

**This is the last page of the enrollment survey. On the next page providers MUST print a copy of the completed survey for their records. The last portion should be signed by the Medical Director and mailed to the North Dakota Department of Health. An original signature from the Medical Director or equivalent must be sent to the NDDoH. If this is not received by NDDoH vaccine orders will not be approved.**



The pre-populated provider profile was mailed to your facility with the 2015 Prevention Partnership Enrollment memo and copy of the 2015 Vaccine Management Policy. If you did not receive your copy of the provider profile please contact the immunization program at 701.328.3386 or toll-free 800.472.2180.

I agree with the client estimates provided by the North Dakota Department of Health in the facility's pre-populated provider profile.

Yes, I agree with the client estimates.

No, I do not agree with the client estimates and have made changes and returned them with the signed enrollment form.



**By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed providers is individually accountable) for compliance with these requirements.**



Medical Director or Equivalent Name (print):



Signature:



Date: