

COVID-19 Vaccine Provider Disenrollment Form

Please contact the COVID-19 Vaccine Program at COVID.Vaccine@doh.wa.gov to begin the disenrollment process.

Facility Information			
Facility Name:		PIN:	
Facility Address:			
City:	County:	State: WA	Zip:
Contact Person:		Telephone:	
Date of Disenrollment:		Facility Type:	
Disenrollment			
COVID-19 Vaccine Program Disenrollment Steps:			
<input type="checkbox"/> By checking this box, I acknowledge that the COVID Vaccine Program is ending. I attest to the following as part of the disenrollment process:			
<input type="checkbox"/> I will no longer store unauthorized COVID-19 Vaccine at this location			
<input type="checkbox"/> No unauthorized COVID-19 Vaccine will be administered at this location			
<input type="checkbox"/> I will dispose of all unauthorized doses following local protocols			
<input type="checkbox"/> I will report these doses as waste in the IIS using the following reason: → Category > Expired, Reason > Open Multidose Vial			
<p>Please note: The COVID-19 Vaccine Program is ending, and all providers will be disenrolled by October 1, 2023. For future access to COVID-19 Vaccine, please consider enrolling in one or both regular DOH Vaccination Programs. For more information and to submit an enrollment application, see Childhood Vaccine Program and/or Adult Vaccine Program programs.</p>			
Sign & Submit Disenrollment			
Submit completed form to COVID.Vaccine@doh.wa.gov			
Additional questions regarding CVP and/or AVP enrollment can be sent to the respect program emails. WAChildhoodVaccine@doh.wa.gov or WAAAdultVaccines@doh.wa.gov .			
Person Submitting Document:			
Signature:			

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.