

Guide to filling out the provider agreements:

Form A, Form B and Redistribution Form

Important information for all provider agreement forms

Please keep the following tips in mind when filling out these forms:

- All sections in blue on the forms should be completed, with some exceptions (such as street address 2, fax number, conditional fields, and sections for official use only).
 - A Wisconsin Department of Health Services (DHS) representative will contact you if the information is incorrect or missing; please monitor for incoming emails.
- Telephone numbers must include the area code and hyphens. For example, 608-555-5555.
- All addresses must list the full street address, city, county, state, and zip code. Do not use any punctuation or abbreviations.

Form A and Redistribution Form

Each provider organization should complete only one Form A and a Redistribution Form. Separate divisions or locations of the same company do not need to submit a form if they fall under the same Chief Medical Officer (CMO) and Chief Executive Officer (CEO).

See important highlights below for the Form A and Redistribution Form sections:

➤ Responsible Officers

- The same person may be the organization's CMO and CEO (or their equivalents). The two responsible officer positions (CMO and CEO) may also be filled by different people.
- The person signing as CMO or equivalent must be a clinician (for example, MD, NP, EMT, RN, etc.) in good standing, and may have an out-of-state license.
- The responsible officers must be the same on both Form A and Redistribution Form. Their contact information and street address must be exactly the same on both forms.

➤ Organization Information

- The organization information on Form A and the Redistribution form must be identical.
- The Redistribution Form Organization/facility name must match Form A Organization's legal name.

Form B

There should be one Form B for each location where the vaccine is being administered and/or stored. Refer to the [Provider Registration Scenarios: When to Submit a Form B](#) for more details.

See important highlights below for the Form B sections:

➤ Organization identification for individual locations

- The organization location name should be the name of the clinic location and not just that of the organization. For example, if the organization location name on Form A is "ABC Clinic," the Form B location name may be "ABC Clinic – Madison."
- If another Organization location is ordering COVID-19 vaccine for this site, write down the **Form B location name**, not just the Form A organization name.

➤ Contact information for the location's primary COVID-19 vaccine coordinator

- The responsibilities of the person listed as primary COVID-19 vaccine coordinator include:
 - Being on site of the location
 - Being the main point of contact for this location
 - Keeping COVID-19 vaccine inventory up to date in WIR
 - Receiving COVID-19 vaccine shipments as they arrive



- The primary and backup coordinator cannot be the same individual.
- **Each Form B location must have a unique primary contact** because one individual cannot be present at two permanent or mass vaccination clinics happening simultaneously nor receive shipments during the same time windows.
 - The only allowance for the same individual to serve as the primary contact at two locations is when a vaccination clinic will never take place or receive shipments at the same time as another clinic.
- **Contact information for the location's backup COVID-19 vaccine coordinator**
 - The primary and backup coordinator cannot be the same individual.
 - The backup COVID-19 vaccine coordinator is responsible for the above primary COVID-19 vaccine coordinator responsibilities should the primary coordinator not be available.
 - This person may be listed as a backup coordinator for multiple locations.
 - We advise you to be cautious if assigning the same contact to multiple locations. The backup may need to serve multiple locations if the primary coordinators are out.
- **Organization address of the location where the COVID-19 vaccine will be administered**
 - If the location where the vaccine will be administered is **the same as** the location where vaccine shipments will be received, this section should be left blank.
 - If the location where the vaccine will be administered is **different from** the location where vaccine shipments will be received, this section must be completed.
 - In addition, you **must** enter the organization's Form B location name and check **Yes** next to the "Will another Organization location order COVID-19 vaccine for this site?" box at the top of the page.
 - Both organizations must be registered to administer and handle vaccines.
- **Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments**
 - You must select at least one day you can receive vaccines. However, if selecting Monday as a delivery day, there must be another weekday in addition to Monday.
 - Times should be listed in military time and must begin and end at the top of the hour.
 - There need to be two delivery windows per each selected day, one in the morning (AM) and one in the afternoon or evening (PM). See the example below.
 - One of the delivery windows per day must be at least four hours long.
 - There must be a one-hour spacing between the AM (first) and PM (second) delivery windows.

Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments				
Monday	Tuesday	Wednesday	Thursday	Friday
AM: 08:00-12:00	AM:	AM: 09:00-11:00	AM:	AM:
PM: 13:00-16:00	PM:	PM: 12:00-17:00	PM:	PM:

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- **Does your organization currently report vaccine administration data to the state, local, or territorial Immunization Information system (IIS)?**
 - If you are a VFC provider, enter your VFC PIN as your IIS identifier.
 - If you are a WIR user, you may enter your WIR Org ID as your IIS identifier.
- **Storage unit details for this location**
 - Each storage unit listed must include the brand, model number, and type. For example, ABCFridge/MPR-2545F-PA/Dual Fridge-Freezer. See more examples below.
 - If you can store vaccines at two temperature ranges (such as refrigerator and freezer), you should list two storage units **or** one storage unit that indicates dual capacity.
 - The location's vaccine coordinator or medical/pharmacy director should sign and date this section in the YYYY-MM-DD format.

Storage unit details for this location

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

- 1. FreezersRUs/Freezomatic 7600/Ultra cold
- 2. ChillWithUs/Symphony 10k6/Frozen
- 3. FridgeRange/Chillington 10/Refrigerated
- 4. ABCFridge/MPR-2454F-PA/Dual Fridge-Freezer
- 5.

I attest that each unit listed will maintain the appropriate temperature range indicated above (please sign and date):

TEST TEST Digitally signed by TEST TEST
Date: 2022.08.25 16:13:17 -05'00'

Medical/pharmacy director or location's vaccine coordinator signature:

2022-08-25

Date:

➤ **Providers practicing at this facility**

- Prescribing providers listed in this section must be licensed to oversee and administer immunizations.
- Please include the correct spelling of the provider's complete legal name, clinical title, and full license number with suffixes.
- DHS will confirm that each license provided is valid and active prior to processing the application.
- If you run out of space on this page of the application:
 - For 9 providers or fewer, you can email the providers' information (legal names, clinical titles, and full license numbers) to DHSCOVVIDVaccinator@wi.gov.
 - To add 10 or more additional providers to the list, please contact DHSCOVVIDVaccinator@wi.gov to request an Excel template to submit the additional provider names.
 - Include the subject line "Additional Medical Providers for Form B" for either email above.

