

**This list of question is for information purposes only.
Please do not use it as the enrollment form!**

COVID-19 Vaccination Program Provider Enrollment

Thank you for your interest in becoming a COVID-19 vaccine provider. Any facility, organization, or healthcare provider licensed to possess vaccine, administer vaccine, or provide vaccination services in Oklahoma is eligible to enroll. Before you proceed, please read carefully the information below to ensure you use the correct enrollment process for your organization and organization's facilities.

- Oklahoma had enrolled Pandemic Vaccine Providers in June-October, 2020. If you are unsure as to whether your facility has previously enrolled, please check [this map](#).
- If your facility **HAS** previously enrolled as a Pandemic Vaccination Provider, you will need to use the individual "Retake" link. This link will be emailed to the Primary and Back-up Pandemic Vaccine Coordinators by November 4, 2020. If they do not receive this link, please contact the Immunization Service team at Immunize@health.ok.gov or at (405) 271-4073.
- If your facility **HAS NOT** enrolled as a Pandemic Vaccination Provider, please proceed with the online enrollment. To ensure all facilities use the correct enrollment process, we will ask you to confirm enrollment status. If you are unsure, please check [this map](#) or contact Immunization Service team at Immunize@health.ok.gov or at (405) 271-4073.

Questions marked with an asterisk (*) are required.

Have you already enrolled your organization as a Pandemic Vaccination Provider by submitting the Pledge to Serve between June 19, 2020 and October 7, 2020?* Please check [this map](#) to verify.

Yes

No

Display This Question:

If Have you already enrolled your organization as a Pandemic Vaccination Provider by submitting the... = Yes

Choose the name of your organization from the drop down below. The name is displayed exactly how you typed it when submitting the Pledge to Serve.

Answer includes 537 names of the providers from [this map](#).

Display This Question:

If Have you already enrolled your organization as a Pandemic Vaccination Provider by submitting the... = Yes

Have you accessed this online enrollment using an individual "Retake" link you received via email from the OSDH Immunization Service? Email subject: "Requesting your facility to complete COVID-19 Vaccination Program Provider Enrollment"

Yes

No

Display This Question:

If Have you accessed this online enrollment using an individual "Retake" link you received via email... = Yes

Please proceed with the COVID-19 Vaccination Program Provider Enrollment for the facility chosen above.

During the enrollment, this facility will see new unanswered questions and questions it answered earlier. You can edit old answers if needed — except for OSIS IDs and VFC PIN number (if applicable). The Immunization team has already verified facility's OSIS and VFC status and entered a correct ID and PIN.

Introduction and Instructions

The first step to becoming a COVID-19 vaccine provider is completing this "COVID-19 Vaccination Program Provider Enrollment" form. Only local County and City-County Health Departments and providers enrolled through this site and approved by the Oklahoma State Department of Health can receive and administer COVID-19 vaccine in Oklahoma.

What organizations should complete this enrollment

Each facility or location, including those that are part of a hospital system or clinic network, must complete "COVID-19 Vaccination Program Provider Enrollment" separately. It includes outpatient clinics and physician practices that are owned or managed by the system.

Example: if a clinic network has 12 clinics, then each of 12 clinics must complete this enrollment. Do not submit enrollment for each individual healthcare provider practicing in the clinic. Example: if a clinic has 10 doctors, then clinic must complete only one enrollment and list 10 doctors at the end of the enrollment.

Who can complete this enrollment form

Medical/pharmacy director or location's vaccine coordinator can complete "COVID-19 Vaccination Program Provider Enrollment". This person can complete enrollment for all organization's locations/facilities. Depending on responses, "COVID-19 Vaccination Program Provider Enrollment" may take up to two hours.

COVID-19 Vaccination Program Provider Enrollment Process

During the completion of the "COVID-19 Vaccination Program Provider Enrollment" form, providers are required to fill in and sign two sections of the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program Provider Agreement.

