



## COVID-19 Vaccination Program Enrollment Provider Agreement Completion Tips

The agreement must be submitted electronically through the fillable PDF form. Adobe Acrobat Reader is required to enter data, sign document, and submit the agreement. Due to inconsistent browser compatibility, right click on the link without opening in browser and save the agreement to your desktop. This step will ensure to maintain the ability to sign and submit the agreement. The document will be saved as new versions throughout the process of adding each new digital signature.

### Tips for setting up agreement

- **Requires Adobe Acrobat Reader (save fillable PDF to desktop)**
- Utilize the Digital ID process built into the form for signature (other signature methods such as Adobe Sign are incompatible with the final process of submitting to CDC)
- Ensure the form is set up with the Digital ID process by confirming the signature field reflects a red arrow as seen below

### Tips for submitting agreement

- Submit only when agreement is complete
- Clicking “Submit” will populate an email to [covid19vaccine@alaska.gov](mailto:covid19vaccine@alaska.gov)
- Save a copy of the agreement on a desktop or folder for your records
- Each organization will have equal number of submitted agreements matching the designated number of locations in section A

### Tips for formatting data:

- Phone number format (###-###-####)
- Date (option to select date or format as YYYY-MM-DD)
- Hours for receipt of COVID-19 vaccine shipment (##:##-##:##)
  - Example:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	08:00-12:00	08:00-12:00	08:00-12:00	08:00-12:00	08:00-12:00
FM	12:30-17:00	12:30-17:00	12:30-17:00	12:30-17:00	

### Tips for Completing Section A:

- This section requires two officer signatures even if one person serves both roles.
- County is a CDC required field, enter the borough of the reported address

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- **If an organization has one location**, complete section A for the organization (with signatures) and complete Section B.
  - Example: Beautiful Birch Health Clinic is interested in enrolling as a provider to receive and administer COVID-19 vaccine. Beautiful Birch Health Clinic has one clinic location. Beautiful Birch Health Clinic will complete Section A once. Beautiful Birch Health Clinic will complete Section B for the one clinic location. Beautiful Birch Health Clinic will submit 1 agreement.
- **If an organization has multiple locations**, complete section A for the organization (with signatures) and save as a new document. Use the completed section A document as a starting document to complete each Section B.
  - Example: Amazing Alaska Healthcare Organization is interested in enrolling as a provider to receive and administer COVID-19 vaccine. The Amazing Alaska Healthcare Organization has three clinic locations within the organization: Mighty Moose, Brave Bear and Feisty Fox. Amazing Alaska Healthcare Organization will complete Section A once. The organization information will be the same for all three clinic locations. Amazing Alaska Healthcare Organization will complete Section B three times, one for Mighty Moose, one for Brave Bear and one for Feisty Fox. Amazing Alaska Healthcare Organization will submit 3 agreements.

### Tips for Completing Section B:

- COVID-19 Vaccine Coordinators should be designated by the organization as the points of contact for receiving vaccine shipments, monitoring storage unit temperatures, managing vaccine inventory, reporting temperature excursions, etc. The facility VFC/AVAP Vaccine Coordinator may serve as the COVID-19 Vaccine Coordinator as they already have extensive experience with vaccine storage and handling procedures.
- County is a required field, enter the borough of the location
- From the drop down, choose only one Provider type per location and select “Yes” for all that apply for location settings.
  - All locations are defaulted to “No” and must be changed to “Yes” if it applies
  - Enlarge document for easier access to the small drop-down fields
- IIS Identifier for providers currently reporting to VacTrAK (AK IIS):
  - Enter VFC/AVAP Provider Identification Number (PIN) if active provider with Alaska Immunization Program
  - Leave IIS identifier blank if not participating in the Alaska Immunization Program
- Approximate number of patients by age group should be based on a yearly basis
- Most providers will be unable to store vaccines at the ultra-frozen temperature range in their current vaccine storage units. It is not required to purchase ultra-cold vaccine storage units to ensure approval for COVID-19 vaccine.
- All licensed health care providers who will be prescribing COVID-19 vaccine must be listed on the Provider Agreement. Ensure to include the full medical license.

### Anticipated Questions for the Provider Enrollment Process

- **Can one individual sign as both the Chief Medical Officer and Chief Executive (or chief Fiduciary) Officer?**

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Yes, if one person maintains the role of Chief Medical Officer and Chief Executive Officer, he/she can sign as both officers.

- **Must the Vaccine Coordinator and Back up Coordinator be the same for the Alaska Immunization Program and the Alaska COVID-19 Vaccine Program?**

Not necessarily. You are not required to maintain the same staff in coordinator roles for both the Alaska Immunization Program and the Alaska COVID-19 Vaccine Program. However, all coordinators must work together to ensure the proper staff have the necessary information to carry out their responsibilities.

- **Our organization is reporting to VacTrAK, what is our IIS identifier?**

If an organization is unsure of a location IIS identifier, indicate yes for reporting and leave the identifier number blank. This can be verified internally.

- **Why am I unable to sign or submit the agreement?**

The Fillable PDF requires Adobe Reader to complete the form. Upload Adobe Acrobat DC which will allow for the electronic signature and the ability to submit the form. It is best to immediately save the agreement to your desktop. Do not open the link first because it may open into a browser that will disconnect the electronic signature. Right click and save the agreement directly from the link.

Contact [covid19vaccine@alaska.gov](mailto:covid19vaccine@alaska.gov) if you are unable to sign the form.

- **Can the required signatures be submitted through Adobe Sign?**

No, the electronic signature needs to be processed through the Digital ID process within the form. Another electronic signature may not be compatible to submit to CDC.

### Contact us

Email [covid19vaccine@alaska.gov](mailto:covid19vaccine@alaska.gov) if you experience any issues submitting the *CDC COVID-19 Vaccination Program Provider Agreement*.