

Pennsylvania Immunization Program

## 2025 VFC Reenrollment Guide

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## What to do if You Have Questions or Need Help with 2025 VFC Reenrollment

The Pennsylvania Immunization Program (Program) strives to ensure Vaccines for Children (VFC) Program providers have the support they need with all aspects of the VFC program. Several resources are available for help with 2025 VFC Reenrollment:

- This 2025 VFC Reenrollment Guide (Guide) provides comprehensive instructions with screenshots for completing the 2025 VFC Reenrollment Template (Template) in the Pennsylvania Immunization Electronic Registry System (PIERS). This Guide is the first place you should check for answers to your questions.
- A web-based, self-study e-learning course titled VFC Reenrollment Guide is available on [TRAIN PA](#). This optional training course goes over how to fill out each section of the Template.
- The recording of the VFC Program 2025 Reenrollment All Provider Call held on March 21, 2025, is available on [TRAIN PA](#). The PowerPoint presentation from the call is available on the [VFC webpage](#) under Reenrollment.
- The VFC Program 2025 Reenrollment All Provider Call Frequently Asked Questions (FAQ) is available on the [VFC webpage](#) under the Reenrollment section.
- Bureau of Immunizations (BOI) staff are available to help you. The best and fastest way to get help from BOI staff with 2025 VFC Reenrollment is to email the VFC Resource Account (RA) [RA-pavfc@pa.gov](mailto:RA-pavfc@pa.gov). **Please be sure to include the VFC provider identification number (PIN) for the Template you are working on.** We will not be able to help you until we know your PIN.
  - Multiple staff have been specifically trained to help providers with 2025 VFC Reenrollment and have dedicated time to monitor the RA and respond to questions.
  - The VFC RA is monitored from 8:00 AM to 4:30 PM Monday through Friday.
  - If you include your PIN and a brief description of the issue you are experiencing, in most cases staff will be able to resolve your issue without additional emails. You will receive a confirmation email that your issue has been resolved.
  - In some cases, staff will need to reply to your email to ask for additional information.
- BOI staff are also available to help you via phone call at 1-888-646-6864, but please be aware that we will not be able to assist as quickly as we can via email.
  - If you need to leave a voicemail, **please be sure to include your PIN** and a brief description of your issue so that staff can be prepared to assist you when they return your call.
  - With your PIN and a description, in many cases staff will be able to resolve your issue before even returning your call.
- BOI staff are also available to assist you via Teams call or meeting if the screenshare option is needed to provide help with your 2025 VFC Reenrollment.
  - Teams calls or meetings will need to be scheduled in advance.
  - A vast majority of questions and issues can be resolved without this level of assistance.

## Who Should Complete the 2025 VFC Reenrollment Template in PIERS

The Template must be completed in PIERS by every VFC clinic that enrolled before January 1, 2025. If you enrolled on or after January 1, 2025, you do not need to complete 2025 VFC Reenrollment. Only one Template needs to be submitted for each clinic.

Only the vaccine primary coordinator, the vaccine back-up coordinator, or the medical director for the VFC clinic can complete the Template in PIERS. If you are not listed in PIERS as one of those roles in the clinic's staff information, you will not be able to access the Template or check off on the policy acknowledgement form or provider agreement to complete the Primary Agreement and Secondary Agreement sections of the Template. With those sections incomplete, you will not be able to submit the Template.

No faxed or emailed materials will be accepted or reviewed for 2025 VFC Reenrollment. Everything must be completed exclusively in PIERS.

## Accessing the 2025 VFC Reenrollment Template in PIERS

The first time you access the Template in PIERS, you will need to add it for your clinic. You will only need to add it once.

1. On the [PIERS homepage](#) ensure you enter the PIN for the clinic you are completing reenrollment for in the Default Provider/Clinic search bar at the top of the page. If you are the vaccine coordinator for more than one clinic and will be completing reenrollment for all of your clinics, you will need to check which clinic is currently set as your default clinic whenever you log in to PIERS to make sure you are working on the correct Template.

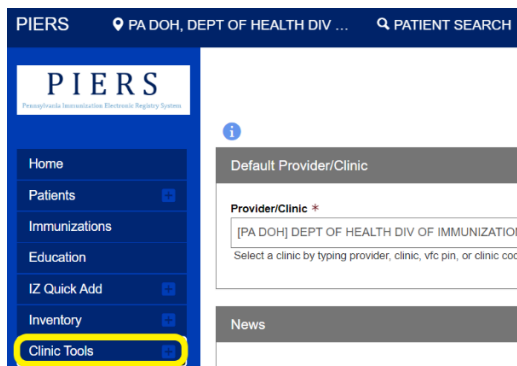
Default Provider/Clinic

Provider/Clinic \*

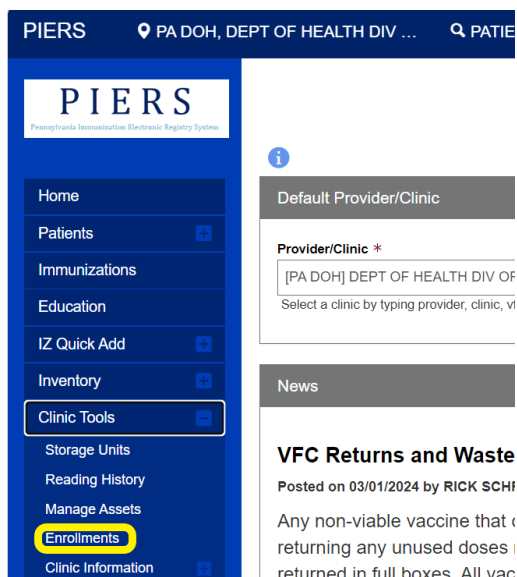
[PA DEPT OF HEALTH] DEPT OF HEALTH BUREAU OF IMMUNIZATIONS - [REDACTED]

Select a clinic by typing provider, clinic, vfc pin, or clinic code

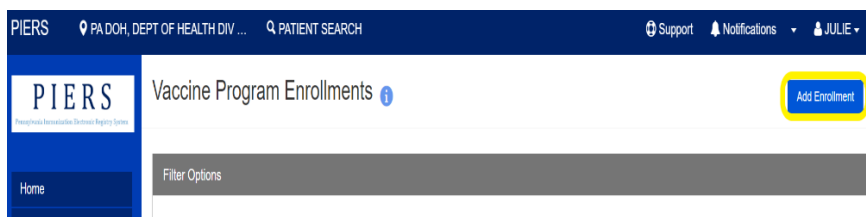
2. On the PIERS homepage, click on Clinic Tools.



3. Then click on Enrollments.



- This will take you to the Vaccine Program Enrollments page. Click on Add Enrollment in the upper right-hand corner of the screen.



If you do not see the Add Enrollment button, make sure you have one of the correct contact types in PERS to complete the Template. The correct contact types include:

- Physician Signing Agreement (Z3 – VFC/VTrckS)
- Non-physician Contact (Primary) (Z4 – VFC/VTrckS)
- Non-physician Contact (Back-up) (Z5 – VFC/VTrckS)
- Physician Contact (Primary) (Z6 – VFC/VTrckS)
- Physician Contact (Back-up) (Z7 – VFC/VTrckS)

If you have confirmed you have one of the correct contact types and you still do not see the Add Enrollment button, your PERS username has not been associated to your clinic. Please email the PERS user account resource account [ra-dhpiersuseracct@pa.gov](mailto:ra-dhpiersuseracct@pa.gov) with your name and PERS username and your clinic's VFC PIN to request your PERS username be associated to your clinic. Once your username has been associated to your clinic, you will be able to see and click the Add Enrollment button.

- Clicking on Add Enrollment will bring up the 2025 VFC Reenrollment Template. Click on Select Template.

### Active Templates Cancel

Filter Options

Title

Program

ALL

Activity

ALL

Filter

Title <small>(Click the Title link to view full description.)</small>	Program	Activity	Action
<a href="#">[REDACTED] VFC REENROLLMENT</a>	VFC	ENROLLMENT RENEWAL	SELECT TEMPLATE

You will only need to add the Template one time. Once you have saved your progress, if you need to access your Template again you will repeat steps 1 through 3 only. Then go to step 4. below.

6. This will take you to the Vaccine Program Enrollments page. Click Filter.

### Vaccine Program Enrollments Add Enrollment

Filter Options

**Date Range**

**Start Date \***   **End Date \***

**Provider / Clinic \***

Select a clinic by typing provider, clinic, vfc pin, or clinic code

**Status**

ALL

**Title**

Include Inactive Titles

**Program**

**Activity**

Filter

7. This will bring up your in-progress Template with NOT SUBMITTED status. Click VIEW.

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Program	Activity	Audit	Action
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	VIEW
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	VIEW
02/28/2024		PA DEPT OF HEALTH	DEPT OF HEALTH BUREAU OF IMMUNIZATIONS	NOT SUBMITTED		[REDACTED] VFC REENROLLMENT	VFC	ENROLLMENT RENEWAL	?	VIEW

## How to Save Progress

Providers are strongly encouraged to save their progress frequently. Some sections will not show as completed until your progress has been saved. To save, click on Save Progress in the upper right-hand corner of the screen.

### Vaccine Program Enrollment ? i

Cancel Print **Save Progress** ▼

Clinic: DEPT OF HEALTH BUREAU OF IMMUNIZATIONS

Template: ████ VFC REENROLLMENT

Status: NOT SUBMITTED

Begin the enrollment by reviewing the Enrollment Guide (if it is present for the enrollment), then fill-out all remaining sections saving progress frequently. When all sections are complete, press Submit Form to submit the enrollment.

Please note that all clinic and staff change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

- ⚠ Enrollment Guide - Incomplete +
- ⚠ Assets - Incomplete +

## 2025 VFC Reenrollment PIERS Template Sections

### Overview

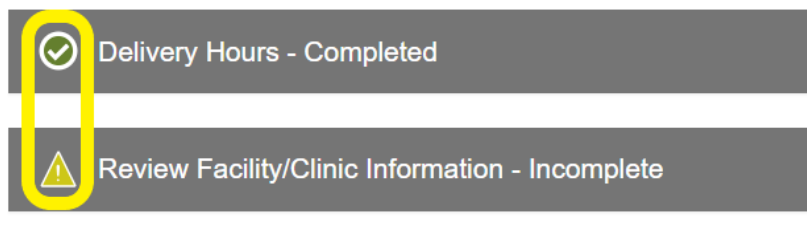
All sections of the Template are required and must be completed except the Comments section, which is only required for providers who do not see any privately or commercially insured patients of any age. The Comments section is a space where providers can add comments in Clinic Comments for BOI staff who review reenrollments. The Comments section is also a space where BOI staff can add comments under Jurisdiction Comments for providers. More information about this section can be found in the Comments section and the What to do if Your 2025 VFC Reenrollment Template Is Rejected sections of this Guide.

Each section of the Template consists of a collapsible box. To complete each section, click on the plus (+) to expand the section.

- ⚠ Enrollment Guide - Incomplete +
- ⚠ Assets - Incomplete +
- ⚠ Required Staff And Staff Training - Incomplete +
- ✔ Delivery Hours - Completed +
- ⚠ Review Facility/Clinic Information - Incomplete +
- ⚠ Vaccines Offered - Incomplete +

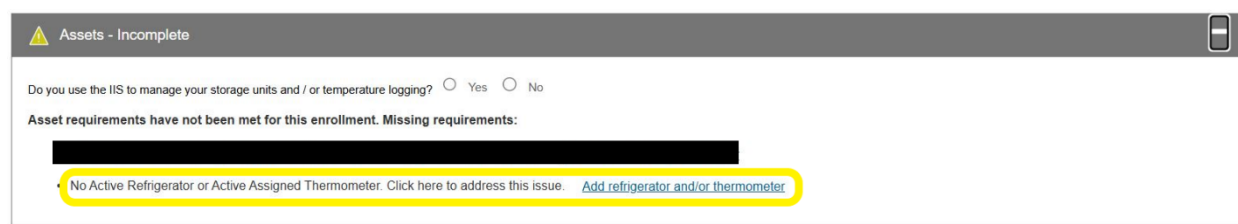
Incomplete sections are indicated by a yellow caution mark. Complete sections are indicated by a green check mark.





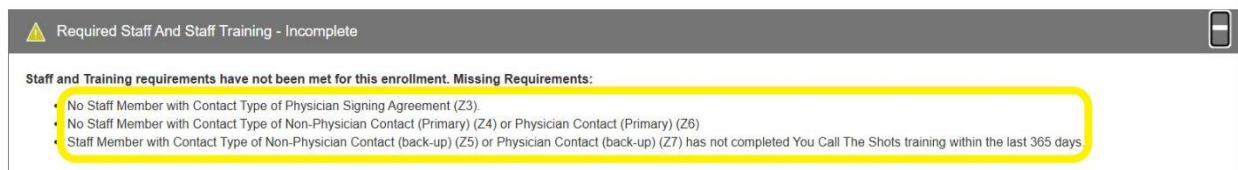
If a section of the Template is incomplete, read the text in the section to see what information is missing.

Example:



In the Assets – Incomplete screenshot above, the text reads, “No Active Refrigerator or Active Assigned Thermometer.” This section is incomplete because the refrigerator storage unit has not been added to PIERS, and no thermometer, meaning Digital Data Logger (DDL), with current certificate of calibration has been added to PIERS and assigned to the refrigerator storage unit. Detailed information on completing the Assets section of the Template can be found in the Assets section of this Guide.

Example:



In the Required Staff and Staff Training – Incomplete screenshot above, the text reads,

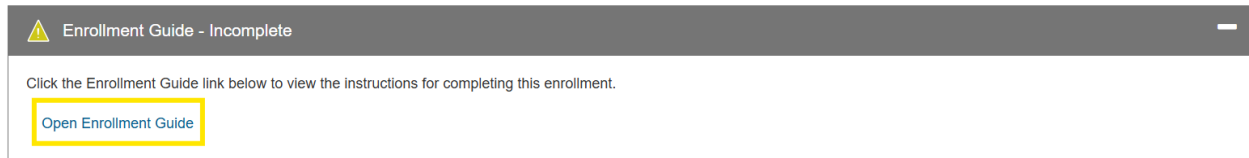
- “No Staff Member with Contact Type of Physician Signing Agreement (Z3).
- No Staff Member with Contact Type of Non-Physician Contact (Primary) (Z4) or Physician Contact (Primary) (Z6).
- Staff Member with Contact Type of Non-Physician Contact (back-up) (Z5) or Physician Contact (back-up) (Z7) has not completed You Call The Shots training within the last 365 days.”

