



## VFC Change of Contact Policy

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VFC Providers designate responsibility to a Primary and a Backup staff member for VFC vaccine ordering, inventory management and storage and handling. The users listed on this form verify their request for KSWebIZ access for placing VFC vaccine orders and performing inventory management. Upon receipt of this form the current user's access rights will be changed or terminated. Access changes will take a minimum of 10 business days to process. Vaccine inventory should be adequate and reconciliation reports closed prior to submitting the change of contact request. The Kansas Immunization Program requires the Primary and Backup contacts submit certificates of completion for the two learning modules listed below prior to ordering vaccine but, no later than 30 days after being assigned VFC responsibilities. 1) *Vaccines for Children (VFC)* 2) *Vaccine Storage and Handling*

Learning modules can be accessed at: <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>

The change in VFC contact form and the two training certificates for each user must be submitted before access to vaccine ordering is granted!

VFC PIN Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Date of Contact Change: \_\_\_\_\_

### PRIMARY

Current Primary VFC Contact Name: \_\_\_\_\_

Does the *Current* token need to be transferred To the *New* contact? Yes or No

New Primary VFC Contact Name: \_\_\_\_\_

New Primary VFC Contact E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### BACKUP

Current Backup VFC Contact Name: \_\_\_\_\_

Does the *Current* token need to be transferred To the *New* contact? Yes or No

New Backup VFC Contact Name: \_\_\_\_\_

New Backup VFC Contact E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Submit the change in contact form and completed certificates to:

Kimbra Nemmers - Fax: 785-291-3142 - [knemmers@kdheks.gov](mailto:knemmers@kdheks.gov)