

# Childhood Vaccine Program

Office of Immunization | (360) 236-2829 | [doh.wa.gov/cvp](http://doh.wa.gov/cvp) | [wachildhoodvaccines@doh.wa.gov](mailto:wachildhoodvaccines@doh.wa.gov)

## Provider Disenrollment Form

Contact the Childhood Vaccine Program at [WACHildhoodVaccines@doh.wa.gov](mailto:WACHildhoodVaccines@doh.wa.gov) to begin the disenrollment process.

Facility Information			
Facility Name:		PIN:	
Facility Address:			
City:	County:	State: WA	Zip:
Contact Person:		Telephone:	
Date of Disenrollment:		Facility Type:	
Disenrollment Reason			
<b>Instructions:</b> <i>Please tell us why you are disenrolling from the Childhood Vaccine Program.</i>			
<b>Provider Inactivity</b> <input type="checkbox"/> Provider did not order vaccines for last 12 months <input type="checkbox"/> Provider did not complete recertification  <b>Change in Practice Status</b> <input type="checkbox"/> Provider merged with another provider <input type="checkbox"/> Practice closed <input type="checkbox"/> Provider no longer offering vaccinations <input type="checkbox"/> Physician is retired <input type="checkbox"/> Physician is deceased		<b>Perceived Operational or Financial Burden</b> <input type="checkbox"/> Lack of staff <input type="checkbox"/> Serves too few children <input type="checkbox"/> Administration fee reimbursement too low <input type="checkbox"/> State specific requirements <input type="checkbox"/> Inventory management <input type="checkbox"/> Storage and handling <input type="checkbox"/> Vaccine loss and replacement policy  <b>Other Reasons</b> <input type="checkbox"/> Washington Vaccine Association billing process	
Please provide a description of the circumstances surrounding disenrollment from the program. If disenrollment is due to program requirements, please specify which requirements led to the decision:			

Patient Referral (Recommended)			
If your facility serves children but will no longer provide vaccines, please tell us where you will refer patients for immunizations.			
Clinic Name:		Clinic Name:	
Address:		Address:	
State: WA	ZIP:	State: WA	ZIP:

## Transfer Vaccine Inventory & Submit Final Reports

### **Providers are required to transfer any remaining publicly supplied vaccines to another enrolled provider prior to disenrollment.**

- Use the [Provider Map](#) to view enrolled sites. Contact the program if you need assistance locating an enrolled facility.
- Review the [Vaccine Transfer Checklist](#) for information on the transfer process and how to transport vaccine.
  - **NOTE:** Partially used multi-dose vials **cannot** be transferred and should be reported as waste through the IIS Inventory Reconciliation page. Only unused or unopened multi-dose vials can be transferred to another enrolled provider.
- Submit [Vaccine Transfer Request](#) in the Immunization Information System (IIS) for DOH approval 48 hours before the planned transfer date. **Do not move vaccine prior to transfer approval.**
- After receiving approval, follow the [vaccine transport guidelines](#) for packing vaccines. Ensure the cold chain is maintained during transport. Use a [digital data logger](#) that meets thermometer requirements to monitor temperatures during transport.
- If vaccine goes out of the appropriate temperature range follow the [Vaccine Temperature Excursion Guide](#).
- Once the clinic receiving the transferred vaccine accepts the transfer in the IIS, those doses will subtract from your clinic's inventory.
- If you have any expired, unopened multi-dose, or spoiled vaccines in your inventory, please [adjust](#) those doses from your IIS inventory and complete an [Online Vaccine Return](#). Once the return shipping label is received via email, pack up doses and ship back to the vaccine distributor.
- Ensure all inventory is listed with 0 doses in the Quantity on Hand column in the IIS and submit your final monthly inventory report.

Date of Transfer:

Receiving Facility Name:

PIN:

## Sign & Submit Disenrollment

**Sign below to verify that any remaining vaccines have been transferred to another enrolled provider and all disenrollment steps have been completed. Submit completed form to [WChildhoodVaccines@doh.wa.gov](mailto:WChildhoodVaccines@doh.wa.gov) or fax to (360) 236-3811.**

Person Submitting Document

Signature