



PREVENTION PARTNERSHIP PROGRAM PROVIDER PROFILE

NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 58495 (12-2011)

Provider I.D. Number:

All Prevention Partnership providers must complete this form. This document provides shipping information and helps the state determine the amount of vaccine supplied through the Vaccines For Children (VFC) Program. Review the information below and add or make changes as necessary.

Facility/Clinic Name:			
Street Address:	City:	State:	Zip Code:
Primary Contact:		Email Address:	
Backup Contact:		Email Address:	
Telephone Number:		Fax Number:	

Are you currently using the North Dakota Immunization Information System (NDIIS)? YES NO

Type of Facility (please check only one box):

- | | |
|---|--|
| <input type="checkbox"/> Private hospital-based clinic
<input type="checkbox"/> Private practice
<input type="checkbox"/> Private hospital
<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Corrections facility
<input type="checkbox"/> FQHC/RHC | <input type="checkbox"/> Public health department
<input type="checkbox"/> HIV/STD clinic
<input type="checkbox"/> Indian Health Services (IHS)
<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Other private facility
<input type="checkbox"/> Other public facility |
|---|--|

Vaccine Delivery Address (If different from above):

Street Address:	City:	State:	Zip Code:
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Provider Estimates

The numbers below are estimates of the number of children who will receive VFC vaccinations at your facility for the 12-month period beginning January 1, 2012. These numbers were determined using 2011 data from the NDIIS.

VFC Eligibility by Category

	< 1 Year Old	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
No Health Insurance				
American Indian				
Underinsured				
Total:				

For State Use Only:

Immunization Program Representative:	Date Certified for Prevention Partnership:
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