

Guidance on Additional Questions Section in CoVP Enrollment

Did you review the COVID-19 Vaccine Program Provider manual?

This material is currently being created and will be distributed when available. Please mark “No” for now. This will NOT prevent you from completing your enrollment.

Will another Organization location order COVID-19 vaccine for this site?

If your site will have vaccine shipped directly from the distributor or manufacturer, select “No.” If you are not receiving vaccine directly from the distributor or manufacturer and will instead receive vaccine from another office or associated practice in CT, please select “Yes.”

If yes, provide Organization Name (Enter NA if same Organization Name)

If you answered Yes in the previous question, enter which clinic will be ordering for you. Enter NA if you answered No in the previous question.

Is the Organization address where COVID-19 vaccine will be administered different than the receiving location?

Select Yes if the vaccines will be delivered to one location and administered in a different location.

Street Address 1 of administering location. (Enter NA if same)

If you answered Yes in the previous question, enter the street address of the organization that will be administering the vaccines. Enter NA if you answered No in the previous question.

Street Address 2 of administering location. (Enter NA if same)

Enter NA if this question is not applicable.

City of administering location. (Enter NA if same)

Enter NA if this question is not applicable.

Telephone number of administering location. (Format is ###-###-####. Enter NA if same)

Enter NA if this question is not applicable.

Fax number of administering location. (Format is ###-###-####. Enter NA if same)

Enter NA if this question is not applicable.

COVID-19 Vaccination Provider type for this location (select one)

Please select the provider type that most closely matches your clinic. You may only select one.

If Other was chosen, please specify type of provider you are. (Enter NA if not applicable)

Please try to select a provider type from the drop-down menu. If there is truly no corresponding category, please enter your provider type in the text box.

Setting(s) where this location will administer COVID-19 vaccine (Select all that apply)

This selection is not binding. Please choose all possible locations where you anticipate administering vaccine. If you plan to have mobile clinics or set up on-site vaccination clinics you may need to select more than one location from this list.

If Other was chosen, please specify the Setting. (Enter NA if not applicable)

If you will administer vaccine at a location that is not in the list please specify in the text box.

Approximate number of patients/clients age 0 - 18 served by this location (Enter UNK if unknown)

Estimate the number of patients ages 0-18 served in the last 12 calendar months. If you do not regularly see patients, determine a best estimate for what you expect to see in this age range. Enter 0 if you do not plan on administering vaccine to patients in this age range.

Approximate number of patients/clients age 19 - 64 served by this location (Enter UNK if unknown)

Estimate the number of patients ages 19-64 served in the last 12 calendar months. If you do not regularly see patients, determine a best estimate for what you expect to see in this age range. Enter 0 if you do not plan on administering vaccine to patients in this age range.

Approximate number of patients/clients 65 and older served by this location (Enter UNK if unknown)

Estimate the number of patients ages 65+ served in the last 12 calendar months. If you do not regularly see patients, determine a best estimate for what you expect to see in this age range. Enter 0 if you do not plan on administering vaccine to patients in this age range.

Average number of unique patients/clients seen per week (Enter UNK if unknown, NA if not applicable)

Unique patient refers to a patient not already previously seen that week. Enter NA if you do not see patients regularly or only offer vaccine clinics on specific days of the year.

Influenza vaccine doses administered the peak week of the 2019-20 influenza season (Enter UNK if unknown)

Refer to your billing or EHR to get an approximate number.

Population(s) served by this location (Select all that apply)

Select all populations that apply.

If Other was chosen, please specify the population. (Enter NA if not applicable)

If you will administer vaccine to populations not in the list please specify in the text box.

Does your Organization currently report vaccine administration data to CT WiZ?

Select Yes if your clinic currently reports doses administered to CT WiZ through your EHR or direct data entry. Otherwise select No or Not applicable and explain in the next question your planned method for reporting vaccine administration data to the Connecticut Immunization Program.

If No or Not Applicable, explain planned method for reporting to CT WiZ. (Enter NA if Yes)

Providers are required to report COVID-19 immunization administration data to DPH within 24 hours. The information must either be reported directly to DPH via CT WiZ (enter “Yes” in the question above) or indirectly through the CDC’s Vaccine Administration Management System (VAMS). If your organization or clinic does not currently report to CT WiZ, the Immunization Program will set you up to report through VAMS.

Estimated number of 10-dose multidose vials your location is able to store refrigerated (2C to 8C)

Approximate amount of vaccine your refrigerator can hold. Please refer to the [Storage Units Dimensions table](#).

Estimated number of 10-dose multidose vials your location is able to store frozen (-15C to -25C)

Approximate amount of vaccine your refrigerator can hold. Please refer to the [Storage Units Dimensions table](#).

Estimated number of 10-dose multidose vials your location is able to store ultra-frozen (-60C to-80C)

Approximate amount of vaccine your ultra-frozen unit can hold. Please refer to the [Storage Units Dimensions table](#).

Name of Med/Pharm Director or Vaccine Coordinator who will maintain the appropriate temperature.

This individual is responsible for ensuring that COVID-19 vaccine cold chain is maintained. This includes documenting daily temperatures and reporting any excursions. This person can be the primary or backup vaccine coordinator.

***Electronic Signature* -As the Director or Vaccine Coordinator, I attest to maintain the temperature in the storage unit(s)**

The staff member listed above must sign into their CT WiZ account and check the box as their electronic signature.

Name of the Chief Executive Officer (or Chief Fiduciary)

A Chief Executive/Fiduciary Officer can be whomever is most comfortable signing the agreement and taking fiscal responsibility for your site’s participation in CoVP. An electronic signature is required from the CEO/CFO. For example, LHDDs may have a Town Mayor, First Selectman, or Director of Health sign. In some small practices, the CEO/CFO may be the same person.

E-mail of the Chief Executive Officer (or Chief Fiduciary)

Enter the E-mail of the appointed CEO/CFO.

***Electronic Signature*- As the CEO/CFO, I have read and will comply with the conditions specified in this agreement.**

The staff member listed as the CEO/CFO must sign into their CT WiZ account and check the box as their electronic signature.

How many full-time equivalent providers at your clinic can administer immunizations?

This would be the number of staff at your clinic who can administer immunizations. Please note that if you have two staff who work half-days, they would equal 1 full-time equivalent staff person. Please base full-time designation on the criteria your organization uses to qualify someone as full-time.

What is the maximum number of immunizations your clinic can administer in a single day?

Enter the maximum number of immunizations your clinic has the capacity to administer in a single day.

How many days per week does your clinic offer immunizations?

Enter the number of days per week your clinic currently offers immunizations. If Sunday through Saturday, enter 7. If it fluctuates, enter the average number of days per week.