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

Chief Medical Officer (or Equivalent) and Chief Executive Officer (or Chief Fiduciary) must complete and sign this form.

1. Please download [CDC COVID19 Vaccination Program Provider Agreement Section A](#) (3 pages)

2. CEO and CMO should fill in "Section A" and sign it.

- If you are not a CEO/CMO, please email them this form and ask to fill in, sign, and email the signed form back to you.
- If you are a CEO/CMO, please fill in, sign, and email the signed form to a medical/pharmacy director or location's vaccine coordinator who will be completing this enrollment.
- It is a fillable pdf form.
- Both CEO and CMO fill in and sign only one "Section A" form for their organization. They can sign it electronically in Adobe Reader or print the form and sign it by hand. If "Section A" form is signed by hand, it should be scanned and saved as a pdf document.
- Please do not email or mail "Section A" forms to the Oklahoma State Department of Health. Only forms uploaded through this website will be accepted. The OSDH will receive "Section A" form when medical/pharmacy director or location's vaccine coordinator completes "COVID-19 Vaccination Program Provider Enrollment".
- After CEO and CMO sign "Section A" form, they should distribute (preferably via email) it to organization's locations/facilities. Medical/pharmacy director or location's vaccine coordinator must upload a signed "Section A" form for each organization's location/facility when completing "COVID-19 Vaccination Program Provider Enrollment" on this website.

Example: If a hospital system has 12 hospitals, then CEO and CMO of the hospital system complete and sign only one "Section A" and distribute it to 12 hospitals (preferably via email). Medical/pharmacy director or location's vaccine coordinators of 12 hospitals complete this "COVID-19 Vaccination Program Provider Enrollment" form by answering all questions, uploading Section A (the same document for all 12 hospitals), and signing the form.

"Section B. CDC COVID-19 Vaccination Program Provider Profile Information"

Medical/pharmacy director or location's vaccine coordinator must answer Section B questions and electronically sign the form.

These questions and signature are incorporated into the "COVID-19 Vaccination Program Provider Enrollment" on this website.

Section B is not a separate document. After submitting the enrollment, save a copy of facility's enrollment for your records, but do not email it to the OSDH.

Before you start, please read all "Section B" questions and make sure you have all the necessary information to complete the enrollment.

Registration and Enrollment Confirmation

Within three business days after completing the enrollment, you will receive an email confirming your registration. Once approved by the OSDH, you will receive another email confirming your status as a COVID-19 vaccine provider. Please allow up to two weeks to process the enrollment during this busy time.

CDC COVID-19 Vaccine Provider Requirements

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 vaccine), constituent products, and ancillary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1. Organization must administer COVID-19 vaccine in accordance with all requirements and recommendations of CDC and [CDC's Advisory Committee on Immunization Practices \(ACIP\)](#).
2. Within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine Administration Data) for reporting can be found on [CDC's website](#).

Organization must submit Vaccine Administration Data through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements*.

Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.

3. Organization must not sell or seek reimbursement for COVID-19 vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to Organization.

4. Organization must administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay COVID-19 vaccine administration fees.

5. Before administering COVID-19 vaccine, Organization must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.

6. Organization's COVID-19 vaccination services must be conducted in compliance with [CDC's Guidance for Immunization Services During the COVID-19 Pandemic](#) for safe delivery of vaccines.

7. Organization must comply with CDC requirements for COVID-19 vaccine management. Those requirements include the following:

- a) Organization must store and handle COVID-19 vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's Vaccine Storage and Handling Toolkit, which will be updated to include specific information related to COVID-19 vaccine;
- b) Organization must monitor vaccine storage unit temperatures at all times using equipment and practices that comply with guidance in [CDC's Vaccine Storage and Handling Toolkit](#);
- c) Organization must comply with each relevant jurisdiction's immunization program guidance for dealing with temperature excursions;
- d) Organization must monitor and comply with COVID-19 vaccine expiration dates; and
- e) Organization must preserve all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by state, local, or territorial law.

