

# Childhood Vaccine Program

Office of Immunization | (360) 236-2829 | [doh.wa.gov/cvp](https://doh.wa.gov/cvp) | [wachildhoodvaccines@doh.wa.gov](mailto:wachildhoodvaccines@doh.wa.gov)

## Provider New Enrollment Checklist

Providers interested in enrolling in the Washington State Childhood Vaccine Program must review the following information and **submit all required documentation prior to scheduling an enrollment visit.**

### 1. Review Vaccine Storage Unit & Thermometer Requirements

\*Please contact us for guidance prior to purchasing equipment. Provider must have the required equipment installed prior to scheduling an enrollment visit.

- [Vaccine Storage Unit Guide](#): Must have pharmaceutical grade storage units or commercial stand-alone refrigerators and freezers. Pharmaceutical grade is strongly recommended.
- [Thermometer Guide](#) and [Temperature Monitoring Guidelines](#): Must have digital data loggers or continuous monitoring systems. Required to have one thermometer per storage unit and at least one back-up thermometer per site.

### 2. Review Program Requirements

\*Must be able to meet all program requirements and agree to comply with program policies.

- Review all program requirements in the [Provider Enrollment Agreement](#).
- [Vaccine Loss Policy](#): Outlines processes and repercussions for vaccine losses.
- [Eligibility for Publicly Funded Vaccines – A Guide for Providers](#): Must screen and document patient eligibility status before administering publicly supplied vaccines.
- [Washington Vaccine Association \(WVA\)](#): Must verify ability to submit Dosage-Based Assessments as outlined by the WVA for children with private/commercial health insurance. **Enrollment of Direct Care Practices are currently on hold pending review of state rules related to billing practices.**

### 3. Complete required training:

- Primary and back-up vaccine coordinators must complete the **DOH New Vaccine Coordinator Training Modules 1-8**. Follow these [instructions](#) to obtain and print training certificates.

### 4. If clinic meets requirements, email the following documentation to [WACHildhoodVaccines@doh.wa.gov](mailto:WACHildhoodVaccines@doh.wa.gov)

- [Provider Enrollment Agreement](#)
  - Agreement must be completed in full and signed (original or electronic signature) by a health care practitioner authorized by law to prescribe and administer pediatric vaccines in Washington State.
  - Pharmacies must have a collaborative drug therapy agreement in place with a provider who has an active and valid WA State medical license.
- Complete the digital [Immunization Information System \(IIS\) Sharing Agreement](#) if your organization does not already participate in the IIS (see the [participating organizations list](#)).
- Complete all sections of the [Vaccine Management Plan](#) template.
- Provide certificates of calibration for primary refrigerator and freezer thermometers and a back-up thermometer.
- Provide 3-5 days of downloaded thermometer data and completed [DOH Temperature Monitoring Log](#) showing stable, in-range temperatures.
- Provide the primary and back-up coordinator DOH New Vaccine Coordinator Modules 1-8 training certificates.
- Complete verification of Dosage-Based Assessment submission with WVA.

**Questions? Contact [WACHildhoodVaccines@doh.wa.gov](mailto:WACHildhoodVaccines@doh.wa.gov) or (360) 236-2829.**