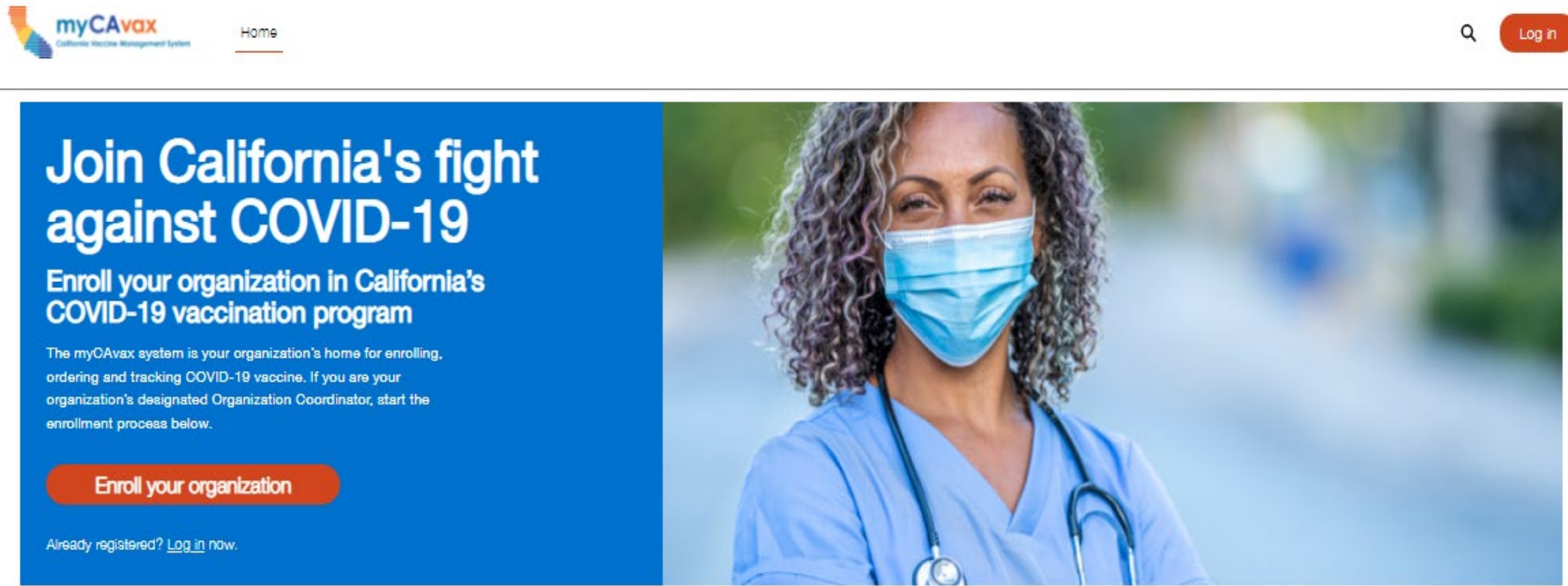


Before Enrolling in the COVID-19 Vaccine Program



Preparing for Enrollment

Program eligibility and enrollment into myCAvax is currently focused on the onboarding of small physician practices who routinely vaccinate their patients, as well as providers who are prioritized for vaccine allocation by their local health department.

To prepare for enrollment, start by reviewing the steps below. Our Enrollment Kit provides a detailed overview of the enrollment and onboarding process.

[Enrollment kit](#)

- ✓ Step 1: Review Program Requirements including CDC Provider Agreement
- ✓ Step 2: Review Provider Enrollment Worksheet
- ✓ Step 3: Enroll in your local IIS
- ✓ Step 4: Review Storage & Handling Guidelines
- ✓ Step 5: Complete Required Training
- ✓ Step 6: Complete CDC Provider Agreement in myCAvax

Step 1: Review Program Requirements


- Program Requirements including CDC Provider Agreement
 - Requirements include:
 - [EUA Agreement](#)
 - [CDC COVID-19 Storage & Handling Toolkit](#)
 - [Vaccine Documentation & Reporting Requirements](#)



Step 2: Review Provider Enrollment Worksheet

Section A: Provider Requirements & Legal Agreement

CDC COVID-19 Vaccination Program Provider Agreement



Please complete Sections A and B of this form as follows:
The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A) in myCAvax. In addition, the CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination location (Location) covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

Organization identification

Organization's legal name: _____

Number of affiliated vaccination locations covered by this agreement: _____

Organization telephone: _____

Email: _____ (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)

