New Jersey Department of Health and Senior Services
Vaccine Preventable Disease Program
PO Box 369
Trenton, NJ 08625-0369

CHILDHOOD IMMUNIZATION GRANT
VACCINES FOR CHILDREN (NJVFC) PROGRAM
PROVIDER PROFILE (PEDIATRICS)

All public and private health care providers approved by the State for participation in the Vaccines for Children (NJVFC) Program must complete this form. This document provides shipping information and helps the State determine the amount of vaccine to be supplied through the NJVFC Program. The form also may be used to compare projected vaccine needs with actual vaccine supply. The New Jersey Vaccine for Children Program will keep this record on file with the "Provider Enrollment" form. The Provider Profile form must be updated annually or more frequently if: (1) estimates of children served changes, or (2) the status of the facility changes. The form is to be completed for each provider site location and this form may be completed by one provider for the entire practice.

A. Provider ID Number (PIN)	New Provider? ☐ Yes ☐ No	Enrolled in NJIIS? ☐ Yes ☐ No

B. Name of Facility or Provider

C. Name of Contact Person (Last, First, MI)

D. Vaccine Delivery Address **(NO PO BOX OR HOME ADDRESS)**

Street Address: ______________________

City, State, Zip: ______________________ County: ____________

E. Office Hours when Vaccine Deliveries can be Accepted:

Telephone Number ( )	Fax Number ( )	Email Address **(Mandatory)**

E. Names of Other Physicians at the provider site who will also administer vaccines as VFC Program participants **(Please fill out IMM-26A form attached.):**

F. Type of Facility **(Check Only One)**:

- 10 ☐ Public Health Department
- 12 ☐ Public Hospital
- 16 ☐ Other Public
- 20 ☐ Private Practice
- 22 ☐ Private Hospital
- 24 ☐ Other Private
- 25 ☐ Federally Qualified Health Center (FQHC)
- 32 ☐ Other Immunization Projects

	<1 Year Old	1-6 Years Old	7-18 Years Old	Total
G. NOTE: For a 12-month period, project the total number of children who will receive vaccinations at your practice/clinic:	______	______	______	______

H. Of the total numbers entered in Section G, estimate how many children are expected to be **NJVFC eligible** because they are:	<1 Year Old	1-6 Years Old	7-18 Years Old	Total
Enrolled in Medicaid and NJ Family Care (Plan A, B, C, D)	______	______	______	______
Without any Health Insurance	______	______	______	______
American Indian or Alaskan Native Underinsured	______	______	______	______
TOTALS (FOR SECTION “H” ONLY):	______	______	______	______

I. Type of data used to determine projected number of children served in Section G and Section H:

- ☐ Doses Administered Data
- ☐ Medicaid Patient List
- ☐ Provider Encounter Data
- ☐ Registry Data
- ☐ Other (Specify): ______________________

J. In case of a power failure, is a back-up generator on site? ☐ Yes ☐ No If Yes, submit form.	Is there a back-up plan for storage of vaccines? ☐ Yes ☐ No If Yes, submit form.

Signature	Date