This section is incomplete because the medical director has not been added to the Clinic Staff or is listed with an incorrect contact type, the primary vaccine coordinator has not been added to the Clinic Staff or is listed with an incorrect contact type, and the back-up vaccine coordinator has been added with a correct contact type but 2025 You Call the Shots certificates of completion have not been uploaded to PIERS for this coordinator. Detailed information on completing the Required Staff And Staff Training section of the Template can be found in the Required Staff And Staff Training section of this Guide.

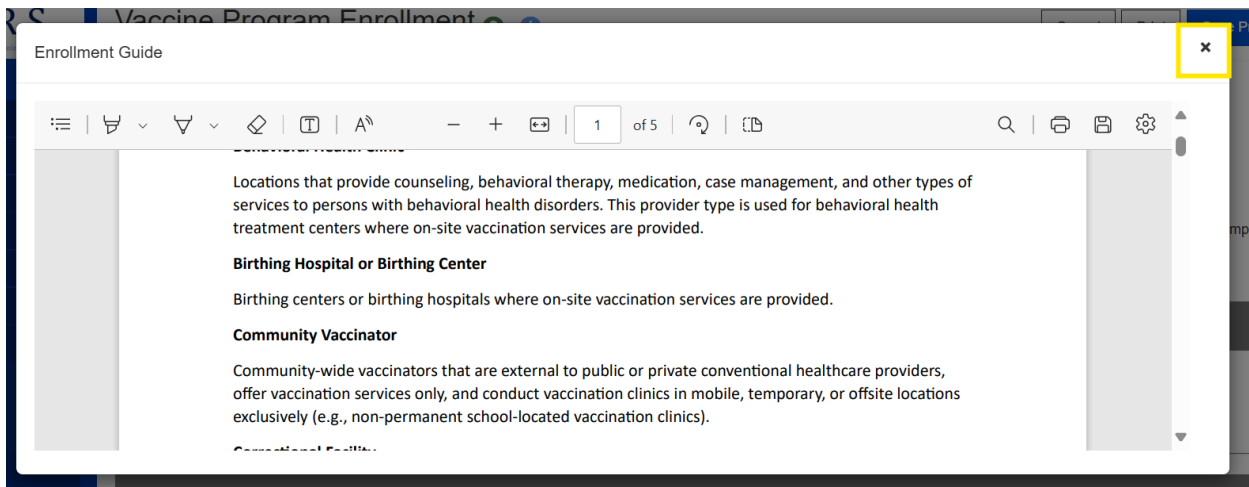
## Enrollment Guide

The Enrollment Guide section contains this Guide, which is also available on the [PIERS homepage](#) and the [VFC webpage](#) under the Reenrollment section. The Guide contains detailed instructions for completing the Template in PIERS.

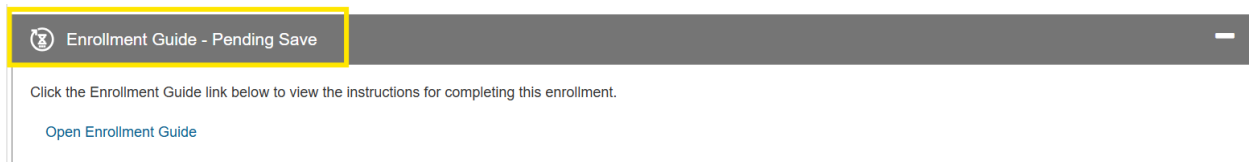
To complete this section, click Open Enrollment Guide to open a popup window containing this guide.



Close the pop-up window.



This section will now be complete after your progress is saved.



## Assets

For 2025 VFC Reenrollment, providers must have all their vaccine storage units (all refrigerators and freezers if applicable) and DDLs with current certificates of calibration for each unit and at least one back-up DDL with current certificate of calibration added to PIERS in the Manage Assets section under Clinic Tools.

The top screenshot shows a sidebar menu on the left with items: Home, Patients, Immunizations, Education, IZ Quick Add, Inventory, **Clinic Tools** (highlighted in yellow), and Program Tools. The main content area has a 'Default Provider/Clinic' section with a 'Provider/Clinic \*' dropdown menu containing '[PA DEPT OF HEALTH] DEPT OF H' and a 'News' section with a 'FluMist Replacement Pr' article.

The bottom screenshot shows the same sidebar menu with 'Manage Assets' highlighted in yellow. The main content area shows a 'FluMist Replacem' article posted on 12/19/2024 by LI, with text: 'The Replacement doses, at no cost, with McKesson Sn'.

Providers are not required to log their temperatures in PIERS. If you receive notifications in PIERS that your temperature readings are overdue, please see User Defaults – Manage Email Notifications in the Appendix of this Guide for instructions on turning off that notification.

All VFC Providers are required to select Yes to answer the question, “Do you use the IIS to manage your storage units and / or temperature logging?” If you select No, your Template will be rejected. PIERS is the immunization information system (IIS) for Pennsylvania VFC (excluding Philadelphia). This question is asking if you have your storage units and DDLs added to PIERS.

The screenshot shows a mobile application interface with a warning message: **Assets - Incomplete**. Below the warning, there is a question: "Do you use the IIS to manage your storage units and / or temperature logging?" with radio buttons for "Yes" (selected) and "No" (crossed out). Below the question, it states: "Asset requirements have not been met for this enrollment. Missing requirements:" followed by two bullet points:

- No Active Freezer or Active Assigned Thermometer. Click here to address this issue. [Add freezer and/or thermometer](#)
- No Active Refrigerator or Active Assigned Thermometer. Click here to address this issue. [Add refrigerator and/or thermometer](#)

A Quick Reference Sheet (QRS) titled QRS-Manage Assets contains step-by-step instructions for adding storage units, editing storage units, adding thermometers (this refers to your DDLs), and calibrating

thermometers (this refers to uploading your certificates of calibration for your DDLs). This and all other QRSs can be found in Reports under PA WEBIZ Forms and Resources.

**PIERS**  
Pennsylvania Immunization Electronic Registry System

- Home
- Patients
- Immunizations
- Education
- IZ Quick Add
- Inventory
- Clinic Tools
- Program Tools
- Hepatitis B
- Reports**
- Dashboards/Analytics

**Default Provider/Clinic**

**Provider/Clinic \***

[PA DEPT OF HEALTH] DEPT OF HEALTH BUREAU OF  
Select a clinic by typing provider, clinic, vfc pin, or clinic code

**News**

**FluMist Replacement Program**  
Posted on 12/19/2024 by LEEMARIE FISHER

The Replacement Program allows for doses, at no cost, to help you maximiz

## Reports i

Vaccine Information Statements (VIS)

**PA WEBIZ Forms and Resources**

- QRS-Add and Administer Vaccines
- QRS-Add New On-Hand Inventory Items
- QRS-Add New On-Hand Inventory Items-With Shipment File
- QRS-Add New Patient and Patient Demographics
- QRS-Add Patient Contacts
- QRS-Add Training Records to Clinic Staff
- QRS-Adjust On-Hand Inventory
- QRS-Create and Receive a Vaccine Transfer/Shipment
- QRS-Create and Submit a Vaccine Order
- QRS-Create and Submit a Vaccine Return
- QRS-Document an Adverse Reaction
- QRS-IQIP Report
- QRS-Manage Assets
- QRS-Prebook

## Reports <sup>1</sup>

### Vaccine Information Statements (VIS)

#### PA WEBIZ Forms and Resources

[QRS-Add and Administer Vaccines](#)  
[QRS-Add New On-Hand Inventory Items](#)  
[QRS-Add New On-Hand Inventory Items-With Shipment File](#)  
[QRS-Add New Patient and Patient Demographics](#)  
[QRS-Add Patient Contacts](#)  
[QRS-Add Training Records to Clinic Staff](#)  
[QRS-Adjust On-Hand Inventory](#)  
[QRS-Create and Receive a Vaccine Transfer/Shipment](#)  
[QRS-Create and Submit a Vaccine Order](#)  
[QRS-Create and Submit a Vaccine Return](#)  
[QRS-Document an Adverse Reaction](#)  
[QRS-IQIP Report](#)  
[QRS-Manage Assets](#)  
[QRS-Prebook](#)

If the Assets section of your Template is incomplete, read the text in the section to see what information is missing. Then you can either follow the instructions in QRS-Manage Assets or you can click on the link next the bullet “No Active Refrigerator or Active Assigned Thermometer. Click here to address this issue.”

**⚠ Assets - Incomplete**

Do you use the IIS to manage your storage units and / or temperature logging?  Yes  No

**Asset requirements have not been met for this enrollment. Missing requirements:**

- No Active Refrigerator or Active Assigned Thermometer. Click here to address this issue. [Add refrigerator and/or thermometer](#)

Clicking the link will take you directly to the Manage Assets section of your Clinic Tools.

### QRS-Manage Assets Supplemental Guidance for 2025 VFC Reenrollment

#### Storage Units

Name: Please enter something simple and descriptive like VFC Fridge or VFC Freezer 1 if you have multiple storage units. If you have an integrated refrigerator, freezer, DDL vending-style doorless unit like AccuVax, please indicate that with a name like VFC Fridge/Freezer.

#### Add Storage Unit <sup>1</sup>

**Name \*** ▲  
 ASSET NAME

<b>Date Of Purchase</b> <input type="text" value="MM/DD/YYYY"/>	<b>Storage Type Id *</b> <span style="color: red;">▲</span> <input type="text" value=""/> <small>The 'Storage Type Id' field is required.</small>	<b>Manufacturer *</b> <span style="color: red;">▲</span> <input type="text" value="MANUFACTURER"/> <small>The 'Manufacturer' field is required.</small>
<b>Make *</b> <span style="color: red;">▲</span> <input type="text" value="MAKE"/> <small>The 'Make' field is required.</small>	<b>Model *</b> <span style="color: red;">▲</span> <input type="text" value="MODEL"/> <small>The 'Model' field is required.</small>	<b>Serial Number</b> <input type="text" value="SERIAL NUMBER/ID"/>
<b>Assigned Thermometer Id</b> <input type="text"/>	<b>Storage Grade Id *</b> <span style="color: red;">▲</span> <input type="text"/> <small>The 'Storage Grade Id' field is required.</small>	

Combination Unit?

Comments

**Storage Type Id:** Your options are FREEZER, REFRIGERATOR, and ULTRA COLD FREEZER. If you have an integrated refrigerator, freezer, DDL vending style doorless unit like AccuVax, simply select REFRIGERATOR.

#### Add Storage Unit ?

**Name \*** ▲  
 ASSET NAME  
 The 'Name' field is required.

Date Of Purchase  
 MM/DD/YYYY 📅

**Storage Type Id \*** ▲  
 The 'Storage Type Id' field is required.

**Manufacturer \*** ▲  
 MANUFACTURER  
 The 'Manufacturer' field is required.

**Make \*** ▲  
 MAKE  
 The 'Make' field is required.

**Model \*** ▲  
 MODEL  
 The 'Model' field is required.

Serial Number  
 SERIAL NUMBER/ID

Assigned Thermometer Id

**Storage Grade Id \*** ▲  
 The 'Storage Grade Id' field is required.

Combination Unit?

Comments  
 COMMENTS

**Storage Grade Id:** Your options are COMMERCIAL, PHARMA, and STANDARD. Select COMMERCIAL for units designed for non-healthcare commercial settings like restaurants. Select PHARMA if you have a purpose built, pharmacy grade storage unit. Select STANDARD for residential units designed for home-use.

#### Add Storage Unit ?

**Name \*** ▲  
 ASSET NAME  
 The 'Name' field is required.

Date Of Purchase  
 MM/DD/YYYY 📅

**Storage Type Id \*** ▲  
 The 'Storage Type Id' field is required.

**Manufacturer \*** ▲  
 MANUFACTURER  
 The 'Manufacturer' field is required.

**Make \*** ▲  
 MAKE  
 The 'Make' field is required.

**Model \*** ▲  
 MODEL  
 The 'Model' field is required.

Serial Number  
 SERIAL NUMBER/ID

Assigned Thermometer Id


**Storage Grade Id \*** ▲  
 The 'Storage Grade Id' field is required.


Combination Unit?


Comments  
 COMMENTS


**Assigned Thermometer Id:** This is not a required field because you will need to add the thermometer (DDL) for your storage unit before you can assign the thermometer (DDL) to the storage unit. This information is required for 2025 VFC Reenrollment. The Assets section of your Template will not show as complete if storage units do not have an assigned thermometer (DDL). You can assign the DDL to the storage unit in either the Add Storage Unit section or the Thermometer section and will only need to assign it once. If you assign it in Storage Unit, it will autofill in Thermometer and vice-versa.


Add Storage Unit 


**Name \***    
The 'Name' field is required.

Date Of Purchase  

**Storage Type Id \***    
The 'Storage Type Id' field is required.


**Manufacturer \***    
The 'Manufacturer' field is required.

**Make \***    
The 'Make' field is required.

**Model \***    
The 'Model' field is required.

Serial Number

**Assigned Thermometer Id**


**Storage Grade Id \***    
The 'Storage Grade Id' field is required.


Combination Unit?


Comments


Combination Unit: This information is not required for 2025 VFC Reenrollment. This refers to household combination units with a fridge and freezer compartment. VFC requirements prohibit the use of the freezer compartment of these units and require a separate, standalone freezer.


Add Storage Unit 


**Name \***    
The 'Name' field is required.

Date Of Purchase  

**Storage Type Id \***    
The 'Storage Type Id' field is required.


**Manufacturer \***    
The 'Manufacturer' field is required.

**Make \***    
The 'Make' field is required.

**Model \***    
The 'Model' field is required.

Serial Number

Assigned Thermometer Id

**Storage Grade Id \***    
The 'Storage Grade Id' field is required.

**Combination Unit?**


Comments

## Adding Thermometers/DDLs

Name: Please enter something simple and descriptive like Fridge DDL or Freezer 1 if you have multiple storage units. Please name your back-up DDL Back-Up DDL.

Add Thermometer 

**Name \***

Date Of Purchase  

**Thermometer Type Id \***

**Manufacturer \***

Brand

**Make \***

**Model \***

**Serial Number \***

Assigned Storage Unit Id

Calibrate Every In Months

Comments

Thermometer Type Id: Your options are BUILT-IN, CTM, and MANUAL. Select BUILT-IN if you have an integrated refrigerator, freezer, DDL vending style doorless unit like AccuVax. Select CTM for DDLs with continuous temperature monitoring. CTM is the correct choice for most providers. Do not select MANUAL. Manual thermometers are prohibited as they do not meet VFC requirements.

