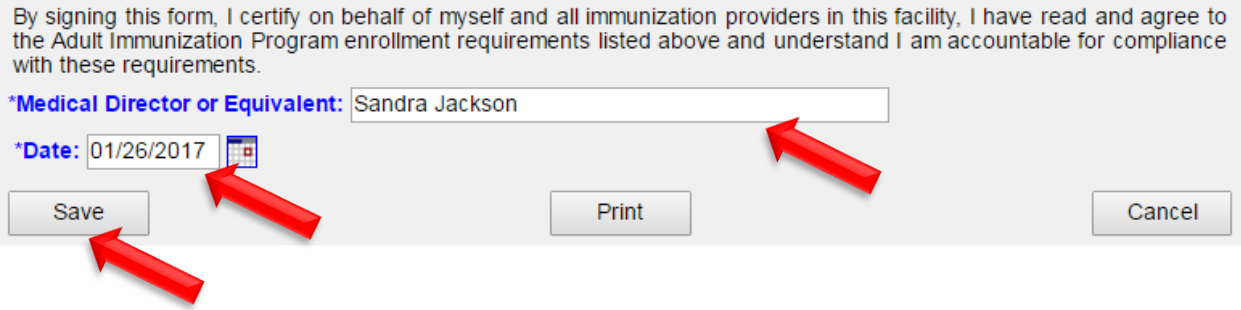
4. List all licensed health care providers (MD, DO) at your facility who have prescribing authority. Provide title, license # and Medicaid or NPI #.Then click **ADD** button:



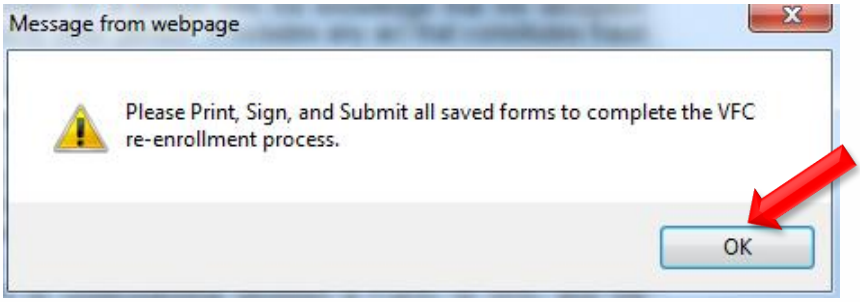
5. Please read the agreement carefully and make sure you fully understand its content.



6. To complete the form, please enter the Medical Director's name previously entered on the form and date and then click SAVE:



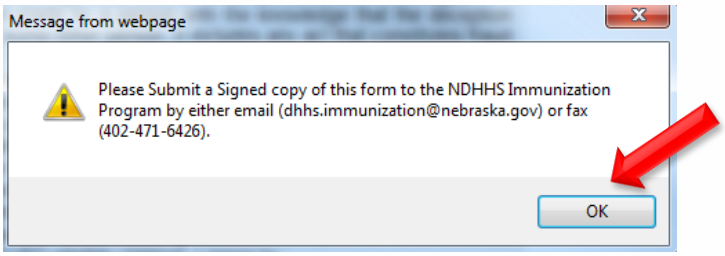
7. Now a pop-up message will appear. Click the OK button:



NOTE: If you click "Save" before completing the form, a pop-up box will display, stating "Warning: You have not completed this re-enrollment form. Saving now will not complete the re-enrollment process. You must complete and print all forms before online re-enrollment is completed."

8. Clicking on it will take you to the top of the page, scroll down the page and verify/update the listed information then click PRINT:

9. Selecting PRINT will display a pop-up box with the following message, "Please Submit a Signed copy of this form to the NDHHS Immunization Program by either email dhhs.immunization@nebraska.gov) or fax (402-471-6426)." Select the "OK" button to close the pop-up box:



Please review, print, sign, and fax the forms to the Immunization Program at 402-471-6426 or email it to dhhs.immunization@nebraska.gov.