8. Organization must report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction**.

9. Organization must comply with all federal instructions and timelines for disposing of COVID-19 vaccine and adjuvant, including unused doses.

10. Organization must report any adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS) (1-800-822-7967 or <http://vaers.hhs.gov/contact.html>).

11. Organization must provide a completed COVID-19 vaccination record card to every COVID-19 vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 vaccine shipment will include COVID-19 vaccination record cards.

12. a) Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 vaccine. b) Organization must administer COVID-19 vaccine in compliance with all applicable state and territorial vaccination laws.

This agreement expressly incorporates all recommendations, requirements, and other guidance that this agreement specifically identifies. Organization must monitor such identified guidance for updates. Organization must comply with such updates.

* Oklahoma's IIS is the Oklahoma State Immunization Information System (OSIIS). If your organization is not enrolled in OSIIS, you must agree to the terms and conditions of the OSIIS Authorized Site Agreement while completing this enrollment. If state of Oklahoma decides to use another system to report vaccine administration data, we will notify you.

**The disposal process for remaining unused COVID-19 vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under storage and handling conditions noted in Item 7 until CDC provides disposal instructions; website URL will be made available.

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- This enrollment will be active for one month after you open this link.
 - During one month, all previously entered responses will be saved and the survey can be re-visited and completed at a later time.
 - After one month, your responses will be recorded and sent to the OSDH. If you don't finish enrollment within one month after opening this link, you will have to start over.
 - Only one person can work on one enrollment. If you enter responses and send the link to other people, they will not see your responses and will have to start over.
-

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

The Centers for Disease Control and Prevention (CDC) and Oklahoma State Department of Health (OSDH) greatly appreciate 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 [CDC COVID19 Vaccination Program Provider Agreement Section A](#).

"Section A" must be uploaded to complete the enrollment. All organization's locations must upload Section A with their enrollments.

Please enter information from "Section A" below - exactly how it is typed in the form signed by CEO and CMO.

Organization's legal name*:

Organization's legal name can be different from organization location's name.
Example: INTEGRIS Health is organization's legal name; INTEGRIS Bass Baptist Hospital is organization location's name. To answer this question, one will enter INTEGRIS Health.

Number of affiliated vaccination locations covered by this agreement*:

Example: INTEGRIS Health enrolls 34 clinics and hospitals to receive and administer COVID-19 vaccine. To answer this question, one will enter 34. If organization enrolls only itself, one will enter 1 to answer this question.

Organization telephone (format 123-456-7890)*:

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

State*: (dropdown with states)

Organization address — County*: (dropdown with OK counties)

Organization address — Street address 1*:

Organization address — Street address 2:

Organization address — City*:

ZIP*

(5-digit zip code or 9-digit zip code with "-" before the 4-digit delivery route 12345-1234):

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. At the end of this page, you must upload "Section A" signed by CMO and CEO of your organization.

CMO Contact Information

CMO — Last Name*

CMO — First Name*

CMO — Middle Initial

CMO — Title:*

CMO — Licensure state:*

CMO — Licensure number:*

CMO — Telephone (format 123-456-7890):*

CMO — Email:*

CMO — Street address 1:*

CMO — Street address 2:

CMO — City*:

CMO — State*: (dropdown with states)

Display This Question:

If CMO — State: = OK*

CMO — County*: (dropdown with OK counties)

CMO — ZIP*:

(5-digit zip code or 9-digit zip code with "-" before the 4-digit delivery route 12345-1234)

CEO Contact Information

CEO — Last Name*

CEO — First Name*

CEO — Middle Initial

CEO — Telephone (format 123-456-7890):*

CEO — Email:*

CEO — Street address 1:*

CEO — Street address 2:

CEO — City*:

CEO — State*: (dropdown with states)

Display This Question:

If CEO — State: = OK*

CEO — County*: (dropdown with OK counties)

CEO — ZIP*:

(5-digit zip code or 9-digit zip code with "-" before the 4-digit delivery route 12345-1234)

CMO — Signature Date* (yyyy/mm/dd):

CEO — Signature Date* (yyyy/mm/dd):

Upload "Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement" signed by CEO (or Equivalent) and CEO (or Chief Fiduciary).