Add Thermometer ⓘ

Name \*

Date Of Purchase  
MM/DD/YYYY

Thermometer Type Id \*

Manufacturer \*

Brand

Make \*

Model \*

Serial Number \*

Assigned Storage Unit Id

Calibrate Every In Months

Comments

Assigned Storage Unit Id: This field is not required because you will need to add your storage units before you can assign your DDLs to them. This information is required for 2025 VFC Reenrollment. The Assets section of your Template will not show as complete if thermometers/DDLs have not been assigned to storage units. You can assign the DDL to the storage unit in either the Add Storage Unit section or the Thermometer section and will only need to assign it once. If you assign it in Storage Unit, it will autofill in Thermometer and vice-versa.

Add Thermometer ⓘ

Name \*

Date Of Purchase  
MM/DD/YYYY

Thermometer Type Id \*

Manufacturer \*

Brand

Make \*

Model \*

Serial Number \*

Assigned Storage Unit Id

Calibrate Every In Months

Comments

Calibrate Every in Months: For this field, enter the number of months your DDL's certificate of calibration is valid for. If your DDL needs to be calibrated every two years for example, you would enter 24 for the number of months.



Add Thermometer ? i

Name \*

Date Of Purchase  
MM/DD/YYYY

Thermometer Type Id \*

Manufacturer \*

Brand

Make \*

Model \*

Serial Number \*

Assigned Storage Unit Id

Calibrate Every In Months

Comments

To add your back-up DDL you will follow the same process, but you will select YES from the dropdown in the “Back-Up Thermometer” box. This will allow you to add your back-up DDL without having to assign it to a storage unit.

Edit Thermometer ? i

Name \*

WEST WING THERM

Asset Status \*

ACTIVE

Date of Purchase  
MM/DD/YYYY

Thermometer Type \*

CTM

Manufacturer \*

GE

Brand

Make \*

GEE

Model \*

P10

Serial Number \*

1233

Assigned Storage Unit

Back-Up Thermometer


YES

Expiration Date  
02/25/2029

Calibrate Every In Months

Comments

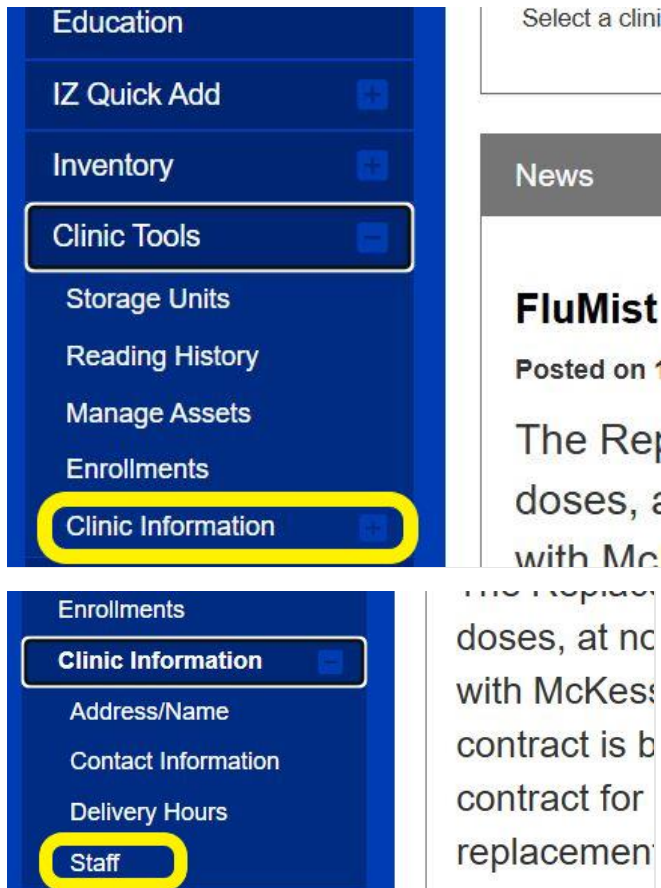
Once all your asset information has been added and approved, or if your storage units and DDLs have already been added to PIERS and all of the information is still active and correct, simply click Yes and this section will now be complete after your progress is saved.

 Assets - Pending Save

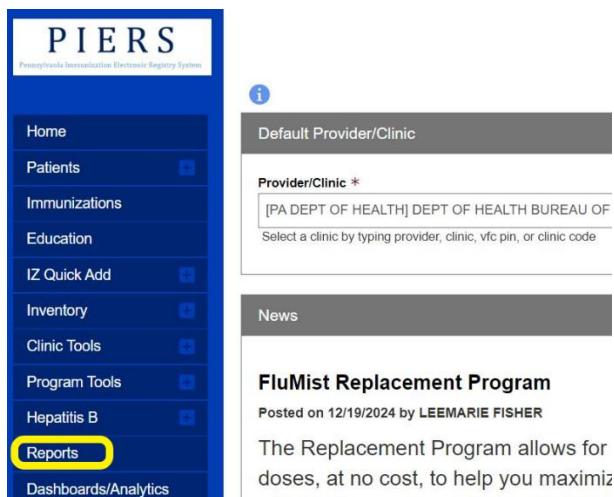
Do you use the IIS to manage your storage units and / or temperature logging?  Yes

### Required Staff and Staff Training

For 2025 VFC Reenrollment, all clinics are required to have a medical director, primary vaccine coordinator, and back-up vaccine coordinator added to the Staff section of their Clinic Information under Clinic Tools.



A QRS titled QRS – Clinic Staff provides instructions for submitting Staff Change Requests including adding new staff, editing staff, and removing staff. This and all other QRSs can be found in Reports under PA WEBIZ Forms and Resources.



## Reports i

Vaccine Information Statements (VIS)

### PA WEBIZ Forms and Resources

[QRS-Add and Administer Vaccines](#)  
[QRS-Add New On-Hand Inventory Items](#)  
[QRS-Add New On-Hand Inventory Items-With Shipment File](#)  
[QRS-Add New Patient and Patient Demographics](#)  
[QRS-Add Patient Contacts](#)  
[QRS-Add Training Records to Clinic Staff](#)  
[QRS-Adjust On-Hand Inventory](#)  
[QRS-Create and Receive a Vaccine Transfer/Shipment](#)  
[QRS-Create and Submit a Vaccine Order](#)  
[QRS-Create and Submit a Vaccine Return](#)  
[QRS-Document an Adverse Reaction](#)  
[QRS-IQIP Report](#)  
[QRS-Manage Assets](#)  
[QRS-Prebook](#)

### PA WEBIZ Forms and Resources

[QRS-Add and Administer Vaccines](#)  
[QRS-Add New On-Hand Inventory Items](#)  
[QRS-Add New On-Hand Inventory Items-With Shipment File](#)  
[QRS-Add New Patient and Patient Demographics](#)  
[QRS-Add Patient Contacts](#)  
[QRS-Add Training Records to Clinic Staff](#)  
[QRS-Adjust On-Hand Inventory](#)  
[QRS-Clinic Staff](#)  
[QRS-Create and Receive a Vaccine Transfer/Shipment](#)

If the medical director, primary vaccine coordinator, or back-up vaccine coordinator has changed, you must follow the instructions in QRS-Clinic Staff to submit a staff change request to remove the staff person. Immediately after submitting that change request, follow the instructions to submit a staff change request to add new staff. **DO NOT submit a change request to edit staff and replace the old staff person's information with the new staff person's information.** All change requests must be reviewed and approved by Program staff. Your changes will not appear in your Clinic Information or in your Template until your request has been approved.

If the Required Staff and Staff Training section of your Template is incomplete, read the text in the section to see what information is missing. Then you can either follow the instructions in QRS-Clinic Staff or you can click on the link "Add Training or Submit Change Request for Clinic Staff" to be taken to the Staff section under Clinic Information in Clinic Tools.

**Required Staff And Staff Training - Incomplete**

**Staff and Training requirements have not been met for this enrollment. Missing Requirements:**

- No Staff Member with Contact Type of Physician Signing Agreement (Z3).
- Staff Member with Contact Type of Non-Physician Contact (Primary) (Z4) or Physician Contact (Primary) (Z6) has not completed You Call The Shots training within the last 365 days.
- Staff Member with Contact Type of Non-Physician Contact (back-up) (Z5) or Physician Contact (back-up) (Z7) has not completed You Call The Shots training within the last 365 days.

Information not correct?

If Training is missing, click the link below. On the Clinic Staff Change Request page, press the Edit button for a clinic staff member, then press 'Add Training' in the Training section at the bottom of the page. If a required staff member is missing, click the link below and submit a change request to add a new clinic staff member.

[Add Training Or Submit Change Request For Clinic Staff](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

## Medical Director Required Information

- The medical director must have the Physician Signing Agreement (Z3 – VFC/VTrckS) contact type.
- Medical director email address is strongly recommended to help ensure continued communication between the clinic and the Program in the event of staff changes.

**Clinic Staff**

**Contact Type \*** PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRC) **Alternate Contact Type**

**First Name \*** **Middle Name** **Last Name \***

**Email** **NPI**

**Telephone** **Ext** **Fax Number**

**License Number** **Comments**

**Medicaid Provider ID** **Employer ID Number**  **Administers Vaccinations**  **Prescribes Vaccinations**  **Main Contact/Shipping Contact**

**Specialty** **Title**

- If the medical director does not have the Physician Signing Agreement (Z3 – VFC/VTrckS) contact type and at least one of either the NPI, License Number, or Medicaid Provider ID boxes filled out, you will be unable to complete the Review Medical Director or Equivalent Information section of the Template. For more details, see the Review Medical Director or Equivalent Information section of this Guide.
- If the Prescribes Vaccinations box isn't checked for the medical director, you will be unable to complete the Prescribing Staff Members section of the Template. For more details, see the Prescribing Staff Members section of this Guide.
- The medical director is not required to complete the annual provider training (more information below under Required Annual Provider Training) unless they are also the primary or back-up vaccine coordinator.

## Medical Director is also the Primary Vaccine Coordinator

If the Medical Director is also the primary vaccine coordinator, all the information listed above in Medical Director Required Information is required. You must also include the following additional information:

- Alternate Contact Type must be Physician Contact (Primary) (Z6 – VFC/VTrckS).

- Main Contact/Shipping Contact box must be checked and can only be checked for the primary vaccine coordinator.
- PDF uploads of either (more information below under Required Annual Provider Training):
  - Certificates of completion for the 2025 You Call the Shots (YCTS) Modules 10 and 16;
  - Statements of completion for the 2025 YCTS Modules 10 and 16 Refresher Tests;
  - Any combination of certificates of completion and statements of completion; or
  - A PDF of the confirmation email from your assigned Program contact that you have completed an Education Visit in lieu of the YCTS Modules 10 and 16.

Clinic Staff ?

Contact Type \*  
PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCK) ▾

Alternate Contact Type  
PHYSICIAN CONTACT (PRIMARY) (Z6 - VFC/VTRCKS) ▾

First Name \*  
[REDACTED]

Middle Name  
[REDACTED]

Last Name \*  
[REDACTED]

Email  
[REDACTED]

NPI  
[REDACTED]

Telephone  
[REDACTED]

Ext  
[REDACTED]

Fax Number  
[REDACTED]

License Number  
[REDACTED]

Comments  
[REDACTED]

Medicaid Provider ID  
[REDACTED]

Employer ID Number  
[REDACTED]

Specialty  
[REDACTED]

Title  
[REDACTED]

Administers Vaccinations

Prescribes Vaccinations

Main Contact/Shipping Contact

Training Section

Course Name	CE Number	Completion Date	Upload Certificate

Medical Director is also the Back-up Vaccine Coordinator

If the Medical Director is also the back-up vaccine coordinator, all the information listed above in Medical Director Required Information is required. You must also include the following additional information:

- Alternate Contact Type must be Physician Contact (Back-up) (Z7 – VFC/VTRCKS).
- “Back Up Coordinator” box must be checked and can only be checked for the back-up vaccine coordinator.
- PDF uploads of either (more information below under Required Annual Provider Training):
  - Certificates of completion for the 2025 YCTS Modules 10 and 16;
  - Statements of completion for the 2025 YCTS Modules 10 and 16 Refresher Tests;
  - Any combination of certificates of completion and statements of completion; or
  - A PDF of the confirmation email from your assigned Program contact that you have completed an Education Visit in lieu of the YCTS Modules 10 and 16.

Clinic Staff 1

Contact Type \*  
PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCK) ▾

Alternate Contact Type  
PHYSICIAN CONTACT (BACK-UP) (Z7 - VFC/VTRCKS) ▾

First Name \*  
[REDACTED]

Middle Name  
[REDACTED]

Last Name \*  
[REDACTED]

Email  
[REDACTED]

NPI  
[REDACTED]

Telephone  
[REDACTED]

Ext  
[REDACTED]

Fax Number  
[REDACTED]

License Number  
[REDACTED]

Comments  
[REDACTED]

Medicaid Provider ID  
[REDACTED]

Employer ID Number  
[REDACTED]

Administers Vaccinations

Prescribes Vaccinations

Specialty  
[REDACTED]

Title  
[REDACTED]

Back Up Coordinator

Main Contact/Shipping Contact

Training Section

Course Name	CE Number	Completion Date	Upload Certificate

### Primary Vaccine Coordinator Required Information

- The primary coordinator must have one of the following contact types:
  - Non-physician Contact (Primary) (Z4 – VFC/VTrckS) – select this contact type for the primary vaccine coordinator if that person is not a physician.
  - Physician Contact (Primary) (Z6 – VFC/VTrckS) – select this contact type for the primary vaccine coordinator if that person is a physician.
- A valid email address must be listed.
- Main Contact/Shipping Contact box must be checked and can only be checked for the primary vaccine coordinator. No other staff person can have this box checked.
- PDF uploads of either (more information below under Required Annual Provider Training):
  - Certificates of completion for the 2025 YCTS Modules 10 and 16;
  - Statements of completion for the 2025 YCTS Modules 10 and 16 Refresher Tests;
  - Any combination of certificates of completion and statements of completion; or
  - A PDF of the confirmation email from your assigned Program contact that you have completed an Education Visit in lieu of the YCTS Modules 10 and 16.

