



State of New Jersey

DEPARTMENT OF HEALTH

DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH  
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To: New Jersey Vaccines for Children and 317-Funded Adult Program Providers

From: New Jersey Vaccines for Children Program

Subject: 2015 Notice for Offices That Have Not Ordered in Over 365 Days

Date: August 03, 2015

**Medical offices which have not placed a core vaccine order in over 365 days have been made inactive in the Vaccines for Children (VFC) and 317-Funded Adult (317) Programs**

**NOTE:** Influenza-only vaccine orders are considered a seasonal vaccine order and are not counted as a core vaccine order.

In order to restore active status in the VFC and/or 317 Programs, your office must complete the following actions:

1. The Primary and Back-Up Vaccine Coordinators must both take the following trainings:
  - a. Inventory Management Order and Distribution System (IMODS) Training
  - b. New Jersey Immunization Information System (NJIS) Fundamentals

Go to the following website to register for any of the above trainings:

<https://njiis.nj.gov/njiis/jsp/trainingschedule.jsp>

**All training must be completed on or after 08/03/2015. The training dates will be verified.**

2. Upon successful completion of all training your office must complete the attached *New Enrollment Questionnaire*. Email the completed two page questionnaire to the VFC Program.

[vfc@doh.state.nj.us](mailto:vfc@doh.state.nj.us)

3. Once the complete New Enrollment Questionnaire has been received by the VFC Program, your office will be contacted and a site visit will be scheduled.
4. Upon successful completion of the site visit, your office will be made active and vaccines may be ordered.

**Your office will be terminated from the VFC and/or 317 Programs if this process is not completed by December 31, 2015.**

**NJ Department of Health-Vaccine Preventable Disease Program**  
**Vaccine for Children**  
**New Enrollment Questionnaire**

PLEASE COMPLETE THE FOLLOWING FORM ENSURING ALL SECTIONS ARE ANSWERED COMPLETELY.

PROVIDER NAME \_\_\_\_\_  VFC Site       Adult/317  
TELEPHONE NUMBER \_\_\_\_\_ PIN # \_\_\_\_\_  
EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

**I. ALL VACCINES ARE MANAGED BY:**

a) Vaccine Coordinator - \_\_\_\_\_

Date of NJIIS Training: \_\_\_\_\_

Date of NJIMODS Training: \_\_\_\_\_

b) Vaccine Backup Coordinator - \_\_\_\_\_

Date of NJIIS Training: \_\_\_\_\_

Date of NJIMODS Training: \_\_\_\_\_

**II. STORAGE UNITS , & THERMOMETERS**

**Thermometers** (one per freezer and/or fridge) – **Attach Certificates**

1. Type:  Data Logger  Digital MIN/MAX  Other \_\_\_\_\_

NIST Cert #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Type:  Data Logger  Digital MIN/MAX  Other \_\_\_\_\_

NIST Cert #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3. Type:  Data Logger  Digital MIN/MAX  Other \_\_\_\_\_

NIST Cert #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

4. Type:  Data Logger  Digital MIN/MAX  Other \_\_\_\_\_

NIST Cert #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Back- Up Thermometer** (one per site)

Type:  Data Logger  Digital MIN/MAX  Other \_\_\_\_\_

NIST Cert #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Provider Storage Capacity

All providers must have the appropriate equipment to store VFC vaccine. Based on the examples below, please indicate which refrigerator and/or freezer unit(s) best resembles the unit(s) found in your practice, along with the number of units in your practice:

<input type="checkbox"/>	<p>Small Stand Alone Refrigerator <b>(NO FREEZER COMPARTMENT)</b></p> <p>Is your stand-alone refrigerator pharmacy grade or purpose built for vaccine storage?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>		<input type="checkbox"/>	<p>Small Stand Alone Freezer</p> <p>Is your stand-alone freezer pharmacy grade or purpose built for vaccine storage?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>Is it frost free?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	 
<input type="checkbox"/>	<p>Regular or Large Size Stand Alone Refrigerator <b>(NO FREEZER COMPARTMENT)</b></p> <p>Is your stand-alone refrigerator pharmacy grade or purpose built for vaccine storage?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>		<input type="checkbox"/>	<p>Freezer Chest or Large Stand Alone Freezer</p> <p>Is your stand-alone freezer pharmacy grade or purpose built for vaccine storage?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> <p>Is it frost free?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>	 
<input type="checkbox"/>	<p>Household Combination Refrigerator / Freezer</p> <p>Is your household combination refrigerator/freezer used to store frozen vaccines?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p>		<p><b><i>CDC recommends that providers have stand-alone, frost free pharmaceutical-grade refrigeration and freezer units.</i></b></p>		

### III. READINESS QUESTIONNAIRE:

The following items must be in place prior to your site being eligible for a site visit:

- NIST Thermometers are centrally placed in each storage unit
- Complete the Vaccine Management Template located at <https://njiis.nj.gov/njiis/html/vfc.html>
- Ensure all Vaccine Information Statements are current
- Temperatures have been tracked for each storage unit for at least two business weeks using the templates found at [www.immunize.org](http://www.immunize.org)
- Temperatures are logged in NJIMODS

**Once all items are complete please scan and email the new enrollment questionnaire and copies of NIST certificates to [VFC@doh.state.nj.us](mailto:VFC@doh.state.nj.us). Staff will contact you via email to schedule a new site visit.**

**Questions? Call 609-826-4862**