Only PDF format is accepted. If your organization's CEO and CMO haven't signed the Section A form yet, please [download it](#) and provide to them to complete and sign.

If "Section A" form is signed by hand, it should be scanned and saved as a pdf document. Please do not email or mail "Section A" forms to the Oklahoma State Department of Health! Only forms uploaded through this site will be accepted. The OSDH will receive "Section A" form when medical/pharmacy director or location's vaccine coordinator complete "COVID-19 Vaccination Program Provider Enrollment".

Today's date:

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Organization location/facility Name and Contact Information*:

Facility Name _____

Facility Phone _____

Facility Fax _____

Will another Organization location order COVID-19 vaccine for this site?*

Yes

No

Display This Question:

If Will another Organization location order COVID-19 vaccine for this site? = Yes*

Provide the name of the Organization that will be ordering COVID-19 vaccine for this location*: _____

Primary COVID-19 Vaccine Coordinator*:

Last Name _____

First Name _____

Telephone _____

Email _____

Is there a Back-up COVID-19 Vaccine Coordinator?*

Yes

No

Display This Question:

If Is there a Back-up COVID-19 Vaccine Coordinator? = Yes*

Back-up COVID-19 Vaccine Coordinator*:
(This may or may not be your VFC Back-up Contact)

- Last Name _____
- First Name _____
- Telephone _____
- Email _____

Facility Mailing Address:

Street Address* _____
City* _____
State* _____
Postal Code* _____
Telephone* _____
Fax _____

County*: (dropdown with OK counties)

Is the Shipping Address the same as the Mailing Address?*

- Yes
- No

Display This Question:

If Is the Shipping Address the same as the Mailing Address? = No*

Facility Shipping Address:

Street Address* _____
City* _____
State* _____
Postal Code* _____
Telephone* _____
Fax _____

Display This Question:

If Is the Shipping Address the same as the Mailing Address? = No*

County*: (dropdown with OK counties)

Is the Mailing Address the same as the location's address where COVID-19 vaccine will be administered?*

Yes

No

Display This Question:

If Is the Mailing Address the same as the location's address where COVID-19 vaccine will be administ... = No

Facility address where COVID-19 vaccine will be administered:

Street address*: _____

City*: _____

State*: _____

ZIP*: _____

Telephone*: _____

Fax: _____

Display This Question:

If Is the Mailing Address the same as the location's address where COVID-19 vaccine will be administ... = No

County*: (dropdown with OK counties)

Location's office hours*

Please use military time format, 24h scale.

Example #1 "With a lunch break": a clinic works from 8:00am to 5:00pm with a lunch break from 1pm to 2pm. In this situation, one will document hours like this: AM: 08:00-13:00 / PM: 14:00-17:00.

Example #2 "Without a lunch break": a facility works from 8:00am to 5:00pm without a lunch break. In this situation, one will document hours like this: AM: 08:00-12:00 / PM: 12:00-17:00.

If a facility doesn't work on certain days, please enter CLOSED. All fields of the table must be filled in.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM:					
PM:					

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

Example #1 "With a lunch break": a clinic works from 8:00am to 5:00pm with a lunch break from 1pm to 2pm. In this situation, one will document hours like this: AM: 08:00-12:00 / PM: 12:00-13:00; 14:00-17:00.

Example #2 "Without a lunch break": a facility works from 8:00am to 5:00pm without a lunch break. In this situation, one will document hours like this: AM: 08:00-12:00 / PM: 12:00-17:00.

