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

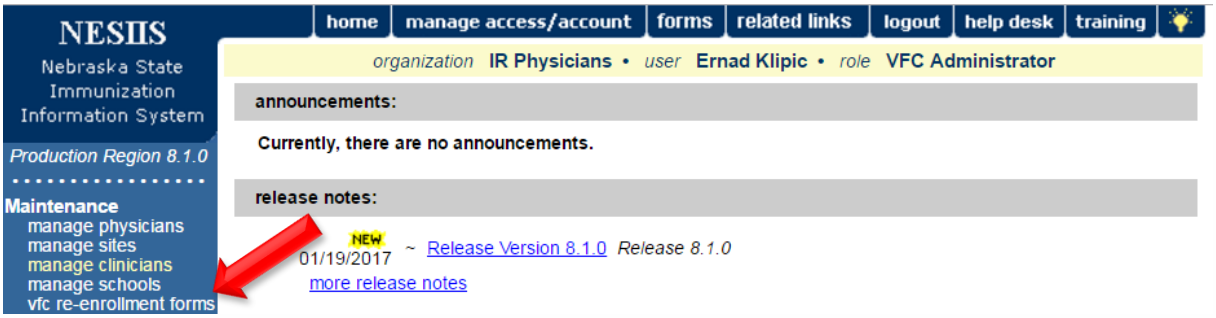
Pete Ricketts, Governor

Birth Dose Hospital

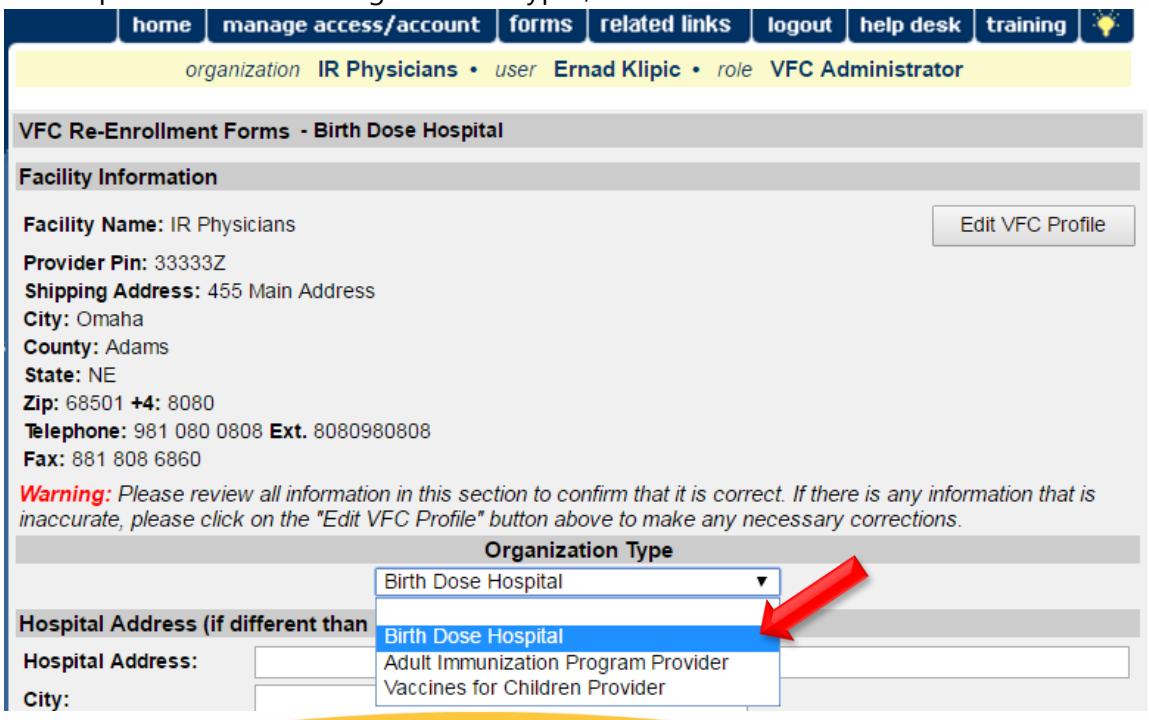
VFC Provider Enrollment Agreement

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.

