

VFC Change of Information

Instructions

Facilities are required to notify the VFC Program when there are changes. Check and complete all sections that apply. Email the completed form to vfc@wi.gov 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 dhswirhelp@wi.gov or 608-266-9691.

VFC PIN (required): _____ Date (required): _____

Facility name (required): _____

Information to change

☐ Facility name change

New facility name: _____

Previous facility name: _____

☐ Facility address change

New address: _____

City: _____ State: _____ ZIP code: _____

County: _____

☐ Medical director or 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's name: _____

New medical director's title: _____

New medical director's email: _____

New medical director's direct phone 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's name: _____

New coordinator's email: _____

Previous coordinator's name: _____

Previous coordinator's email (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's name: _____

New coordinator's email: _____

Previous coordinator's name: _____

Previous coordinator's email (will be removed from email list): _____

☐ Email distribution list change (VFC notifications)

Those who are not identified as a coordinator but would still like to receive VFC Programmatic update emails.

☐ Add to list ☐ Remove from list

First and last name: _____ Email: _____

☐ Add to list ☐ Remove from list

First and last name: _____ Email: _____

☐ Add to list ☐ Remove from list

First and last name: _____ Email: _____

☐ Add to list ☐ Remove from list

First and last name: _____ Email: _____