If a facility doesn't accept shipments on certain days, please enter CLOSED. All fields of the table must be filled in.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM:					
PM:					

Are the hours you accept deliveries the same as your office hours?*

Yes

No

Facility Type*:

- CHD
- DHS
- FQHC
- Hospital - Private
- Hospital - Public
- IHS
- Military
- OSDH - Central Office
- Pharmacy
- Private
- Public
- RHC
- School
- State/Federal Agency

Display This Question:

If Facility Type = School*

Enter your district name and code

- School District Name _____
- School District Code _____

COVID-19 vaccination provider type for this location (select one)*

Provider type can be the same as Facility type.

- Commercial vaccination service provider
- Corrections/detention health services
- Health center – community (non-Federally Qualified Health Center/non-Rural Health Clinic)
- Health center – migrant or refugee
- Health center – occupational
- Health center – STD/HIV clinic
- Health center – student
- Home health care provider
- Hospital
- Indian Health Service
- Tribal health
- Medical practice – family medicine
- Medical practice – pediatrics
- Medical practice – internal medicine
- Medical practice – OB/GYN
- Medical practice – other specialty
- Pharmacy – chain
- Pharmacy – independent

- Public health provider – public health clinic
- Public health provider – Federally Qualified Health Center
- Public health provider – Rural Health Clinic
- Long-term care – nursing home, skilled nursing facility, federally certified
- Long-term care – nursing home, skilled nursing facility, non-federally certified
- Long-term care – assisted living
- Long-term care – intellectual or developmental disability
- Long-term care – combination (e.g., assisted living and nursing home in same facility)
- Urgent care
- Other

Display This Question:

If COVID-19 vaccination provider type for this location (select one) Provider type can be the same...
= Other*

Please specify "Other" provider type for this location*.

Display This Question:

If COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Long-term care – nursing home, skilled nursing facility, federally certified*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Long-term care – nursing home, skilled nursing facility, non-federally certified*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Long-term care – assisted living*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Long-term care – intellectual or developmental disability*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Long-term care – combination (e.g., assisted living and nursing home in same facility)*

Number of staff members at this facility as of today: workers in residential health care settings who either work in situations where risk of transmission is high or are at an elevated risk of transmitting the infection to patients at high risk of mortality and severe morbidity*.

Enter "0" if the facility doesn't have these staff members. _____

Display This Question:

If COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Long-term care – nursing home, skilled nursing facility, federally certified*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Long-term care – nursing home, skilled nursing facility, non-federally certified*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Long-term care – assisted living*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Long-term care – intellectual or developmental disability*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Long-term care – combination (e.g., assisted living and nursing home in same facility)*

Number of residents at this facility as of today: individuals living in residential health care settings that increase their risk of infection and resultant morbidity and mortality*. _____

Display This Question:

If COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Hospital*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Indian Health Service*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Tribal health*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Medical practice – family medicine*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Medical practice – internal medicine*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Urgent care*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Corrections/detention health services*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Corrections/detention health services*

Number of health care workers providing direct inpatient COVID care at this facility as of today: workers in acute/emergency health care settings who either work in situations where risk of transmission is high or are at an elevated risk of transmitting the infection to patients at high risk of mortality and severe morbidity*.

Enter "0" if the facility doesn't have these staff members. _____

Display This Question:

If COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Public health provider – public health clinic*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Public health provider – Federally Qualified Health Center*

Or COVID-19 vaccination provider type for this location (select one) Provider type can be the same... = Public health provider – Rural Health Clinic*

Number of public health staff conducting frontline COVID-19 pandemic mitigation and control activities as of today (including but not limited to nurses, public and private lab personnel, and others with direct contact with the public): workers in public health care settings who either work in situations where risk of transmission is high, who themselves are unable to avoid exposure to the virus, and who play a critical role in ensuring that those with or suspected of COVID-19 are able to be served by the public health system*.

