Provider Profile
Vaccines for Children Program

1. Today's Date: __ __ __ __ __ __ __ __ (M M D D Y Y Y Y)

2. Provider Identification Number: _____

All state- or grantee-approved public and private health care providers participating in the Vaccines for Children (VFC) program must complete this form. This document provides shipping information and helps the state determine the amount of vaccine to be supplied through the VFC program. This form may also be used to compare estimated vaccine needs with actual vaccine supply. The state health department must keep this record on file with the "Provider Enrollment" form. The Provider Profile form must be updated annually or more frequently if 1) the number of children being served changes, or 2) the status of the facility changes. One provider may complete the form for the entire practice.

3. Provider's Name: _____

4. Clinic Name: _____

5. Vaccine Delivery Address: _____
Street (No P.O. Boxes)

_____ _____ _____
City State Zip Code

6. Telephone Number: ( ) _____

7. Fax Number: ( ) _____

7. E-mail: _____

8. Type of Facility:

- □ A. Public Health Department
- □ B. Public Hospital
- □ C. Private Practice (Individual or Group)
- □ D. Private Hospital
- □ E. Federally Qualified Health Center (FQHC)
- □ F. Rural Health Clinic (RHC)
- □ G. Other Public Facility _____ (Specify)
- □ H. Other Private Facility_____ (Specify)

Provider Estimates:

Part A. For the 12 mo. period ending __ __/__ __/ __ __ __ __ (M M D D Y Y Y Y)

For the 12 month period, report the number of children who received vaccinations at your health 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.

<1 Y ear Old	1-6 Years	7-18 Years	Total
a.	b.	c.	d.

Part B. Of the total number for each age group entered above, how many children were VFC eligible, by category and how many were not VFC eligible?

	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
No health insurance				
American Indian/Alaska Native				
Underinsured*				
Have Health Insurance				
Total (Note: Totals should equal totals under 8 Part A: A-C)	a.	b.	c.	d.

* To be VFC-eligible, underinsured children must be vaccinated through a FQHC or RHC.

Type of data used to determine profile:

- □ A. Benchmarking
- □ B. Medicaid Claims Data
- □ C. Dose Administered
- □ D. Provider Encounter Data
- □ E. Registry
- □ F. Other _____ (specify)

This document can be found on the CDC website at:
http://www.cdc.gov/vaccines/programs/vfc/downloads/vfc-op-guide/18-appx-2-provider-profile.pdf