Street address 1: _____ Street address 2: _____

City: _____ County: _____ State: _____ ZIP: _____

Responsible officers

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signatures after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information

Last name: _____ First name: _____ Middle initial: _____

Title: _____ Licensure state: _____ Licensure number: _____

Telephone: _____ Email: _____

Street address 1: _____ Street address 2: _____

Do Not Submit Enrollment Worksheet

Section B: Provider Profile Information

CDC COVID-19 Vaccination Program Provider Agreement

Section B. CDC COVID-19 Vaccination Program Provider Profile Information
If you are enrolling on behalf of one or more other affiliated Organization vaccination locations, collect information for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

Organization identification for individual locations

Organization location name: _____ Will another Organization location order COVID-19 vaccine for this site? If YES, provide Organization name: _____

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

Last name: _____ First name: _____ Middle initial: _____

Telephone: _____ Email: _____

Contact information for location's backup COVID-19 vaccine coordinator

Last name: _____ First name: _____ Middle initial: _____

Telephone: _____ Email: _____

Organization location address for receipt of COVID-19 vaccine shipments

Street address 1: _____ Street address 2: _____

City: _____ County: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Organization address of location where COVID-19 vaccine will be administered (if different from receiving location)

Street address 1: _____ Street address 2: _____

City: _____ County: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments

	Monday	Tuesday	Wednesday	Thursday	Friday
AM:	_____	AM: _____	AM: _____	AM: _____	AM: _____
PM:	_____	PM: _____	PM: _____	PM: _____	PM: _____

Step 3: Enroll in your local IIS*

What you Need to know

An IIS ID (Org Code) is required to enroll each location in the COVID-19 Vaccine Program:

- Each vaccinating location requires a unique IIS ID
 - e.g., CAIR Org Code
- Location may not share an IIS ID.
- It may take up to 2-3 days to receive your IIS ID.

You will need to decide how to report* vaccine administration data to the IIS via one of the following options:

1) **Submission from EHR/EMR** – connect your EHR/EMR to your local immunization registry

OR

2) **My Turn (Optional)** – Doses are entered into the My Turn clinic management tool

- Automatically reports to your local IIS

**Providers who are currently reporting manually to CAIR may continue to do so.*

Where to Enroll

You will need to report to one of the following registries depending on your location's location:

- **Most Counties:** Enroll in [CAIR2](#)
 - email CAIRDataExchange@cdph.ca.gov if you have an EHR, otherwise contact your [Local CAIR Representative](#)
- **San Joaquin Region*:** [Healthy Futures/RIDE](#)
 - email support@myhealthyfutures.org or
 - call [209-468-2292](tel:209-468-2292) for technical support
- **San Diego County:** [SDIR](#)
 - email sdir@sdiz.org or
 - call [619-692-5656](tel:619-692-5656) for technical support
 - Transition to CAIR2 April 4, 2022

**Includes: Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, Tuolumne*

Step 4: Review Storage & Handling Guidelines

- Providers enrolled in the VFC Program are already set up for proper storage and administration!
 - Ultra-low freezers **No Longer Required!**
 - Purpose-built or pharmaceutical-grade units designed for storage of vaccines
 - Compact or large: Designed for refrigerated and frozen temperatures
 - Commercial or Household standalone units are also acceptable
- Digital data logger (DDL)
 - Each storage unit must be equipped with a digital data logger
 - DDL's should have a current and valid Certificates of Calibration Testing.

Step 5: Complete Required COVID-19 Program Training

- Required program training must be completed before enrolling and administering vaccines for:
 - Staff members who will manage, handle, or administer COVID-19 vaccines.
 - Required COVID-19 Trainings are available during enrollment in myCAvax
 - Estimated completion time: 1 hr.

Step 6: Complete COVID-19 Program Enrollment in myCAvax



The screenshot shows the myCAvax registration homepage. At the top left is the myCAvax logo with the tagline "California Vaccine Management System" and a "Home" link. A search icon is in the top right. The main content area features the myCAvax logo, a heading "Enroll your organization in California's COVID-19 vaccination program", and a warning: "Registration is for provider organizations who will administer vaccines." Below this is a registration form with the following fields: Organization Legal Name, Organization Address (with a search icon), Street, City, State, Zip Code, Country, First Name, and Last Name. To the right of the form is a photograph of a male doctor in a white lab coat and blue stethoscope, wearing a white face mask and forming a heart shape with his hands.