Enter "0" if the facility doesn't have these staff members. _____

Setting(s) where this location will administer COVID-19 vaccine (select all that apply)*

- Child care or day care facility
- College, technical school, or university
- Community center
- Correctional/detention facility
- Health care provider office, health center, medical practice, or outpatient clinic
- Hospital (i.e., inpatient facility)
- In home
- Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)
- Pharmacy
- Public health clinic (e.g., local health department)
- School (K – grade 12)
- Shelter
- Temporary or off-site vaccination clinic – point of dispensing (POD)
- Temporary location – mobile clinic
- Urgent care facility
- Workplace
- Other

Display This Question:

If Setting(s) where this location will administer COVID-19 vaccine (select all that apply) = Other*

Please specify "Other" for setting(s) where this location will administer COVID-19 vaccine*.

Population(s) served by this location (select all that apply)

- General pediatric population
- General adult population
- Adults 65 years of age and older
- Long-term care facility residents (nursing home, assisted living, or independent living facility)
- Health care workers
- Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)
- Military – active duty/reserves
- Military – veteran
- People experiencing homelessness
- Pregnant women
- Racial and ethnic minority groups
- Tribal communities
- People who are incarcerated/detained
- People living in rural communities
- People who are underinsured or uninsured
- People with disabilities
- People with underlying medical conditions* that are risk factors for severe COVID-19 illness
- Other people at higher risk for COVID-19

Display This Question:

If Population(s) served by this location (select all that apply) = Other people at higher risk for COVID-19

Please specify "Other people at higher risk for COVID-19":

Does this provider serve the 0-18 years population?*

Yes

No

Display This Question:

If Does this provider serve the 0-18 years population? = Yes*

Number of children 18 years of age and younger routinely served by this location*. Enter UNK if you don't know.

We encourage you to provide at least an estimate. It will help CDC and the OSDH develop accurate COVID-19 vaccine allocation plans. _____

Does this provider serve adults 19 – 64 years of age (doesn't include staff)?*

Yes

No

Display This Question:

If Does this provider serve adults 19 – 64 years of age (doesn't include staff)? = Yes*

Number of adults 19 – 64 years of age routinely served by this location*. This number doesn't include staff. Enter UNK if you don't know.

We encourage you to provide at least an estimate. It will help CDC and the OSDH develop accurate COVID-19 vaccine allocation plans. _____

Does this provider serve adults 65 years of age and older (doesn't include staff)?*

Yes

No

Display This Question:

If Does this provider serve adults 65 years of age and older (doesn't include staff)? = Yes*

Number of adults 65 years of age and older routinely served by this location*. This number doesn't include staff. Enter UNK if you don't know.

We encourage you to provide at least an estimate. It will help CDC and the OSDH develop accurate COVID-19 vaccine allocation plans. _____

Number of unique patients/clients seen per week on average*. This number doesn't include staff. Enter UNK if you don't know.

We encourage you to provide at least an estimate. It will help CDC and the OSDH develop accurate COVID-19 vaccine allocation plans. _____

Are you currently an OSIIS user?*

Yes

No

Display This Question:

If Are you currently an OSIIS user? = Yes*

Does your organization currently report vaccine administration data to the OSIIS?*

Yes

No

Display This Question:

If Does your organization currently report vaccine administration data to the OSIIS? = No*

You answered your organization is not currently an OSIIS user or it does not currently report vaccine administration data to the OSIIS. Please explain planned method for reporting vaccine administration data to the OSIIS or other designated system as required*.

Enter OSIIS if you plan to report data in OSIIS. Enter UNKNOWN if you don't know.

Display This Question:

If Are you currently an OSIIS user? = No*

Before you proceed with the enrollment, you must agree to the terms and conditions of the Oklahoma State Immunization Information System (OSIIS) Authorized Site Agreement below. This agreement ensures your facility can order, receive, and document the administration of pandemic vaccines in OSIIS. This allows CDC and the OSDH to accurately determine the number of immunizations which have been administered, a critical step in the control of a pandemic.