**Contact Type \***  
NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTCK: ▾

Alternate Contact Type ▾

**First Name \*** [Redacted] **Middle Name** [ ] **Last Name \*** [Redacted]

**Email** [Redacted] **NPI** [ ]

**Telephone** [ ] **Ext** [ ] **Fax Number** [ ]

**License Number** 1234567 **Comments** [ ]

**Medicaid Provider ID** [ ] **Employer ID Number** [ ]

**Specialty** ▾ **Title** ▾

Administers Vaccinations  
 Prescribes Vaccinations  
 Main Contact/Shipping Contact

**Training Section**

Course Name	CE Number	Completion Date	Upload Certificate
You Call The Shots		01/10/2025	<a href="#">2025 YCTS MOD 10 PRIMARY.PDF</a>
You Call The Shots		01/12/2025	<a href="#">2025 YCTS MOD 16 PRIMARY.PDF</a>

### Back-up Vaccine Coordinator Required Information

- The back-up coordinator must have one of the following contact types:
  - Non-physician Contact (Back-up) (Z5 – VFC/VTckS) – select this contact type for the back-up vaccine coordinator if that person is not a physician.
  - Physician Contact (Back-up) (Z7 – VFC/VTckS) – select this contact type for the back-up vaccine coordinator if that person is a physician.
- A valid email address must be listed.
- “Back Up Coordinator” box must be checked and can only be checked for the back-up vaccine coordinator. No other staff person can have this box checked.
- PDF uploads of either (more information below under Required Annual Provider Training):
  - Certificates of completion for the 2025 YCTS Modules 10 and 16;
  - Statements of completion for the 2025 YCTS Modules 10 and 16 Refresher Tests;
  - Any combination of certificates of completion and statements of completion; or
  - A PDF of the confirmation email from your assigned Program contact that you have completed an Education Visit in lieu of the YCTS Modules 10 and 16.

Contact Type \*  
NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/TRCKS)

Alternate Contact Type  
CHOOSE

First Name \*  
[REDACTED]

Middle Name  
[REDACTED]

Last Name \*  
[REDACTED]

Email  
[REDACTED]

NPI  
[REDACTED]

Telephone  
999-999-9999

Ext  
99999

Fax Number  
999-999-9999

License Number  
[REDACTED]

Comments  
[REDACTED]

Medicaid Provider ID  
[REDACTED]

Employer ID Number  
[REDACTED]

Specialty  
CHOOSE

Title  
CHOOSE

Administers Vaccinations  
 Prescribes Vaccinations  
 Back Up Coordinator  
 Main Contact/Shipping Contact

Training Section

Course Name	CE Number	Completion Date	Upload Certificate	
You Call The Shots		01/28/2025	2025 YCTS MOD 10 BACKUP.PDF	
You Call The Shots		01/28/2025	2025 YCTS MOD 16 BACKUP.PDF	

Add Training

## Required Annual Provider Training

Proof of annual provider training is also required to be uploaded for the primary vaccine coordinator and back-up vaccine coordinator. Training is not required for the medical director unless that person is also the primary or back-up vaccine coordinator.

For 2025 VFC Reenrollment, vaccine primary and back-up coordinators have four options for meeting the annual provider training requirement: complete the Centers for Disease Control and Prevention (CDC) 2025 YCTS full Modules 10 and 16 trainings, complete CDC's 2025 YCTS Modules 10 and 16 Refresher Tests, complete any combination of the full modules and refresher tests, or complete an Education Visit with your assigned Program contact.

### 2025 YCTS Full Modules

- The 2025 YCTS Module 10 Storage and Handling can be found [here](#).
- The 2025 YCTS Module 16 Vaccines for Children Program can be found [here](#).
- PDFs of the certificates of completion for both modules must be uploaded to PIERS for both coordinators. Providers will submit a staff update request to update the certificates, not a new staff request.
- The 2025 YCTS Modules 10 and 16 are required for 2025 VFC Reenrollment. Certificates dated 2024 will not be accepted even if they are less than one year old.

### 2025 YCTS Modules 10 and 16 Refresher Test

- The 2025 YCTS Module 10 Storage and Handling Refresher Test can be found [here](#).
- The 2025 YCTS Module 16 Vaccines for Children Program Refresher Test can be found [here](#).
- If you choose this option, you will need to use the print option to Save to PDF or take screenshots of your Statements of Completion and save them as PDFs to upload to PIERS. Providers will submit a staff update request to update the statements, not a new staff request.



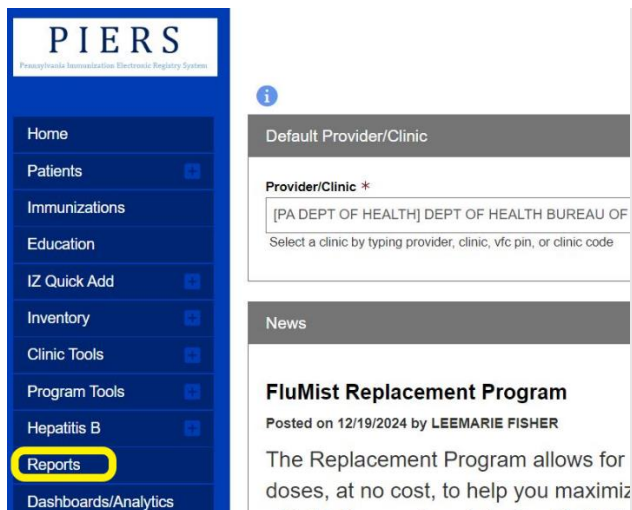


- The Statements of Completion will not be emailed to you.
- The Statements of Completion will not be saved in CDC's learning management system.

#### Education Visit

- This option is only available to vaccine coordinators who are not able to complete either the full modules or refresher tests due to too many failed attempts.
- You must reach out to your assigned Program contact, the immunization staff who conducts your site visits, and request an education visit to meet your annual training requirement.
- Once the visit is completed, your assigned Program contact will email you confirmation of the date the visit took place and who was present. This email should be saved as a PDF and uploaded to PIERS. Providers will submit a staff update request to update the PDFs, not a new staff request.

A QRS titled QRS-Add Training Records to Clinic Staff provides instructions for uploading the required trainings for the vaccine coordinators. This and all other QRSs can be found in Reports under PA WEBIZ Forms and Resources.



## Reports i

Vaccine Information Statements (VIS)

### PA WEBIZ Forms and Resources

QRS-Add and Administer Vaccines  
 QRS-Add New On-Hand Inventory Items  
 QRS-Add New On-Hand Inventory Items-With Shipment File  
 QRS-Add New Patient and Patient Demographics  
 QRS-Add Patient Contacts  
 QRS-Add Training Records to Clinic Staff  
 QRS-Adjust On-Hand Inventory  
 QRS-Create and Receive a Vaccine Transfer/Shipment  
 QRS-Create and Submit a Vaccine Order  
 QRS-Create and Submit a Vaccine Return  
 QRS-Document an Adverse Reaction  
 QRS-IQIP Report  
 QRS-Manage Assets  
 QRS-Prebook


## Reports i

Vaccine Information Statements (VIS)

### PA WEBIZ Forms and Resources

QRS-Add and Administer Vaccines  
 QRS-Add New On-Hand Inventory Items  
 QRS-Add New On-Hand Inventory Items-With Shipment File  
 QRS-Add New Patient and Patient Demographics  
 QRS-Add Patient Contacts  
 QRS-Add Training Records to Clinic Staff  
 QRS-Adjust On-Hand Inventory  
 QRS-Create and Receive a Vaccine Transfer/Shipment  
 QRS-Create and Submit a Vaccine Order  
 QRS-Create and Submit a Vaccine Return  
 QRS-Document an Adverse Reaction  
 QRS-IQIP Report  
 QRS-Manage Assets  
 QRS-Prebook

Once all the required staff and staff training information has been added, or if all of this information was already current this section will show as completed.

 Required Staff And Staff Training - Completed

Requirements for this section have been met.

If all the required information detailed above is in the Staff Clinic Information, and this section still shows there are missing requirements, that means one or both of your coordinators' PIERS usernames have not been associated to your clinic. Please email the PIERS user account resource account [rahpiersuseracct@pa.gov](mailto:rahpiersuseracct@pa.gov) with the names and PIERS usernames of your coordinators and your clinic's VFC PIN to request the coordinators' PIERS usernames be associated to your clinic. Once the usernames have been associated to your clinic, this section will show as completed.

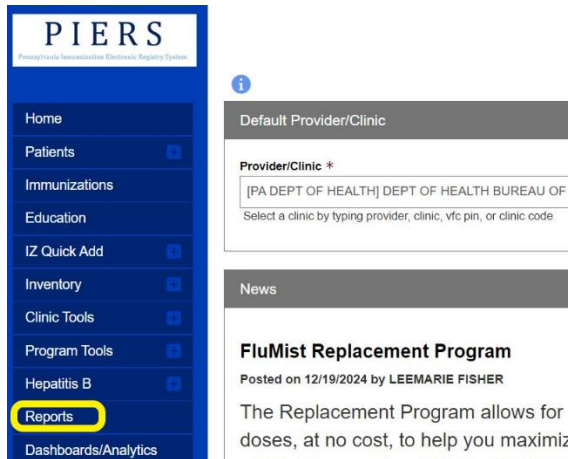
## Delivery Hours

All providers are required to keep their delivery hours up to date in PIERS. Additionally, providers must be open at least four consecutive hours on a day other than a Monday to receive VFC vaccines to accommodate shipment delivery windows.

The Delivery Hours section of the Template will show as completed for all providers as that information is entered as part of enrollment when clinics are set up in PIERS.



If you need to make any changes to your delivery hours, follow the instructions in the QRS-Verify Clinic Information. This and all other QRSs can be found in Reports under PA WEBIZ Forms and Resources.



## Reports i



## Reports

### PA WEBIZ Forms and Resources

[QRS-Add and Administer Vaccines](#)  
[QRS-Add New On-Hand Inventory Items](#)  
[QRS-Add New On-Hand Inventory Items-With Shipment File](#)  
[QRS-Add New Patient and Patient Demographics](#)  
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[QRS-Create and Submit a Vaccine Return](#)  
[QRS-Document an Adverse Reaction](#)  
[QRS-IQIP Report](#)  
[QRS-Manage Assets](#)  
[QRS-Prebook](#)  
[QRS-Record a Vaccine Refusal](#)  
[QRS-Search for a Patient](#)  
[QRS-Search for a Patient and View the Immunization Record \(School Nurses\)](#)  
[QRS-Vaccine Inventory Reconciliation \(HL7 Clinic\)](#)  
[QRS-Vaccine Inventory Reconciliation \(Non HL7 Clinic\)](#)  
[QRS-Verify Clinic Information](#)  
[PIERS Training PowerPoint Presentation](#)

## Review Facility/Clinic Information

All providers are required to keep their facility or clinic information up to date in PIERS including name, vaccine delivery address, address, VTrckS PIN (this refers to your VFC PIN), facility phone number and fax number.

▲ Review Facility/Clinic Information - Incomplete

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic information.

<b>Provider Name</b> [REDACTED]	<b>Facility/Clinic Name</b> DEPT OF HEALTH BUREAU OF IMMUNIZATIONS
<b>Vaccine Delivery Address</b> 625 FORSTER ST UNIT 1026 HARRISBURG, PA 17120	<b>Facility/Clinic Address</b> 625 FORSTER ST UNIT 1023 HARRISBURG, PA 17120
<b>VTrckS PIN</b> [REDACTED]	<b>Email</b> [REDACTED]
<b>Phone</b> 717-787-5681	<b>Fax</b> 717-705-5513

This section of the Template is not fillable. The Template will pull your information from Clinic Information and automatically populate the Template. You will review your facility or clinic information for accuracy.

If you need to make any changes to your facility or clinic information, you can either follow the instructions in QRS-Verify Clinic Information or click the links “Edit Clinic’s Phone And Fax Information” to be taken to your Clinic Contact Information or “Submit Change Request” to be taken to your Clinic Address / Name.

**Review Facility/Clinic Information - Incomplete**

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic information.

<b>Provider Name</b>	<b>Facility/Clinic Name</b> DEPT OF HEALTH BUREAU OF IMMUNIZATIONS
<b>Vaccine Delivery Address</b> 625 FORSTER ST UNIT 1026 HARRISBURG, PA 17120	<b>Facility/Clinic Address</b> 625 FORSTER ST UNIT 1023 HARRISBURG, PA 17120
<b>VTrackS PIN</b> [REDACTED]	<b>Email</b> [REDACTED]
<b>Phone</b> 717-787-5681	<b>Fax</b> 717-705-5513
<b>Facility/Clinic Type</b>	

**Information not correct?**

For Provider Name, VFC Pin and Facility/Clinic Type changes, contact the VFC Program/Help Desk.  
Click the following link to edit Phone and Fax information: [Edit Clinic's Phone And Fax Information](#)

Before submitting change requests for Clinic Address or Name, contact the VFC Program/Help Desk to determine their procedures for handling these requests.  
To submit a change request, click the following link: [Submit Change Request\\*](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

I confirm that the Facility/Clinic information is correct.

Change requests must be reviewed and approved by Program staff. They will not appear in your Clinic Information or in your Template until they have been approved.

Once your changes have been approved, or if all your information was already correct, check the box next to the text "I confirm that the Facility/Clinic information is correct."

**Review Facility/Clinic Information - Incomplete**

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic information.

<b>Provider Name</b>	<b>Facility/Clinic Name</b> DEPT OF HEALTH BUREAU OF IMMUNIZATIONS
<b>Vaccine Delivery Address</b> 625 FORSTER ST UNIT 1026 HARRISBURG, PA 17120	<b>Facility/Clinic Address</b> 625 FORSTER ST UNIT 1023 HARRISBURG, PA 17120
<b>VTrackS PIN</b> [REDACTED]	<b>Email</b> [REDACTED]
<b>Phone</b> 717-787-5681	<b>Fax</b> 717-705-5513
<b>Facility/Clinic Type</b>	

**Information not correct?**

For Provider Name, VFC Pin and Facility/Clinic Type changes, contact the VFC Program/Help Desk.  
Click the following link to edit Phone and Fax information: [Edit Clinic's Phone And Fax Information](#)

Before submitting change requests for Clinic Address or Name, contact the VFC Program/Help Desk to determine their procedures for handling these requests.  
To submit a change request, click the following link: [Submit Change Request\\*](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

I confirm that the Facility/Clinic information is correct.

This section will now be complete after your progress is saved.

**Review Facility/Clinic Information - Pending Save**

## Vaccines Offered

All providers who are not specialty care providers as defined by the Program are required to offer all Advisory Committee on Immunization Practices (ACIP) recommended vaccines for the populations they serve. VFC specialty care providers are required to offer select ACIP-recommended vaccines for the populations they serve.

For this section of the Template, you will see two options for what vaccines your clinic offers.

