



COLORADO PROVIDER PRE-REGISTRATION FORM FOR H1N1 VACCINE ADMINISTRATION

PLEASE READ: This is NOT the Centers for Disease Control and Prevention (CDC) H1N1 provider enrollment agreement. This agreement will be sent to providers who have pre-registered once it is made available by CDC in late August.

- This form is designed to collect information about providers that may potentially administer H1N1 vaccinations so that CDPHE can work to enroll them into the Colorado Immunization Information System (CIIS), which will be used to track doses administered.
All providers administering H1N1 vaccine need to be willing to report doses administered to CDPHE.
The minimum H1N1 vaccine order is 100 doses. Please consider this prior to pre-registering.
Submit completed forms to Jennifer Trainer at jennifer.trainer@state.co.us by August 21, 2009.
For questions about pre-registration or vaccine tracking, please contact Diana Herrero at diana.herrero@state.co.us.

Office Name
Address
City, State, Zip Code
Phone Fax

Are you currently participating in the Colorado Immunization Information System (CIIS)? Yes No

Table with 4 columns: Providers/Mid-level Providers Name, Title (MD, OD, etc), COPIC Malpractice Ins., and VFC Provider. It contains five rows for data entry.

Primary Contact Person

Name Title/Position
Phone Fax
Email

Back up Contact Person

Name Title/Position
Phone Fax
Email



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Type of Office: Community Health Community Vaccinator Family Practice
 Hospital Internal Medicine HMO OB/GYN Pharmacy
 Public Health Pediatric Rural Health Higher Ed Health Clinic
 Other: _____

Vaccines for Children (VFC) PIN # _____

What do you project will be your vaccine administration capacity specifically for H1N1 vaccine?

< 100 100 – 1000 1000 - 5000 >5000

What age group is your target audience? < 6 7 – 18 19 – 64 >65

Do you have enough vaccine refrigerators to store your current administration capacity? Yes No

Do you have certified and calibrated thermometers in each of these refrigerators? Yes No

How many vaccinations (include: routine pediatric and adult and all seasonal influenza doses) in total were administered in 2008? _____

Are you willing to use patient screening and consent forms provided by CDPHE? Yes No

Are you willing to report doses administered data to CDPHE either through CIIS or another approved mechanism? Yes No

Technical/computer support

Company _____

Contact person _____ Title _____

Address _____

Phone _____ Email _____

Electronic Medical Record or Billing Software

Name of Product _____ Type _____

Company _____

Contact Person _____ Title _____

Address _____

Phone _____ Email _____