If state of Oklahoma decides to use another system to report vaccine administration data, we will notify you.

**Oklahoma State Immunization Information System (OSIIS)
AUTHORIZED SITE AGREEMENT for Pandemic Providers**

The Oklahoma State Immunization Information System (“OSIIS”) is a confidential, comprehensive database of immunizations administered to Oklahomans by participating providers. Access to OSIIS is granted only for the purposes of recording and/or verifying immunization requirements. This information is to be shared on an as needed basis only with school officials, public health officials, child care centers, other health care professionals or health institutions, the person’s legal guardian, or other institutions required by law to collect immunization records. All records are considered confidential protected health information (“PHI”) and are covered by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). All Authorized Sites and their users shall obtain and document authorization from the individual (or the individual’s parent or legal guardian, if applicable) for the use and disclosure of protected health information unless the disclosure is for treatment, payment, or health care operations, or is otherwise permitted under applicable federal or state laws, rules, and/or

regulations. All Authorized Sites and their users shall retain documentation of any such authorizations for at least six (6) years and shall produce copies to the Oklahoma Immunization Service upon request. The Oklahoma Immunization Service will periodically monitor and audit usage of OSIIS to ensure compliance with this Agreement, user agreements, the Confidentiality and Security Policy for OSIIS, and applicable federal and state law. The Oklahoma Immunization Service may terminate this Agreement and access to OSIIS at any time for any reason, including, but not limited to, a determination that the Authorized Site or any user has failed to comply with the terms and conditions of this Agreement.

The Authorized Site is responsible for providing any computer equipment and/or electronic communications necessary for use of OSIIS. The Authorized Site and its users shall implement appropriate administrative, technical, physical, and security safeguards in compliance with HIPAA that reasonably and appropriately safeguard and protect the confidentiality of PHI. Authorized Sites and users responsible for entering demographic and immunization information into OSIIS agree to do so in a timely manner.

The Authorized Site shall designate an OSIIS Site Administrator to be responsible for use of OSIIS by the Authorized Site and its users. The OSIIS Site Administrator is responsible for:

- Authorizing and activating users and assigning user security within this site;
- Ensuring that each user has signed an OSIIS User Agreement (each agreement will be kept on site by the OSIIS Site Administrator and will be retained for at least six (6) years following the deactivation of the user's access);
- Providing oversight to ensure that users are timely deactivated when no longer affiliated with the Authorized Site;
- Ensuring that each user has his/her own user name and password;
- Notifying the Oklahoma Immunization Service of any changes to the Authorized Site's information, including, but not limited to, name, address, phone/number, site administrator, and closing of the Authorized Site;
- Ensuring compliance with the Confidentiality and Security Policy for OSIIS; and
- Reporting to the Oklahoma Immunization Service any unauthorized use or disclosure of PHI or other material breach of this Agreement, the user agreements, or applicable law within 24 hours of discovery.

By clicking this box the Authorized Site, on behalf of itself and each of its users, attests and certifies that it has read, understood, and agrees to the terms and conditions presented in this Agreement.

Page Break

Display This Question:

If Are you currently an OSIIS user?* = Yes

OSIIS ID #

Your OSIIS ID may be found by logging into your OSIIS account. Enter OSIIS ID, not Legacy ID!
If you need help finding your OSIIS ID, please email OSIIShelp@health.ok.gov or call (405) 271-7200. _____

Contact information for location's OSIIS Site Administrator*:

This person is/will be a point of contact for OSIIS.