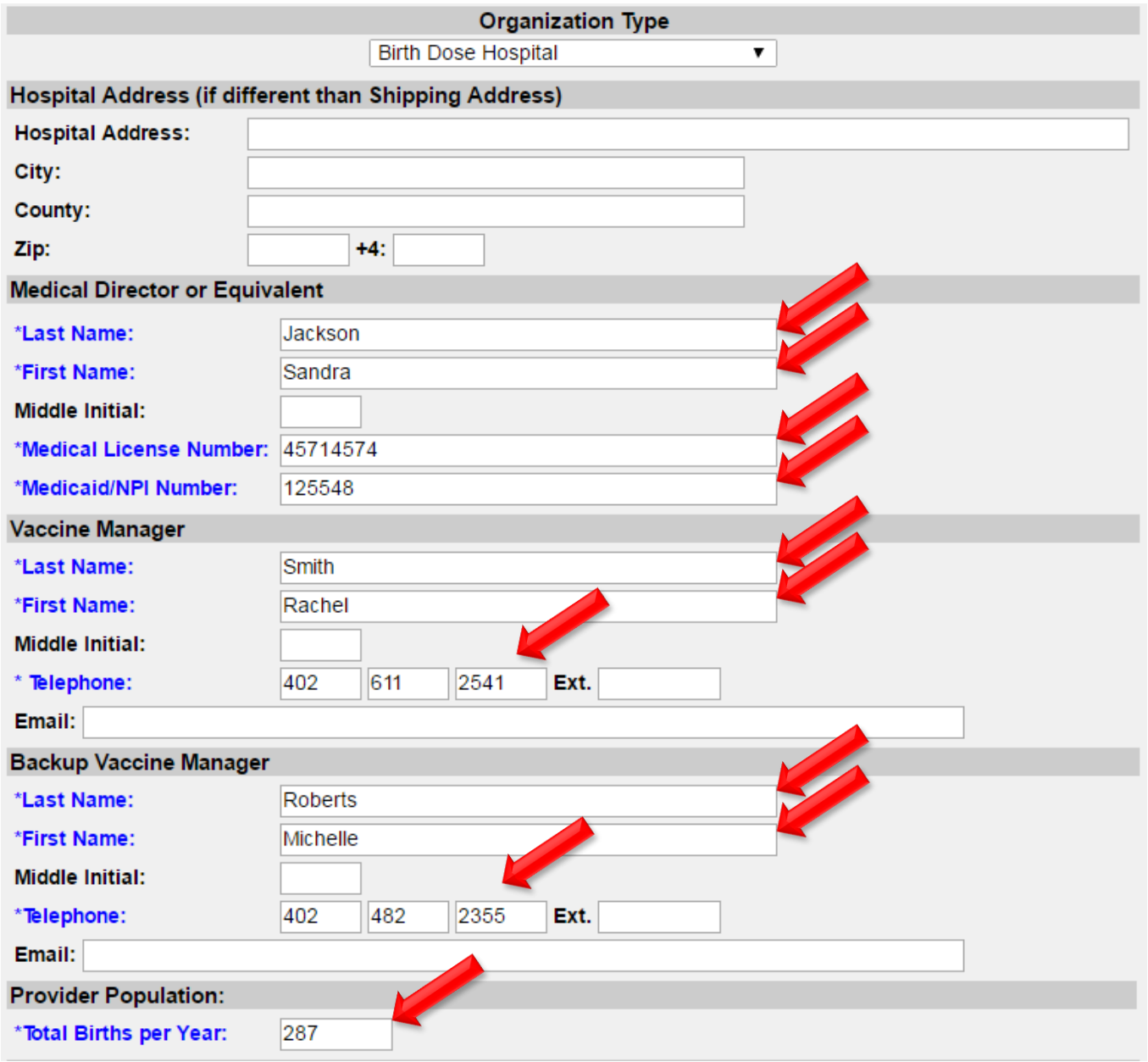
1. Click on the "**VFC RE-ENROLLMENT FORMS"**:



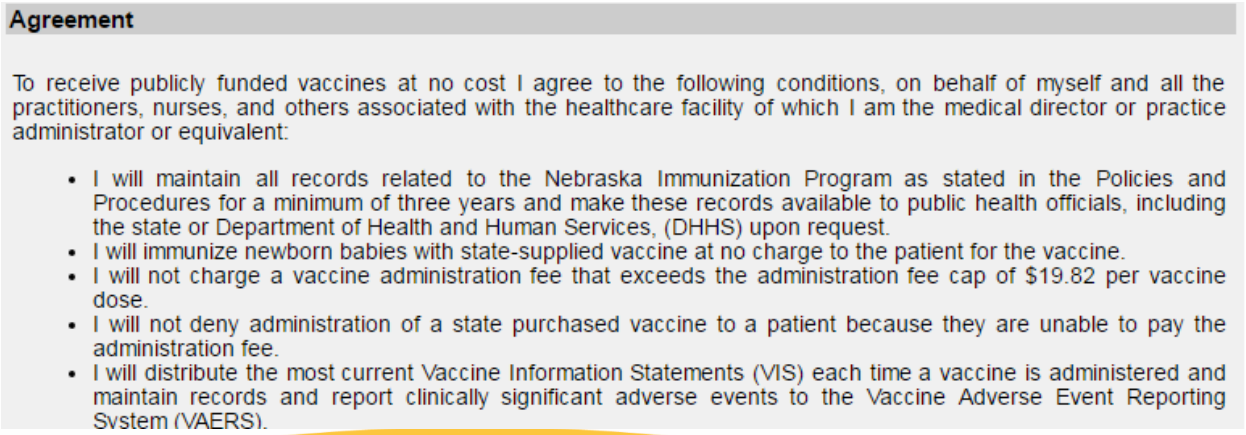
2. Please review all information in this section to confirm that it is correct. If there is any information that is inaccurate, please click on the "**Edit VFC Profile**" button above to make any necessary corrections. Then, in the dropdown list under "Organization Type", select **BIRTH DOSE HOSPITAL**:



