



# PREVENTION PARTNERSHIP PROGRAM PROVIDER PROFILE

NORTH DAKOTA DEPARTMENT OF HEALTH  
SFN 58495 (01-2013)

Provider I.D. Number:

All North Dakota public and private health care providers participating in the Vaccines for Children (VFC) program must complete this form. This document provides shipping information and helps the state determine the amount of vaccine to be supplied through the VFC program. This form may also be used to compare estimated vaccine needs with actual vaccine supply. The Provider Profile form must be updated annually or more frequently if 1) the number of children being served changes, or 2) the status of the facility changes. One provider may complete the form for the entire practice.

Facility/Clinic Name:		Date:	
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"/> Rural Health Center (RHC)	<input type="checkbox"/> HIV/STD Clinic
<input type="checkbox"/> Public hospital based clinic	<input type="checkbox"/> Private Preschool/daycare/etc	<input type="checkbox"/> Public clinic non-health department
<input type="checkbox"/> Private Practice	<input type="checkbox"/> Public Preschool/daycare/etc	<input type="checkbox"/> Mass Vaccinator-Flu only
<input type="checkbox"/> Public Health Dept Clinic	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Mass Vaccinator-Flu & other vaccine
<input type="checkbox"/> Military Health Care Facility	<input type="checkbox"/> WIC	<input type="checkbox"/> Pharmacy-Flu only
<input type="checkbox"/> Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Indian Health Center	<input type="checkbox"/> Pharmacy-Flu & other vaccines
	<input type="checkbox"/> Corrections 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 total number of children (VFC and non-VFC eligible children) who will receive vaccinations at your facility for the 12-month period beginning January 1, 2013. These numbers were determined using 2012 data from the NDIIS.

	< 1 Year Old	1-6 Years	7-18 Years	Total
Enrolled in Medicaid				
No Health Insurance				
American Indian				
Underinsured*				
Insured				
<b>Total</b>				

\*Underinsured children may only receive VFC vaccine at a FQHC, RHC, or local public health unit. Private providers may use federal 317 vaccine for underinsured children. **This provider profile is for VFC vaccine only, which is why private providers don't have to estimate the underinsured population for the purposes of this form.**