VFC CHANGE OF INFORMATION

Instructions: Facilities are required to notify the VFC Program when there are changes. Completing the check box indicates changes/updates to that section. Email the completed form to <u>vfc@wi.gov</u> or fax to 608-267-9493.

It is your responsibility to ensure any changes indicated below are updated in WIR under the manage sites screen. If you need assistance, reach out to the WIR helpdesk at <u>dhswirhelp@wi.gov</u> or 608-266-9691.

VFC PIN (Required)		Facility Name (Required)		Date (Required)
WIA				
	Facility Name Change			
	New Facility Name			
	Previous Facility Name			
	Facility Address Change			
	New Address			
	City	State	County	Zip Code
	Medical Director/Medical Officer Change – Must be a practitioner authorized to administer pediatric vaccines, who will be held accountable for compliance for the entire organization and its VFC providers to comply with the responsibilities outlined in the provider agreement.			
	New Medical Director Name		Title (MD, DO, PA, NP)	
	Email Address		Direct Telephone Number	
	Primary Vaccine Coordinator Change – Responsible for day-to-day VFC operations, fully trained on routine and emergency procedures, vaccine ordering, storage, handling, transport, and inventory management. Can only be primary coordinator at one VFC location and should be physically on-site during the majority of clinic hours.			
	New Coordinator First and Last Name		Email Address	
	Previous First and Last Name		Email Address (Will be removed from email list)	
	Backup Vaccine Coordinator Change – Readily available to perform the same tasks as primary whenever the primary is not present. It is allowable to be a backup coordinator at more than one VFC location.			
	New Coordinator First and Last Name		Email Address	
	Previous First and Last Name		Email Address (Will be removed from email list)	
	Email Distribution List (VFC Notification Only) – Those who are not identified as a coordinator but would still like to receive VFC Programmatic update emails.			
	First and Last Name	Email Address		dd to list emove from list
	First and Last Name	Email Address		dd to list emove from list
	First and Last Name	Email Address		dd to list emove from list