Last Name _____

First Name _____

Phone (format without extension 123-456-7890; format with extension 123-456-7890 x 12345) _____

Email _____

OSIIS is moving/moved to a new system on 11/02/2020 called Enhanced OSIIS. Has your facility or someone from your facility attended an Enhanced OSIIS training session?*

Yes

No

Is this a Vaccines For Children (VFC) provider site?*

Yes

No

Display This Question:

If Is this a Vaccines For Children (VFC) provider site?* = Yes

VFC PIN #*:

Your VFC PIN # is a 6-digit number; do not include OKA before 6 digits. If you don't know your VFC PIN #, please call (405) 271-4073 or email immunize@health.ok.gov

Number of influenza vaccine doses administered during the peak week of the 2019-20 influenza season (the week the clinic administered the most flu vaccines)*. This number can include both employees and patients/clients. Enter UNK if you don't know.

We encourage you to provide at least an estimate. This information will help CDC and the OSDH assess vaccination/throughput capacity. _____

Maximum number of healthcare staff (dedicated vaccinators) available to administer COVID-19 vaccine on a given day*: _____

(more questions on next page)

Estimated number of 10-dose multidose vials (MDVs) your location is able to store at the following temperatures*.

- If your facility doesn't have a certain type of storage, enter "NO" for all columns.
- If a facility doesn't have any additional capacity during peak vaccination period, enter "0" for "Additional number of 10-dose multidose vials".
- If the equipment cannot meet the requirements of any of the temperature ranges listed, then it is not acceptable for storing COVID-19 vaccine and the answer should be "NO" for all fields.

All fields must be filled in.

	Number of storage units at the following temperatures	Volume (cubic feet) of storage units at the following temperatures. Example: if 2 freezers with 1.8cu ft and 5cu ft, then enter 6.8 (1.8 + 5).	Maximum number of 10-dose multidose vials (MDVs) this facility is able to store. Example: if 2 freezers with 200 MDVs and 400 MDVs, then enter 600 (200 + 400).	Additional number of 10-dose multidose vials (MDVs) during peak vaccination periods (e.g., during back-to-school or influenza season) this facility is able to store. Example: if facility's freezer is usually 90% full during peak vaccination periods, then enter how many MDVs the facility can store using the remaining 10% of the storage.
Refrigerated (2°C to 8°C):				
Frozen (-15°C to -25°C):				
Ultra-frozen (-60°C to -80°C):				

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location*. If a facility doesn't have any storage units, enter "NO" for #1, and leave #2-5 empty.

1. _____
2. _____
3. _____
4. _____
5. _____

Medical/pharmacy director or location's vaccine coordinator signature*.

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

Today's Date*:

Does this facility use a continuous monitoring thermometer?*

Yes

No

Display This Question:

If Does this facility use a continuous monitoring thermometer? = Yes*

Type of continuous monitoring thermometer*: _____

Please list licensed healthcare providers at this location who have prescribing authority (i.e., MD, DO, NP, PA, RPh). The list is limited to 25 providers. You can list any 25 providers.

There is no need to email us additional providers. CDC will be using information only for 25 providers. Providers with prescribing authority who are not on this list and other providers licensed to administer vaccine will be able to administer COVID-19 vaccine.

	Provider Name	Title	License No.
1			

(You will be able to add up to 25 providers)

This is the last step in completing online "COVID-19 Vaccination Program Provider Enrollment" for this facility. If your organization has more than one facility, each facility must complete this enrollment.

The OSDH will receive your answers and documents as soon as you click the "Submit" button below.

- After clicking "Submit" button, you will see your submitted responses. Save them for your reference.
- Please do not fax, mail, or email your responses or a signed hard copy of the "Section A" form to the OSDH. Only online enrollment will be accepted.
- Within three business days after completing the enrollment, you will receive an email confirming your registration.
- Once approved by the OSDH, you will receive another email confirming your status as a COVID-19 vaccine provider. Please allow up to two weeks to process the enrollment during this busy time.

If you have any additional questions after the submission, please email your questions to Immunize@health.ok.gov, or call (405) 271-4073.