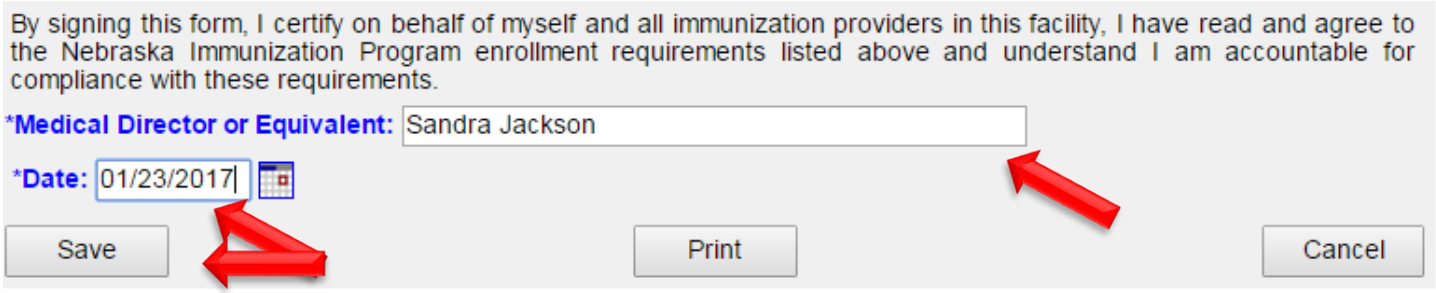
3. All fields in **blue** are required:



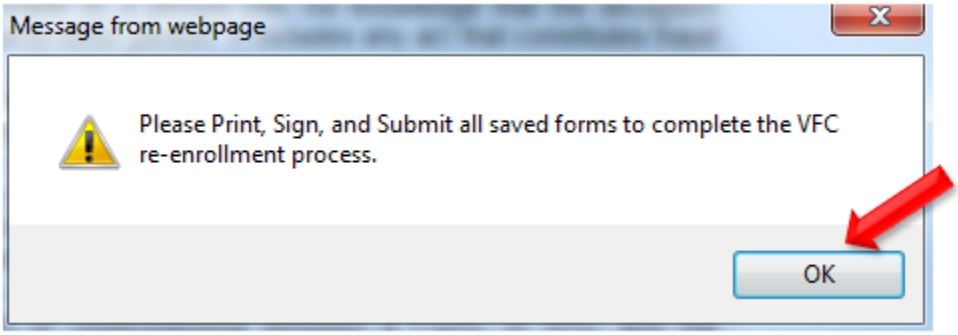
4. Please read the agreement carefully and make sure you fully understand its contents.



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

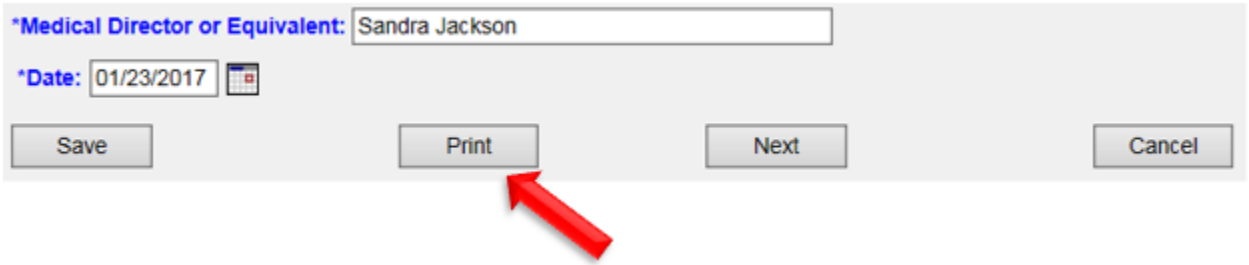


6. Now a pop-up message will appear. Click the OK button:



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."

7. 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:



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