

Connecticut Vaccine Program
2018 Provider Profile

Completed forms can be FAXED to: 860-509-8371 or EMAILED to: DPH.IMMUNIZATIONS@ct.gov

All public and private health care providers who receive vaccine from the Connecticut Vaccine Program (**CVP**) must complete this form. This document provides shipping information and helps to determine the amount of vaccine to be supplied. The form is also used to compare estimated vaccine needs with actual vaccine supply. The Connecticut Vaccine Program will keep this record on file with the SIGNED "Provider Agreement". The Provider Profile form must be updated annually or if: (1) the number of children change, or (2) the address of the facility changes. Complete one Provider Profile for each office/site/satellite.

Federal Employer Tax ID _____	Please Check One Re-Enrolling in CVP <input type="checkbox"/> New Provider <input type="checkbox"/>	PIN (If re-enrolling, your pin is required) _____
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Facility Name

Office Days and Hours Staff Available to Receive Vaccine Shipments

Monday	Tuesday	Wednesday	Thursday	Friday

Include any time during normal business hours when the office is closed and will not accept vaccine deliveries.

Type of Facility (check one)

<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Birthing Hospital	<input type="checkbox"/> Primary Care
<input type="checkbox"/> Federally Qualified Health Center (FQHC) or Federally Funded Rural Health Clinic (RHC)	<input type="checkbox"/> Private Practice (Individual or Group)	<input type="checkbox"/> OB/GYN
<input type="checkbox"/> School Based Health Center	<input type="checkbox"/> Hospital Clinic	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> STD/HIV Clinic	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Allergy
<input type="checkbox"/> Drug Treatment Facility	Specialty (check one)	<input type="checkbox"/> Urgent Care Center
<input type="checkbox"/> Family Planning Clinic	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Other (please specify)
	<input type="checkbox"/> Family Medicine	

Patient Enrollment and Insurance Status All practices must provide total patient enrollment numbers by age group and insurance status in order to receive vaccine from the CVP. New providers can give an estimate. Do not count a patient in more than one category and DO NOT use percentages. **Rows numbered 1 through 6 must equal the total patient enrollment by age group in row 7.**

	Birth to 1 yr.	1 - 6 yrs.	7 - 18 yrs.	Total
1. Number of Privately Insured Patients				
2. Number of Medicaid Enrolled Patients (HUSKY A)				
3. Number of Patients Without Insurance				
4. Number of Patients who are American Indian or Alaskan Native				
5. Number of S-CHIP Enrolled Patients (HUSKY B)				
6. Number of Underinsured Patients				
7. Total Number of All Patients in your practice who will be administered state supplied vaccine (must equal the sum total for rows 1-6 above)				

Data Source What data source was used to determine the total number of patients and insurance status provided above:

Immunization Information System Billing System Electronic Health/Medical Records Other _____

Storage Units Please indicate the type of storage unit(s) used to store state supplied vaccine (check all that apply). **Single Door Refrigerator & Freezer Unit (Dormitory Style) not permitted.**

Stand Alone Refrigerator Unit Stand Alone Freezer Unit. Double Door Refrigerator and Freezer Unit (top/bottom or side by side)

Temperature Monitors Indicate type of thermometer used in each storage unit. **As of January 1, 2018 data loggers are required.**

Refrigerator:

CVP Supplied Digital Data Logger (Berlinger) Serial Number _____ Expiration Date: _____ Other Digital Data Logger

Freezer:

CVP Supplied Digital Data Logger (Berlinger) Serial Number _____ Expiration Date: _____ Other Digital Data Logger

Specify if not currently using a data logger: _____

Please remember to sign the accompanying "Provider Agreement"

State of Connecticut, Department of Public Health, 410 Capitol Avenue, M.S. # 11MUN Hartford, CT 06134-0308 Phone: 860-509-7929 Fax: 860-509-8371 Revised 10/10/17