

**New Jersey Department of Health and Senior Services
Vaccine Preventable Disease Program**

**PO Box 369
Trenton, NJ 08625-0369**

**CHILDHOOD IMMUNIZATION GRANT-VACCINES
VACCINES FOR CHILDREN PROGRAM
PROVIDER DISENROLLMENT REQUEST**

Provider ID Number (PIN) (3-5 digits)

County

Please print or type.

Name of Physician's Office, Practice, Clinic, etc.		Date	
Street Address		City	Zip Code
Name of Contact Person		Telephone Number ()	Fax Number ()
Reason for Disenrollment <input type="checkbox"/> Closing Office <input type="checkbox"/> No longer seeing VFC-eligible children <input type="checkbox"/> Other (specify): _____		Effective Date	

Vaccine (Specify Type, e.g., DTaP, etc.)	Number of Doses (VFC Only) Used Since Last Order. (Enter "0" if None)	Vaccine Inventory				Disposition Transaction Code (See below)
		Number of Doses (VFC Only) On Hand	Manufacturer	Lot Number	Expiration Date	

Additional Information:

Note: You are responsible for all of the VFC vaccine you have received. Therefore, you will need to account for any missing doses of VFC vaccine by correcting your vaccine usage or replacing the missing VFC vaccine doses.

Transaction Codes (Enter one of these codes into the column above. Provide additional information as required.)

- 1 - Viable Vaccine / Returned to VFC Program
- 2 - Viable Vaccine / Transferred to Another VFC Provider
- 3 - Spoiled Vaccine / Returned to VFC Program
- 4 - Expired Vaccine / Returned to VFC Program

Instructions: Fax (609-826-4867) or mail this form to the NJVFC office BEFORE the date of your disenrollment. A NJVFC Program Representative will contact you regarding the disposition of VFC vaccine.

Signature	Date
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