Vaccines Offered - Incomplete

All ACIP Recommended Vaccines for children 0 through 18 years of age.  Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Most providers should select All ACIP Recommended Vaccines for children 0 through 18 years of age.

Only providers who have been approved by the Program to enroll in VFC as specialty care providers or specialty providers to offer a limited selection of vaccines should choose Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program).

Please see Provider Type Definitions in the Appendix for a definition and examples of specialty care providers. Please note, the VFC program uses the term specialty provider or specialty care provider differently from the general healthcare community. This VFC term is not referring to a provider's specialty (e.g., family medicine, internal medicine, OB/GYN, pediatrics, preventative medicine).

Once you have made your selection, this section will now be complete after your progress is saved.

Vaccines Offered - Pending Save

### Provider/Clinic Population

Providers are required to report their patient population numbers when they enroll in VFC and update them annually during VFC reenrollment.

For this section of the Template, providers will enter the number of patients they saw during the previous 12 months. The population must be broken out by age categories and insurance status of the most recent immunization visit.

Providers are required to report their number of VFC eligible patients, adults with insurance statuses other than private or commercial insurance, and patients who are not VFC eligible meaning those with private or commercial insurance.

Do not leave any space blank; enter a zero (0) if you do not see patients in a category.

You will enter your number of VFC eligible patients in the VFC eligibility categories for ages less than 1 year old, ages 1 through 4 years, and ages 5 through 18 years.

**Provider/Clinic Population - Incomplete**

**Provider Population**  
 Provider Population based on patients seen during the previous 12 months. Enter the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made.

**Patient Data**

Eligibility Categories	< 1 Year	<= 4 Years	<= 18 Years	>= 19 Years	Total
VFC Eligible - Medicaid/Medicaid Managed Care <sup>[1]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - Uninsured <sup>[2]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - Underinsured At FQHC <sup>[3]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - American Indian/Alaska Native <sup>[4]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<b>Total</b>	0	0	0	0	0

Although they are not eligible for VFC, you will enter your number of adult patients who have Medicaid, are uninsured, are underinsured, or are American Indian or Native Alaskan in the ages 19 years and older boxes.

**Provider/Clinic Population - Incomplete**

**Provider Population**  
 Provider Population based on patients seen during the previous 12 months. Enter the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made.

**Patient Data**

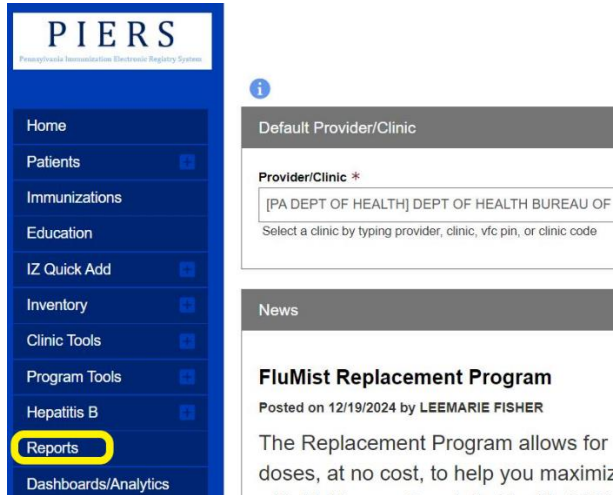
Eligibility Categories	< 1 Year	<= 4 Years	<= 18 Years	>= 19 Years	Total
VFC Eligible - Medicaid/Medicaid Managed Care <sup>[1]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - Uninsured <sup>[2]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - Underinsured At FQHC <sup>[3]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - American Indian/Alaska Native <sup>[4]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<b>Total</b>	0	0	0	0	0

You will enter your number of patients who have private or commercial insurance in the Not VFC Eligible category. If your clinic does not serve any patients with private insurance, you will enter all zeroes and add a comment in Clinic Comments confirming your clinic does not serve patients with private insurance. See the Comments section of this Guide for more information on adding Clinic Comments.

Non-Eligibility Categories	< 1 Year	<= 4 Years	<= 18 Years	>= 19 Years	Total
Not VFC Eligible <sup>[1]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<b>Total</b>	0	0	0	0	0



If you have been adding your patients to PIERS for 12 months or more, you can use PIERS to obtain your patient population numbers by running the VFC Category Patient Count Report. There is a QRS titled QRS-Report-VFC Category Patient Count Report that includes instructions for running this report to obtain all the numbers you need to complete this section of the Template. This QRS and all other QRSs can be found in Reports under PA WEBIZ Resources and Forms.



## Reports i

Vaccine Information Statements (VIS)

### PA WEBIZ Forms and Resources

- [QRS-Add and Administer Vaccines](#)
- [QRS-Add New On-Hand Inventory Items](#)
- [QRS-Add New On-Hand Inventory Items-With Shipment File](#)
- [QRS-Add New Patient and Patient Demographics](#)
- [QRS-Add Patient Contacts](#)
- [QRS-Add Training Records to Clinic Staff](#)
- [QRS-Adjust On-Hand Inventory](#)
- [QRS-Create and Receive a Vaccine Transfer/Shipment](#)
- [QRS-Create and Submit a Vaccine Order](#)
- [QRS-Create and Submit a Vaccine Return](#)
- [QRS-Document an Adverse Reaction](#)
- [QRS-IQIP Report](#)
- [QRS-Manage Assets](#)
- [QRS-Prebook](#)

## Reports i

PA WEBIZ Forms and Resources

- [QRS-Add and Administer Vaccines](#)
- [QRS-Add New On-Hand Inventory Items](#)
- [QRS-Add New On-Hand Inventory Items-With Shipment File](#)
- [QRS-Add New Patient and Patient Demographics](#)
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- [QRS-Add Training Records to Clinic Staff](#)
- [QRS-Adjust On-Hand Inventory](#)
- [QRS-Create and Receive a Vaccine Transfer/Shipment](#)
- [QRS-Create and Submit a Vaccine Order](#)
- [QRS-Create and Submit a Vaccine Return](#)
- [QRS-Document an Adverse Reaction](#)
- [QRS-IQIP Report](#)
- [QRS-Manage Assets](#)
- [QRS-Prebook](#)
- [QRS-Record a Vaccine Refusal](#)
- [QRS-Report-VFC Category Patient Count Report](#)



Once every box has been filled in this section, it will now be complete after your progress is saved.



## Source of Data

Providers are required to report what source of data was used to obtain the patient population numbers reported in Provider/Clinic Population.

For this section of the Template, you will select what data source you used to determine your patient population for the Provider/Clinic Population section of the Template. Providers should select a data source, or multiple sources, based on what data is available to them at their clinic.

You can select multiple options.

 A screenshot of a form titled "Source of Data - Incomplete". The form contains a list of checkboxes under the heading "Type of data used to determine provider population (choose all that apply)". The options are: Benchmarking, Medicaid Claims Data, IIS, Doses Administered, Provider Encounter Data, Billing System, and Other. A yellow highlight is around the "IIS" checkbox.

IIS stands for Immunization Information System and is referring to PIERS. If you used the VFC Category Patient Count Report in PIERS to get your patient counts, you should select IIS. See the Provider/Clinic Population section of this Guide for more details on the VFC Category Patient Count Report.

Once you have made your selection(s), this section will now be complete after your progress is saved.



## Review Medical Director or Equivalent Information

Providers are required to have a medical director and keep the medical director information up to date in PIERS.

This section of the Template is not fillable. PIERS pulls this information from your Staff Clinic Information under Clinic Tools and automatically populates this section of your Template. See Required Staff and Staff Training for instructions on how to make sure the Clinic Staff Information is correct for your medical director.

The following information is required for the medical director for this section to be complete:

- Name; the medical director must have the Physician Signing Agreement (Z3 – VFC/VTrcks) contact type for their name to appear in the section of the Template.
- Medical director email address is strongly recommended to help ensure continued communication between the clinic and the Program in the event of staff changes.
- At least one of either the NPI, License Number, or Medicaid Provider ID boxes must be filled out.

**Review Medical Director or Equivalent Information - Incomplete**

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

<b>Name</b>	<b>Title</b>
<b>Email</b>	<b>Specialty</b>
<b>License Number</b>	<b>Medicaid Number</b>
<b>NPI Number</b>	<b>Employee Identification Number</b>

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

I confirm that the Medical Director or Equivalent Information is correct.

If any of the required information is missing or incorrect, you can either follow the instructions in QRS-Clinic Staff or you can click on the link “Submit Change Request for Clinic Staff” to be taken to the Staff section under Clinic Information in Clinic Tools.

**Review Medical Director or Equivalent Information - Incomplete**

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

<b>Name</b>	<b>Title</b>
<b>Email</b>	<b>Specialty</b>
<b>License Number</b>	<b>Medicaid Number</b>
<b>NPI Number</b>	<b>Employee Identification Number</b>

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

I confirm that the Medical Director or Equivalent Information is correct.

Staff change requests must be reviewed and approved by Program staff. Your changes will not appear in your Clinic Information or your Template until they have been approved.

Once any changes have been approved, or if all the information for your medical director was already correct, check the box next to the text “I confirm that the Medical Director or Equivalent Information is correct.”

**Review Medical Director or Equivalent Information - Incomplete**

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

<b>Name</b>	<b>Title</b>
<b>Email</b>	<b>Specialty</b>
<b>License Number</b> 1234567	<b>Medicaid Number</b>
<b>NPI Number</b>	<b>Employee Identification Number</b>

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

I confirm that the Medical Director or Equivalent Information is correct.

The above example is complete because it contains name, email, and at least the license number. Providers are welcome to provide license number, NPI number, and Medicaid number. However, as long as at least one of those numbers is included this section, your Template will be considered complete.

This section will now be complete after your progress is saved.

Review Medical Director or Equivalent Information - Pending Save

## Review Vaccine Coordinators

Providers are required to have a primary vaccine coordinator and a back-up vaccine coordinator who are both fully trained and keep their information up to date in PIERS.

This section of the Template is not fillable. PIERS pulls this information from your Staff Clinic Information under Clinic Tools and automatically populates this section of your Template. See Required Staff and Staff Training for instructions on how to make sure the Clinic Staff Information is correct for your vaccine coordinators.

The following information is required for both vaccine coordinators for this section to be complete:

- Name; the vaccine coordinators must have one of the following contact types for their names to appear in the section of the Template:
  - Non-physician Contact (Primary) (Z4 – VFC/VTrckS) – select this contact type for the primary vaccine coordinator if that person is not a physician.
  - Non-physician Contact (Back-up) (Z5 – VFC/VTrckS) – select this contact type for the back-up vaccine coordinator if that person is not a physician.
  - Physician Contact (Primary) (Z6 – VFC/VTrckS) – select this contact type for the primary vaccine coordinator if that person is a physician.
  - Physician Contact (Back-up) (Z7 – VFC/VTrckS) – select this contact type for the back-up vaccine coordinator if that person is a physician.
- Telephone number
- Email address
- Proof of completed annual provider training (see Required Annual Provider Training in Required Staff and Staff Training for more information on required annual provider training)

Review Vaccine Coordinators - Incomplete

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

**Primary Coordinator**

Name	Telephone	Email
[Redacted]	[Redacted]	[Redacted]

**Training**

Course Name	Date Completed	CE Number	Upload Certificate
You Call The Shots	01/10/2025		<a href="#">2025 YCTS Mod 10 Primary.Pdf</a>
You Call The Shots	01/12/2025		<a href="#">2025 YCTS Mod 16 Primary.Pdf</a>

**Backup Coordinator**

Name	Telephone	Email
[Redacted]	[Redacted]	[Redacted]

**Training**

Course Name	Date Completed	CE Number	Upload Certificate
You Call The Shots	01/28/2025		<a href="#">2025 YCTS Mod 10 Backup.Pdf</a>
You Call The Shots	01/28/2025		<a href="#">2025 YCTS Mod 16 Backup.Pdf</a>

If any of the required information is missing or incorrect, you can either follow the instructions in in QRS – Clinic Staff and QRS – Add Training Records to Clinic Staff or you can click on the link “Submit Change Request for Clinic Staff” to be taken to the Staff section under Clinic Information in Clinic Tools.

⚠ Review Vaccine Coordinators - Incomplete
☰

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

**Primary Coordinator**  
No Primary Coordinator found.

**Backup Coordinator**  
No Backup Coordinator found.

**Information not correct?**  
 To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

I confirm that the Vaccine Coordinators information is correct.

Staff change requests must be reviewed and approved by Program staff. Your changes will not appear in your Clinic Information or your Template until they have been approved.

Once your changes have been approved, or if the vaccine coordinator information was already correct, check the box next to “I confirm that the Vaccine Coordinators Information is correct.”

#### Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

I confirm that the Vaccine Coordinators information is correct.

This section will now be complete after your progress is saved.

🔄 Review Vaccine Coordinators - Pending Save
+

If all the required information detailed above is in the Staff Clinic Information for both coordinators, and their information still does not appear in this section of your Template, that means their PIERS usernames have not been associated to your clinic. Please email the PIERS user account resource account [ra-dhpiersuseracct@pa.gov](mailto:ra-dhpiersuseracct@pa.gov) with the names and PIERS usernames of your coordinators and your clinic's VFC PIN to request the coordinators' PIERS usernames be associated to your clinic. Once the usernames have been associated to your clinic, you will be able to see their information to confirm it and complete this section.

### Prescribing Staff Members

Providers are required to report up to six prescribing staff members including their medical director.

For this section of the Template, all providers must have their medical director listed with at least one of the following numbers: license, NPI, or Medicaid. Providers can list up to five additional prescribing staff members. However, this section of your Template will be considered complete as long as at least the medical director is listed with one of the required numbers.

This section of the Template is not fillable. PIERS pulls this information from your Staff Clinic Information under Clinic Tools and automatically populates this section of your Template. For your medical director's information to display in this section, the Prescribes Vaccinations box must be checked in their Clinic Staff Information.

Clinic Staff 1

Contact Type \*  
PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRC)

Alternate Contact Type

First Name \*  
Middle Name  
Last Name \*

Email  
NPI

Telephone Ext. Fax Number

License Number  
Comments

Medicaid Provider ID  
Employer ID Number  
 Administers Vaccinations  
 Prescribes Vaccinations  
 Main Contact/Shipping Contact

Specialty  
Title

See the Required Staff and Staff Training section of this Guide for instructions on how to make sure the Clinic Staff Information is correct for your medical director.

If any of the required information is missing or incorrect, you can either follow the instructions in QRS-Clinic Staff or you can click on the link “Submit Change Request for Clinic Staff” to be taken to the Staff section under Clinic Information in Clinic Tools.

⚠ Prescribing Staff Members - Incomplete

Please review the information below to make sure it's up to date.

Name	Title	License Number	Medicaid Number	NPI Number	Employer Identification Number

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

*\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.*

I confirm that the Prescribing Staff Member information is correct.

All staff change requests must be reviewed and approved by Program staff. Your changes will not appear in your Clinic Information or Template until they have been approved.

Once your changes have been approved, or if all the information for your prescribing staff members was already correct, check the box next to the text “I confirm that the Prescribing Staff Members Information is correct.”

⚠ Prescribing Staff Members - Incomplete

Please review the information below to make sure it's up to date.

Name	Title	License Number	Medicaid Number	NPI Number	Employer Identification Number
MYERS, JULIE		1234567			

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

*\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.*

I confirm that the Prescribing Staff Member information is correct.

The example above is complete because the medical director's name and license number appear in this section.

This section will now be complete after your progress is saved.



## Primary Agreement

Providers are required to read all the Program provider policies at least annually during reenrollment. These policies are reviewed and updated by Program staff annually at minimum. They can be found on the [Pennsylvania VFC webpage](#) by clicking Policies and Procedures.

The Vaccines for Children (VFC) Program provides vaccine who are insured but whose insurance does not cover immunizations at public sites, including Federally Qualified Health Centers. For more information regarding PA's VFC Program, contact 1-888-646-6864.

- [Program Overview](#)
- [Provider Enrollment](#)
- [Policies and Procedures](#)
- [Provider Training](#)
- [Resources and Forms](#)
- [Vaccine Manufacturer Information](#)

This will take you to the Program provider policies section, which contains links for all of the policies.

### PA Immunization Program Provider Policies

- [Pennsylvania Immunization Program - Federal Advisory Committee on Immunization Practices \(ACIP\)](#)
- [Pennsylvania Immunization Program - Fraud and Abuse](#)
- [Pennsylvania Immunization Program - VFC Provider Enrollment](#)
- [Pennsylvania Immunization Program - Vaccine Administration and Documentation](#)
- [Pennsylvania Immunization Program - VFC Eligibility and Billing](#)
- [Pennsylvania Immunization Program - 317 Eligibility and Billing](#)
- [Pennsylvania Immunization Program - Vaccine Storage and Handling](#)

These policies are also available for review in this section of the Template.

The Primary Agreement section of the Template contains all the Program policies providers are accountable to read and follow. Providers must read each policy carefully. This section also includes a list of the PIERS contact types that are permitted to "sign" the policy acknowledgment. Only one "signature" is needed from either the medical director with Physician Signing Agreement contact type, the primary coordinator with either the non-physician or physician primary contact type, or the back-up coordinator with either the non-physician or physician back-up contact type.

**Primary Agreement - Incomplete**

Please click the agreement button, read the document within the modal popup, and follow the instructions at the bottom to accept the Program Provider Agreement.

[View Agreement](#)

**Required Signers**

Signature Number	Contact Type	Accepted Date	Last Name	First Name	Action
1	PHYSICIAN SIGNING AGREEMENT (Z3)				
1	NON-PHYSICIAN CONTACT (PRIMARY) (Z4)				
1	NON-PHYSICIAN CONTACT (BACK-UP) (Z5)				
1	PHYSICIAN CONTACT (PRIMARY) (Z6)				
1	PHYSICIAN CONTACT (BACK-UP) (Z7)				

If you have one of the contact types listed in this section of the Template, you will see Review and Accept next to your contact type. To complete this section, click Review and Accept to open a popup window containing all the PA Immunization Program Provider Policies.

**Primary Agreement - Incomplete**

Please click the agreement button, read the document within the modal popup, and follow the instructions at the bottom to accept the Program Provider Agreement.

[View Agreement](#)

**Required Signers**

Signature Number	Contact Type	Accepted Date	Last Name	First Name	Action
1	PHYSICIAN SIGNING AGREEMENT (Z3)				<a href="#">Review And Accept</a>
1	NON-PHYSICIAN CONTACT (PRIMARY) (Z4)				
1	NON-PHYSICIAN CONTACT (BACK-UP) (Z5)				

Once you have finished reviewing the policies, click the checkbox at the bottom of the window. This check serves as your electronic signature acknowledging you have read, understood, and will follow all the policy requirements. Then click "Click to Accept" to close the popup window.

**Primary Agreement**

1 of 1

**POLICY ACKNOWLEDGEMENT FORM**

The following is a list of the Pennsylvania Immunizations Program's policies and guidelines. Read policy and acknowledge you've read each policy.

I acknowledge I have read all of the following policies:  
(Available for review on the [VFC webpage](#).)

1. Federal Advisory Committee on Immunization Practices (ACIP)
2. Fraud and Abuse
3. VFC Provider Enrollment
4. Vaccine Administration and Documentation
5. VFC Eligibility and Billing
6. 317 Eligibility and Billing

You agree that by selecting the "Click To Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your mutual signature on this Agreement.

[Cancel](#) [Click to Accept](#)

This section will now be complete after your progress is saved.



If you do not see Review and Accept next to your contact type, doublecheck that your PIERS contact type is one of the contact types listed in this section. If you have confirmed that you have one of the correct contact types and you still do not see Review and Accept, your PIERS username needs to be associated to your clinic. Please email the PIERS user account resource account [ra-dhpiersuseracct@pa.gov](mailto:ra-dhpiersuseracct@pa.gov) with your name, PIERS username, and your clinic's VFC PIN to request your PIERS username be associated to your clinic. Once your username has been associated to your clinic, you will be able to see Review and Accept to open the popup window. Then you will be able to click the checkbox and click "Click to Accept" to complete this section.

## Secondary Agreement

Providers are required to read and accept the VFC provider agreement annually during reenrollment.

The Secondary Agreement section contains the VFC provider agreement document, which lists all the conditions providers are accountable to follow to participate in the VFC program. Providers must read the provider agreement carefully as your clinic will be held accountable to all the conditions. This section also includes a list of the PIERS contact types that are permitted to "sign" the provider agreement. Only one "signature" is needed from either the medical director with Physician Signing Agreement contact type, the primary coordinator with either the non-physician or physician primary contact type, or the back-up coordinator with either the non-physician or physician back-up contact type.

Secondary Agreement - Incomplete

Receipt of VFC vaccine after the electronic signature date of the VFC Program Provider Agreement is additional acknowledgement of the terms of this VFC Provider Agreement.

[View Agreement](#)

Required Signers

Signature Number	Contact Type	Accepted Date	Last Name	First Name	Action
1	PHYSICIAN SIGNING AGREEMENT (Z3)				
1	NON-PHYSICIAN CONTACT (PRIMARY) (Z4)				
1	NON-PHYSICIAN CONTACT (BACK-UP) (Z5)				
1	PHYSICIAN CONTACT (PRIMARY) (Z6)				
1	PHYSICIAN CONTACT (BACK-UP) (Z7)				

If you have one of the contact types listed in this section of the Template, you will see Review and Accept next to your contact type. To complete this section, click Review and Accept to open a popup window containing the VFC provider agreement.



**Secondary Agreement - Incomplete**

Receipt of VFC vaccine after the electronic signature date of the VFC Program Provider Agreement is additional acknowledgement of the terms of this VFC Provider Agreement.

[View Agreement](#)

**Required Signers**

Signature Number	Contact Type	Accepted Date	Last Name	First Name	Action
1	PHYSICIAN SIGNING AGREEMENT (Z3)				<a href="#">Review And Accept</a>
1	NON-PHYSICIAN CONTACT (PRIMARY) (Z4)				
1	NON-PHYSICIAN CONTACT (BACK-UP) (Z5)				

Once you have finished reviewing the provider agreement, click the checkbox at the bottom of the window. This check serves as your electronic signature acknowledging you have read, understood, and will follow all the provider agreement requirements. Then click Click to Accept to close the popup window.

**Secondary Agreement**

1 of 4

**PROVIDER AGREEMENT**

To receive publicly funded vaccines at no cost, I agree to the following conditions on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or practice administrator or equivalent:

- I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
- I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:
  - Federally Vaccine-eligible Children (VFC eligible)
    - Are an American Indian or Alaska Native;
    - Are enrolled in Medicaid;
    - Have no health insurance;
    - Are underinsured: A child who has health insurance, but the coverage does not

You agree that by selecting the "Click To Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your mutual signature on this Agreement.

[Cancel](#) [Click To Accept](#)

This section will now be complete after your progress is saved.

**Secondary Agreement - Pending Save**

If you do not see Review and Accept next to your contact type, doublecheck that your PIERS contact type is one of the contact types listed in this section. If you have confirmed that you have one of the correct contact types and you still do not see Review and Accept, your PIERS username needs to be associated to your clinic. Please email the PIERS user account resource account [ra-dhpiersuseracct@pa.gov](mailto:ra-dhpiersuseracct@pa.gov) with your name, PIERS username, and your clinic's VFC PIN to request your PIERS username be associated to your clinic. Once your username has been associated to your clinic, you will be able to see Review and Accept to open the popup window. Then you will be able to click the checkbox and click "Click to Accept" to complete this section.

## Comments

The Comments section of the Template is only required if your clinic does not see any privately or commercially insured patients of any age. If this is the case, you will enter all zeroes (0) for the Non VFC Eligible age categories in the Provider/Clinic Population of the Template and add a comment in Clinic Comments of the Comments section that your clinic does not see any patients with private or commercial insurance. Simply type your comment in the Clinic Comments box then save your progress to add your comment to this section of the Template.

The screenshot shows a form titled 'Comments'. It contains two text input fields. The first field is labeled 'Clinic Comments' and is highlighted with a yellow border. The second field is labeled 'Jurisdiction Comments'.

If you enter all zeroes (0) for the Non VFC Eligible age categories in the Provider/Clinic Population of the Template but do not include a comment in Clinic Comments, your Template will be rejected.

If your clinic does see patients who have private or commercial insurance, you do not need to add a Clinic Comment. However, this space is available if you want to add any comments for Program staff who review reenrollment submissions.

For information on Jurisdiction Comments, see the What to do If Your 2025 VFC Reenrollment Template is Rejected section of this Guide.

## Additional Questions

Providers are required to report some additional information for 2025 VFC Reenrollment.

This section contains several required additional questions and one question that is only required for specialty care providers.

You will select your clinic's provider type (e.g., federally qualified health center, birthing hospital, private practice) from the dropdown menu.

### Additional Questions - Incomplete

**Please select your Provider Type\_ (Provider Type definitions can be found in the Enrollment Guide\_)\***

The screenshot shows a dropdown menu with a downward arrow on the right side. The dropdown is highlighted with a yellow border.

Please note that if your clinic is a pharmacy in a birthing hospital, you should select birthing hospital or birthing center as your provider type not pharmacy.

You will select what type of funding your clinic has (e.g., private, public, combination) from the dropdown menu.

**Facility Type (select one) \***

You will select the specialty, if any, of your clinic by checking all the boxes that apply.

**If applicable, please indicate the specialty of the provider/practice (Select all that apply).**

\*

- Family Medicine
- Internal Medicine
- OB/GYN
- Pediatrics
- Preventive Medicine
- Other
- N/A

For definitions of provider types, facility types, and specialties, see Provider Type Definitions in the Appendix.

You will answer if your clinic is part of a hospital or healthcare system, is a mobile facility or has mobile units, and if your clinic is a VFC specialty provider by selecting answers from the dropdown menus.

**Is this provider site part of a hospital/healthcare system? \***

**Is this facility a mobile facility, or does this facility have mobile units? \***

**Is this provider a specialty provider? (See definitions in Enrollment Guide\_) \***


If your clinic is a VFC specialty provider approved to offer select ACIP-recommended vaccines, you will select the vaccine your clinic offers by checking all the boxes that apply.

If specialty provider, select all vaccines offered. (Do not answer if offer all ACIP-recommended.)

- COVID-19
- DTaP
- Hepatitis A
- Hepatitis B
- HIB
- HPV
- Influenza
- Meningococcal Conjugate
- MMR
- Nirsevimab

Please note that all birthing hospitals and birthing centers are specialty providers and are required to offer Hepatitis B and Nirsevimab, brand name Beyfortus. If you are a birthing hospital or birthing center and you only select Hepatitis B, Program staff will record in Program records that your site also offers Nirsevimab.

Once you have answered all the required questions for your clinic, this section will now be complete after your progress is saved.

 Additional Questions - Pending Save



## Submitting the 2025 VFC Reenrollment Template

When all the sections of the Template, except Comments, have a green check mark and say completed, you are ready to submit your Template for review.

- ✔ Enrollment Guide - Completed
- ✔ Assets - Completed
- ✔ Required Staff And Staff Training - Completed
- ✔ Delivery Hours - Completed
- ✔ Review Facility/Clinic Information - Completed
- ✔ Vaccines Offered - Completed
- ✔ Provider/Clinic Population - Completed
- ✔ Source of Data - Completed
- ✔ Review Medical Director or Equivalent Information - Completed
- ✔ Review Vaccine Coordinators - Completed
- ✔ Prescribing Staff Members - Completed
- ✔ Primary Agreement - Completed
- ✔ Secondary Agreement - Completed
- Comments
- ✔ Additional Questions - Completed

To submit your Template, click the dropdown arrow next to Save Progress and select Submit Forms.

Vaccine Program Enrollment ? i

Cancel Print Save Progress **Submit Forms**

Please note that all clinic and staff change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

✔ Enrollment Guide - Completed +

A popup box will ask if you are sure you want to submit and warns that you will not be able to make any edits after it's submitted. Click OK to submit. Click Cancel to return to the Template and make additional edits.

DEPT OF ... PATIENT SEARCH Support

Submit Enrollment x

Are you sure you would like to submit this enrollment?  
You will not be able to edit the enrollment once it is submitted.

Please select OK to continue or Cancel to return to the Enrollment page.

OK Cancel

A green popup box will let you know that you have successfully submitted your Template.

✓ **Success** The record has been saved ✕

Your Template will not be sent to Program staff for review unless you submit it following the instructions above. Even if all the sections of your Template have green check marks and are complete, you still need to submit it. The Template will not be reviewed until you submit it.

After successful submission, your Template goes to Program staff who will review your Template. If all required information has been entered and is correct, Program staff will approve your Template. If any issues are discovered, Program staff will reject your Template. See the What to do if Your 2025 VFC Reenrollment Template Is Rejected section of this Guide for more information on rejected Templates.

You will receive an automated notification in PIERS when the status of your Template changes.



**You will not be notified by Program staff when your Template is approved.** No confirmation email will be sent. You will only receive a PIERS notification that your Template status has changed.

However, you can check the status of your Template any time you want. For more information, see the Checking the Status of Your Template section of this Guide.

## Checking the Status of Your Template

Providers can check the status of their Template any time. Please do not contact Program staff for confirmation that your Template has been received, or to see if it has been approved. To check the status of your Template, from the PIERS homepage after you have made sure your default clinic is correct, click Clinic Tools. Then Click Enrollments. Then click Filter. This will bring up your Template. The status of your Template can be found under the Status header.

 A screenshot of the PIERS application showing the "Vaccine Program Enrollments" page. The left sidebar has "Clinic Tools" and "Enrollments" highlighted. The main area has a search form with fields for "Date Range" (Start Date: 01/29/2024, End Date: 01/29/2025), "Provider / Clinic" (PA DEPT OF HEALTH BUREAU OF IMMUNIZATIONS - PADOH), "Status" (ALL), "Program", and "Activity". A "Filter" button is highlighted. Below the form is a table with columns: Last Modified Date, Submitted Date, Provider, Clinic, Status, Accept/Reject Date, Title, Program, Activity, Audit, and Action. The "Status" column is highlighted, and the first row shows a status of "PENDING REVIEW".
 

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Program	Activity	Audit	Action
01/29/2025	01/29/2025	PA DEPT OF HEALTH	DEPT OF HEALTH BUREAU OF IMMUNIZATIONS	PENDING REVIEW		2024 VFC REENROLLMENT	VFC	ENROLLMENT RENEWAL	?	VIEW

If your status is APPROVED, congratulations! You have completed reenrollment, and no further action is required.

If your status is PENDING REVIEW, you have successfully submitted your Template, and it is being reviewed by Program staff.

If your status is REJECTED, an issue was discovered during review. See the What to do if Your 2025 VFC Reenrollment Template Is Rejected section of this Guide for next steps.

If your status is NOT YET SUBMITTED, your reenrollment has not been submitted for review. See the Submitting the 2025 VFC Reenrollment Template section of this Guide for more information.

If no results come up when you click Filter, your Template has not been started. See the Accessing the 2025 VFC Reenrollment Template in PIERS section of this Guide for more information.

If multiple results come up when you click Filter that all have the title 2025 VFC Reenrollment, multiple Templates have been added for your clinic. If any of them say APPROVED, congratulations! You have completed reenrollment. No further action is needed. Please do not submit more than one Template.

## What to do if Your 2025 VFC Reenrollment Template Is Rejected

If you get a notification in PIERS that your Template's status has changed (rejected) or you checked your Template status and saw it is REJECTED, that means additional action is needed on your part for your clinic to complete reenrollment.

Click VIEW next to your REJECTED 2025 VFC Reenrollment.

Vaccine Program Enrollments Add Enrollment

**Start Date \***  **End Date \***

**Provider / Clinic \***  
  
Select a clinic by typing provider, clinic, vfc pin, or clinic code

Status:  Title:   Include Inactive Titles

Program:  Activity:

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Program	Activity	Audit	Action
02/18/2025	01/29/2025	PA DEPT OF HEALTH	DEPT OF HEALTH BUREAU OF IMMUNIZATIONS	REJECTED	02/18/2025	VFC REENROLLMENT	VFC	ENROLLMENT RENEWAL	<span style="color: green;">?</span>	VIEW <span style="border: 1px solid #ccc; padding: 2px;">▼</span>

Comments +

This will bring up your Template. Scroll down to Comments and click the plus to expand this section of your Template.

Read the comment in Jurisdiction Comments.

The screenshot shows a window titled "Comments" with a dark header. Below the header, there are two text input areas. The first is labeled "Clinic Comments" and is currently empty. The second is labeled "Jurisdiction Comments" and is highlighted with a yellow border. It contains the text: "In the Vaccine Coordinators section, please upload the 2025 YCTS mod 10 certificate for the back-up coordinator. The current upload is from 2024. JW".

The Program staff who rejected your Template will add a comment in Jurisdiction Comments that explains why your Template was rejected and what to do to correct the issue along with the initials of the staff for quality assurance purposes.

For example, if you left the Non VFC Eligible age categories blank in Provider/Clinic Population, the Jurisdiction Comment would say the Non VFC Eligible age categories are blank and instruct you to enter your number of patients with private or commercial insurance if applicable, save your progress, then resubmit your Template. The Jurisdiction Comment would also say that if you do not see any privately or commercially insured patients to enter all zeroes (0) for those categories, add a Clinic Comment confirming you do not see any private patients, save your progress, then resubmit your Template.

Once you have addressed all the issues in the Jurisdiction Comment and saved your progress, you must submit your Template again. It will not go to Program staff for review unless you submit it again.

If there are still issues with your Template, it will be rejected again with an additional Jurisdiction Comment. Read the new Jurisdiction Comment for the rejection reason and how to resolve it.

This process will continue until your Template is approved.

You have successfully completed reenrollment once your Template is approved.

## Thank You

We want to thank all our providers for their continued participation in the VFC Program. Your participation contributes to the Department of Health's mission to promote healthy behaviors, prevent injury and disease, and to assure the safe delivery of quality health care for all people in Pennsylvania. Together we can help create a healthy Pennsylvania for all who are born, grow, live, learn, work, play, and age here.



## Appendix

### Guidance on 2025 Policy Updates

The Pennsylvania Immunization Program (Program) provider policies are available on the PA VFC [webpage](#). For 2025 VFC Reenrollment, providers are required to acknowledge they have read and understood all the provider policies. To help providers with that requirement of reenrollment, this guidance lists only the updates made to the policies. These updates are not the full policies. Providers still need to read the full policies.

#### Pennsylvania Immunization Program – Federal Advisory Committee on Immunization Practices:

2024 Policy	2025 Policy	Reason for Update
VFC resolutions determine what vaccines are available through the CDC contracts, including dosage, schedule, and contraindications.	VFC resolutions determine what vaccines are available through the CDC contracts, including dosage, schedule, and contraindications and what vaccines VFC providers are required to offer for the populations they serve.	The highlighted text was added to clarify immunization inventory requirements.

#### Pennsylvania Immunization Program – Fraud and Abuse:

No changes.

#### Pennsylvania Immunization Program – VFC Provider Enrollment:

2024 Policy	2025 Policy	Reason for Update
...located in, or able to serve, a geographic gap in VFC coverage (no other VFC providers within a 30-minute travel radius)...	...located in, or able to serve, a geographic gap in VFC coverage (no other VFC providers within a 15-minute travel radius)...	The definition of a geographic gap in VFC coverage has been changed from a 30-minute travel radius to a 15-minute travel radius.
N/A	Have already formed, or are in the process of forming, a partnership with a facility that serves VFC eligible children and youth to provide on-site vaccine clinics at the facility. Qualifying partners include, but are not limited to, schools, youth detention centers, youth residential treatment centers, and residential programs for medically complex children and youth with special healthcare needs.	The text was added due to the addition to the need-based criteria for specialty care provider enrollment.

<p>Each individual who will need to access the Pennsylvania Immunization Electronic Registry System (PIERS) must also create a PA TRAIN account.</p>	<p>Each individual who will need to access the Pennsylvania Immunization Electronic Registry System (PIERS) is highly encouraged to create a PA TRAIN account to access provider trainings on PIERS.</p>	<p>Creating a PA TRAIN account is highly encouraged, not required.</p>
<p>Vaccine ordering may occur only once the enrollment visit is complete and 3 days of in-range temperature data from a calibrated continuous temperature monitoring device has been submitted to the PA Immunization Program.</p>	<p>Vaccine ordering may occur only once the enrollment visit is complete, three days of in-range temperature data from a calibrated continuous temperature monitoring device has been submitted to the Program, and all on-hand vaccine inventory has been added to PIERS. For all subsequent orders, providers will need to reconcile their inventory in PIERS before placing an order.</p>	<p>The highlighted text was added to clarify vaccine ordering requirements.</p>
<p>Providers must notify the PA Immunization Program and PIERS immediately if...</p>	<p>Providers must notify the Program immediately by submitting the appropriate update requests in PIERS and by emailing their assigned Program contact if...</p>	<p>The highlighted text was added to specify what is meant by notify the Program.</p>
<p>The facility type changes (private to public, public to private).</p>	<p>The provider type or facility type changes (i.e., site obtains designation as a Federally Qualified Health Center). Please note, this information does not need to be updated in PIERS. This information only needs to be emailed to the provider's assigned Program contact.</p>	<p>The highlighted text was added for clarity.</p>
<p>Providers must notify the PA Immunization Program at the VFC Resource Account <a href="mailto:RA-pavfc@pa.gov">RA-pavfc@pa.gov</a> immediately if...</p>	<p>Providers must notify the Program at the VFC Resource Account <a href="mailto:RA-pavfc@pa.gov">RA-pavfc@pa.gov</a>, email their assigned Program contact, and submit the appropriate update requests in PIERS if applicable immediately if...</p>	<p>The highlighted text was added due to additional notification requirements.</p>
<p>Submit a complete inventory of all VFC and section 317 vaccines on-site. Include brand, lot</p>	<p>Reconcile inventory of all Vaccines for Children (VFC) and section 317 vaccines on-site in</p>	<p>The highlighted text was updated to reflect the current process in PIERS.</p>

number, expiration date and number of doses.	PIERS including brand, lot number, expiration date, and number of doses.	
Vaccine storage and handling must follow the vaccine storage and handling guidelines until the vaccine is picked-up by PA Immunization Program staff.	Vaccine storage and handling must follow CDC's Vaccine Storage and Handling Toolkit guidelines until the vaccine is picked up by assigned Program contact.	The highlighted was text added to specify storage and handling guidelines.
Review and analyze weekly temperature data to identify shifts in temperature trends.	Review and analyze weekly temperature data to identify shifts in temperature trends and take appropriate action if trends are shifting towards out-of-range temperatures before an incident occurs.	The highlighted text was added to clarify the purpose of this requirement.
Ensure staff is properly trained	Ensure staff is properly trained and aware of the VFC program, including staff who answer phones and schedule appointments.	The highlighted text was added for clarity.
Complete and save the training certificates for the web-based training modules "You Call the Shots" prior to the annual reenrollment. Completed educational training certificates should be uploaded with annual reenrollment submission.	Primary and backup coordinators must complete and save the training certificates for the web-based training modules "You Call the Shots" prior to annual reenrollment. Completed educational training certificates must be uploaded to PIERS as part of the annual reenrollment submission.	The highlighted text was added for clarity and to reflect current reenrollment process in PIERS.
N/A	If unable to complete the "You Call the Shots" trainings, reach out to your Program contact to schedule an education visit. Documentation of the completed education will be supplied to upload to PIERS.	The text was added to provide additional provider guidance.
N/A	All administration data for vaccines supplied by the Program must also be documented in PIERS within two weeks of administration. Providers are not required to add their privately purchased stock to their on-hand inventory in PIERS.	The text was added to clarify administration reporting requirement implemented during 2024 reenrollment.

<p><u>Temporary COVID-19 and Nirsevimab Private Inventory Exception:</u></p> <ul style="list-style-type: none"> <li>If providers do not intend to offer COVID-19 vaccine or Nirsevimab monoclonal antibody to their privately insured patients during the 2024-2025 respiratory disease season, they are not required to maintain a private stock of these products.</li> </ul>	N/A	The text was removed due to expiration of the temporary inventory exception.
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**Pennsylvania Immunization Program – Vaccine Administration and Documentation:**

2024 Policy	2025 Policy	Reason for Update
Until a COVID-19 Vaccine Information Statement (VIS) becomes available, provide information prior to vaccination as follows: EUA Fact Sheet for Recipients, Emergency Use Instructions (EUI), or BLA package insert, as applicable.	N/A	The text was removed because COVID-19 VIS is available.
All administration data for vaccines supplied by the Pennsylvania Immunization Program must also be documented in PIERS within two weeks of administration.	All administration data for vaccines supplied by the Pennsylvania Immunization Program (Program) must also be documented in PIERS within two weeks of administration (or sooner if stipulated by law or regulation).	The highlighted text was added to align policy with state law and regulation.

**Pennsylvania Immunization Program – VFC Eligibility and Billing:**

2024 Policy	2025 Policy	Reason for Update
N/A	For VFC eligible infants, the entire birth stay is considered one immunization visit. Therefore, eligibility only needs to be determined and	The text was added to provide additional guidance for VFC birthing facilities.

	documented once during the birth stay.	
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#### Pennsylvania Immunization Program – 317 Eligibility and Billing:

2024 Policy	2025 Policy	Reason for Update
Newborns receiving the birth dose of hepatitis B prior to hospital discharge that are covered under bundled delivery or global delivery package (no routine services can be individually billed) that does not include hepatitis B vaccine (Referred to in Pennsylvania as the Tot Trax Program).	N/A	The text was removed because effective on 4/1/25 section 317 funds can no longer be used to order the birth dose of hepatitis B.

#### Pennsylvania Immunization Program – Vaccine Storage and Handling:

2024 Policy	2025 Policy	Reason for Update
Digital data loggers (DDLs) with continuous monitoring capabilities and a current valid Certificate of Calibration Testing for each unit, as well as at least one backup.	Digital data loggers (DDLs) with continuous monitoring capabilities and a current valid Certificate of Calibration Testing for each unit, as well as at least one backup <b>DDL with a current valid Certificate of Calibration Testing.</b>	The highlighted text was added to clarify the need for a current valid Certificate of Calibration testing for the backup DDL.
N/A	Current, minimum, and maximum temperature readings for every storage unit are reviewed and recorded twice daily either on a paper log or electronically. Providers must include time and date of each reading and the name or initials of who assessed and recorded the readings. <ul style="list-style-type: none"> <li>Fahrenheit and Celsius paper logs are available to print from the <a href="#">VFC Resources and Forms webpage</a>.</li> </ul>	The text was added to clarify storage and handling requirements.
N/A	To use electronic logs, the provider must be able to indicate who checked the	The text was added to clarify storage and handling requirements.

	temperatures and when within the log.	
N/A	A current valid Certificate of Calibration Testing that includes the model or device number, serial number, date of calibration, and confirmation the instrument passed testing.	The text was added to clarify storage and handling requirements.

## PIERS Contact Type Definitions

Non-physician Contact (Z1 – VFC/VTrckS) – For 2025 VFC Reenrollment, select this contact type when adding prescribing staff members who are not physicians.

Physician Contact (Z2 – VFC/VTrckS) – For 2025 VFC Reenrollment, select this contact type when adding prescribing staff members who are physicians.

Physician Signing Agreement (Z3 – VFC/VTrckS) – For 2025 VFC Reenrollment, select this contact type for the medical director.

Non-physician Contact (Primary) (Z4 – VFC/VTrckS) – For 2025 VFC Reenrollment, select this contact type for the primary vaccine coordinator if that person is not a physician.

Non-physician Contact (Back-up) (Z5 – VFC/VTrckS) – For 2025 VFC Reenrollment, select this contact type for the back-up vaccine coordinator if that person is not a physician.

Physician Contact (Primary) (Z6 – VFC/VTrckS) – For 2025 VFC Reenrollment, select this contact type for the primary vaccine coordinator if that person is a physician.

Physician Contact (Back-up) (Z7 – VFC/VTrckS) – For 2025 VFC Reenrollment, select this contact type for the back-up vaccine coordinator if that person is a physician.

Hospital Contact (Z8 – VFC/VTrckS) – Do not select this contact type for 2025 VFC Reenrollment. Any staff who is not the vaccine primary coordinator, vaccine back-up coordinator, or medical director should have either the Non-physician Contact (Z1 – VFC/VTrckS) or the Physician Contact (Z2 – VFC/VTrckS) contact type.

Mailing Contact (Z9 – VFC/VTrckS) – Do not select this contact type for 2025 VFC Reenrollment. Any staff who is not the vaccine primary coordinator, vaccine back-up coordinator, or medical director should have either the Non-physician Contact (Z1 – VFC/VTrckS) or the Physician Contact (Z2 – VFC/VTrckS) contact type.

## Provider Type Definitions

### **Behavioral Health Clinic**

Locations that provide counseling, behavioral therapy, medication, case management, and other types of services to persons with behavioral health disorders. This provider type is used for behavioral health treatment centers where on-site vaccination services are provided.

### **Birthing Hospital or Birthing Center**

Birthing centers or birthing hospitals where on-site vaccination services are provided.

### **Community Vaccinator**

Community-wide vaccinators that are external to public or private conventional healthcare providers, offer vaccination services only, and conduct vaccination clinics in mobile, temporary, or offsite locations exclusively (e.g., non-permanent school-located vaccination clinics).

### **Correctional Facility**

Juvenile correctional facilities as well as adult correctional facilities where juveniles are confined, and on-site vaccination services are provided. Unlike juvenile detention centers, confinement in correctional facilities is generally long-term in nature; youths are confined in secure correctional facilities for periods generally ranging from a few months to years.

### **Family Planning Clinic (non-health department)**

Clinic that provides contraceptive services for clients who want to prevent pregnancy and/or space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STD services (including HIV/AIDS), and other preconception health services (e.g., screening for obesity, smoking, and/or mental health). This provider type is used for family planning clinics where vaccination services are provided. NOTE: Non-health department clinics that offer only STD/HIV screening and treatment services should be categorized as “STD/HIV Clinic (non-health department).”

### **Federally Qualified Health Center**

Community-based health care providers that offer primary care services in underserved areas and meet the criteria for “Federally Qualified Health Center (FQHC)” certification as set by the Centers for Medicare and Medicaid Services (CMS) (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the Social Security Act). FQHCs include HRSA Health Center Program award recipients and HRSA Health Center Program look-alikes, which are health centers that meet Health Center Program requirements but do not receive federal award funding. NOTE: Certain tribal organizations are also FQHCs. However, for tribal or urban Indian health clinics enrolled as FQHCs, use the “Indian Health Service, Tribal, or Urban Clinic”



designation. The FQHC provider type includes any satellite, temporary, or offsite locations where the provider of record (i.e., FQHC personnel) is administering vaccine.

### **Hospital**

All hospitals, including medical school or university-affiliated hospitals but excluding birthing hospitals, where on-site vaccination services are provided. NOTE: For birthing hospitals, use the “Birthing Hospital or Birthing Center” designation. The Hospital provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., hospital or hospital-contracted personnel) is administering vaccine.

### **Indian Health Service, Tribal, or Urban Clinic**

Indian Health Service (IHS), Tribal, or Urban Indian Health Program facilities that provide vaccination services. Urban Indian Health Centers are also designated Federally Qualified Health Centers and provide comprehensive primary care and related services to American Indians and Alaska Natives. Alaska Village Clinics should be included in this provider type.

### **Juvenile Detention Center**

Juvenile detention centers where on-site vaccination services are provided. Juvenile detention is defined as the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a short-term restricted environment for their own or the community’s protection while pending legal action or dispositional placement in a correctional facility.

### **Migrant Health Center**

Centers that provide health services, including on-site vaccination services, to migratory and seasonal agricultural workers and their families.

### **Mobile Provider**

Providers who offer vaccination as well as other healthcare services exclusively out of a mobile facility. This designation should NOT be used for providers who have a mobile unit associated with their facility, but the unit is not the primary location for vaccine storage and administration.

### **Pharmacy**

Stand-alone retail pharmacy (e.g., CVS, Duane Reade, Walgreens, independently owned pharmacies, etc.) or retail pharmacy within a hospital or health system where on-site vaccination services are provided. This category also includes retail pharmacies that conduct community vaccination clinics at offsite or mobile locations. NOTE: This provider type does not include retail health clinics (e.g., Minute

Clinic) or centralized pharmacies within a hospital or healthcare facility that dispense vaccines to be administered by facility staff. In those cases, the provider type is determined by who administers the vaccine. The Pharmacy provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., pharmacy personnel) is administering vaccine.

#### **Private Practice (e.g., family practice, pediatric, primary care)**

Private practice locations, including solo, group, or HMO practitioners, where vaccination services are provided. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., provider location personnel) is administering vaccine.

#### **Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized**

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized private practices, including solo, group, or HMO practitioners, that provide vaccination services. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized private practice personnel) is administering vaccine.

#### **Public Health Clinic (state/local)**

State or local public health clinics that provide vaccination services. This category includes public health - run STD/HIV clinics, family planning clinics, and teen health centers. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., public health clinic personnel) is administering vaccine.

#### **Public Health Clinic (state/local) as agent for FQHC/RHC-deputized**

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized state or local public health clinics that provide vaccination services. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized public health clinic personnel) is administering vaccine.

#### **Refugee Health Clinic**

Clinics that are designated to improve the health care and monitor medical conditions of refugees who have relocated to the United States. This provider type is used for refugee health clinics that provide vaccination services. NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a refugee health clinic but are not administered by refugee health staff, select the category of the provider with oversight of vaccination services.

**Residential/Congregate Care Facility**

Out-of-home settings, including group homes, childcare institutions, congregate foster care facilities, where onsite vaccination services are provided. NOTE: If children in these settings receive vaccinations from a mobile provider or community vaccinator, then that provider type should be used.

**Retail Health Clinic**

Health clinics located within grocery, drug, or retail stores that provide onsite vaccination services. Retail health clinics generally provide a focused range of protocol-driven healthcare services, such as the treatment of minor illnesses or injuries and vaccination services (e.g., Minute Clinic, Take Care Clinic).

**Rural Health Clinic**

Clinics located in a non-urbanized Health Professional Shortage Area, Medically Underserved Area, or governor-designated and secretary-certified shortage area. This provider type is used for rural health clinics that provide vaccination services.

**School-Based Clinic (permanent clinic location)**

Permanent school-based clinics that provide vaccination services through 12th grade. NOTE: For non-permanent school-based clinics, use the “Community Vaccinator” designation. The School-Based Clinic (permanent clinic location) provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., school-based clinic personnel) is administering vaccine.

**STD/HIV Clinic (non-health department)**

Clinics that provide timely STD/HIV diagnosis, testing with on-site treatment, and partner services. This provider type is used for STD/HIV clinics NOT located within a health department where on-site vaccination services are provided. NOTE: this category should be used by non-HD clinics that exclusively offer STD/HIV screening and treatment services.

**Student Health Services**

Permanent school-based clinics that provide vaccination services for college/university students (e.g., Job Corps).

**Teen Health Center (non-health department)**

Teen health centers that are NOT public health department-sponsored and provide on-site vaccination services.

**Urgent/Immediate Care Center**

Locations that provide immediate medical outpatient care for the treatment of acute and chronic illness and injury. This provider type should be used for urgent care centers or walk-in clinics where on-site vaccination services are provided.

**Women, Infants, and Children (WIC) Clinic**

Locations that serve low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 years who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. This provider type is used for WIC clinics that also provide vaccination services. NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a WIC clinic but are not administered by WIC staff, select the category of the provider with oversight of vaccination services.

**Other**

Any provider type not captured in one of the other provider type options.

## Provider Specialties Definitions

### **Family Medicine**

Manages common illnesses and conditions for people of all ages, focusing on overall health and well-being throughout the lifespan.

### **Internal Medicine**

Deals with the prevention, diagnosis, and nonsurgical treatment of diseases and disorders of the internal organs/structures in adults.

### **OB/GYN**

Obstetrician-gynecologist. Provides specialized services in women's health.

### **Pediatrics**

Involves disease/disorder prevention, diagnosis, and treatment associated with the physical and developmental health of children from birth to young adulthood.

### **Preventive Medicine**

Focuses on the health of individuals and communities with the goal of promoting health and well-being and preventing disease, disability, and death.

### **Specialty Care Provider Definition**

For purposes of the VFC program, specialty care providers are defined as providers who offer limited care in a specialized environment or for a specific age group within the general population of children aged 0–18 years. Specialty Care Providers have been approved by the Pennsylvania Immunization Program to offer select vaccines instead of all ACIP-recommended vaccines for the population served by the provider.

Examples:

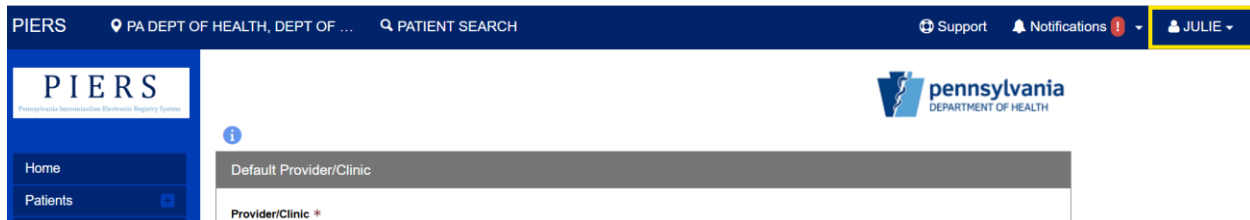
- VFC birthing facilities/hospitals offer inpatient care to infants and meet the definition of offering limited care in a specialized environment to a specific age group within the general population of children aged 0-18 years. VFC birthing facilities or hospitals are therefore approved to offer only Hepatitis B and Nirsevimab.
- A VFC pediatrician currently only has patients ages 1-6 years. This provider does not meet the definition of a specialty care provider. Although the provider is only serving a specific age group, the practice can serve all ages 0-18 years and is required to offer all ACIP-recommended vaccines for the populations served by the practice. This means that until the patient population changes,

this provider should only maintain an inventory of all ACIP-recommended vaccines for ages 1-6 years. When this provider gets a patient under age one or 7-18 years old, this provider should maintain an inventory of all ACIP-recommended vaccines for those ages too. When completing 2025 Reenrollment in PIERS this provider should select the option that indicates the clinic offers all ACIP-recommended vaccines.

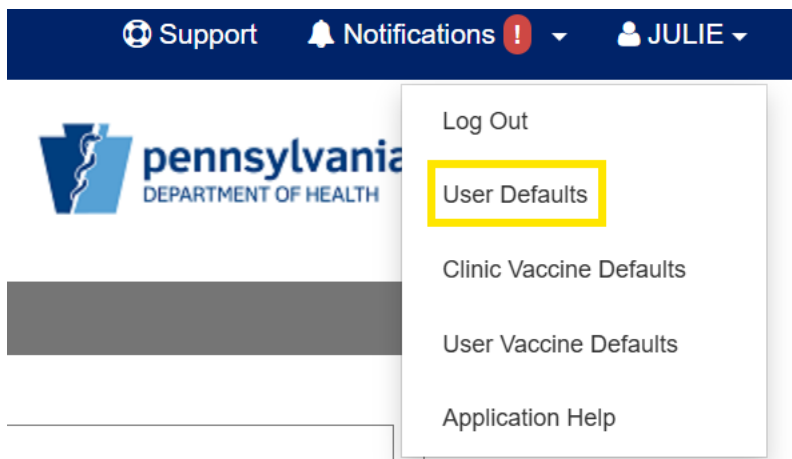
## User Defaults – Manage Email Notifications

To turn off email notifications about overdue temperature readings, follow the steps below.

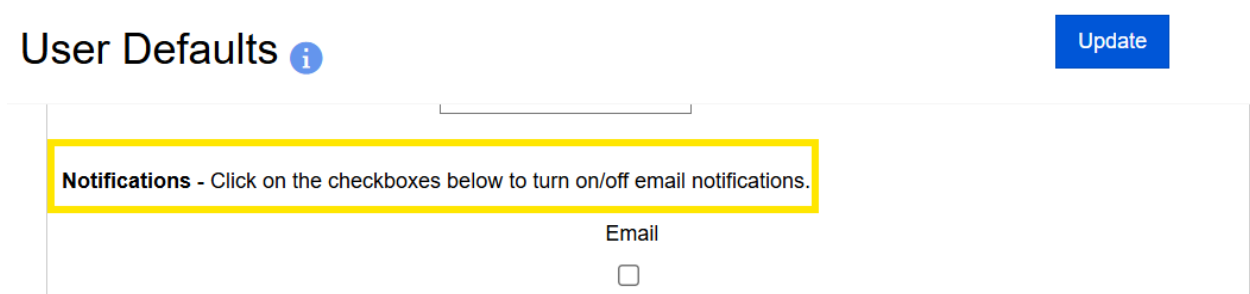
1. Login to PIERS.
2. From the homepage, click on your name in the upper right-hand corner of the screen.



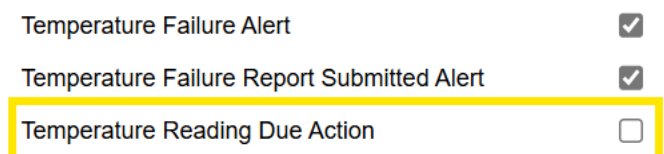
3. Then click on User Defaults to pull up your User Defaults page.




4. Scroll down to Notifications – Click on the checkboxes below to turn on/off email notifications.



5. Uncheck the box for Temperature Reading Due Action near the bottom of the page.



6. To save this change to your settings, click the blue Update button near the upper right-hand corner of the page.

User Defaults 

Update