



Connecticut Vaccine Program 2019 Provider Profile

If re-enrolling, please save and rename this document to include your pin #. Email completed forms to DPH.IMMUNIZATIONS@ct.gov Include your pin number in the subject line of your email.

All public and private health care providers who receive vaccine from the Connecticut Vaccine Program (CVP) must complete this form. This document provides shipping information and helps to determine the amount of vaccine to be supplied. The form is also used to compare estimated vaccine needs with actual vaccine supply. The Connecticut Vaccine Program will keep this record on file with the SIGNED "Provider Agreement". The Provider Profile form must be updated annually or if: (1) the number of children change, or (2) the address of the facility changes. Complete one Provider Profile for each office/site/satellite. [Click here to download additional forms.](#)

Federal Employer Tax ID _____	Please Check One Re-Enrolling in CVP <input type="checkbox"/> New Provider <input type="checkbox"/>	PIN (If re-enrolling, your pin is required) _____
Facility Name _____		

Office Days and Hours Staff Available to Receive Vaccine Shipments

Monday	Tuesday	Wednesday	Thursday	Friday

Include any time during normal business hours when the office is closed and will not accept vaccine deliveries.

Type of Facility (check one)

<input type="checkbox"/> Local Health Department <input type="checkbox"/> Federally Qualified Health Center (FQHC) or Federally Funded Rural Health Clinic (RHC) <input type="checkbox"/> School Based Health Center <input type="checkbox"/> STD/HIV Clinic <input type="checkbox"/> Drug Treatment Facility <input type="checkbox"/> Family Planning Clinic	<input type="checkbox"/> Birthing Hospital <input type="checkbox"/> Private Practice (Individual or Group) <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> Other (please specify) Specialty (check one) <input type="checkbox"/> Pediatrics <input type="checkbox"/> Family Medicine	<input type="checkbox"/> Primary Care <input type="checkbox"/> OB/GYN <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Allergy <input type="checkbox"/> Urgent Care Center <input type="checkbox"/> Other (please specify)
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Patient Enrollment and Insurance Status All practices must provide total patient enrollment numbers by age group and insurance status in order to receive vaccine from the CVP. New providers can give an estimate. Do not count a patient in more than one category and DO NOT use percentages. **Rows numbered 1 through 6 must equal the total patient enrollment by age group in row 7.**

	Birth to 1 yr.	1 - 6 yrs.	7 - 18 yrs.	Total
1. Number of Privately Insured Patients				
2. Number of Medicaid Enrolled Patients (HUSKY A)				
3. Number of Patients Without Insurance				
4. Number of Patients who are American Indian or Alaskan Native				
5. Number of S-CHIP Enrolled Patients (HUSKY B)				
6. Number of Underinsured Patients				
7. Total Number of All Patients in your practice who will be administered state supplied vaccine (must equal the sum total for rows 1-6 above)				

Data Source What data source was used to determine the total number of patients and insurance status provided above:

Immunization Information System
 Billing System
 Electronic Health/Medical Records
 Other _____

Please remember to sign the accompanying "Provider Agreement" and complete the "Insert for Storage Units"



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Insert For Storage Units

Please complete the following information for each storage unit at your facility in which you store CVP vaccine. **Please see last page for an example of how to complete this form and definition of terms.**

Facility Name		PIN:
Refrigerator:		
Manufacturer:	Make:	Model:
Serial Number/ID:		Storage Grade: <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Commercial <input type="checkbox"/> Household
Thermometer In Refrigerator:		
Manufacturer:	Make:	Model:
Serial Number/ID:		Thermometer Type: <input type="checkbox"/> Data Logger <input type="checkbox"/> Built-in <input type="checkbox"/> Manual

Freezer:		
Manufacturer:	Make:	Model:
Serial Number/ID:		Storage Grade: <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Commercial <input type="checkbox"/> Household
Thermometer In Freezer:		
Manufacturer:	Make:	Model:
Serial Number/ID:		Thermometer Type: <input type="checkbox"/> Data Logger <input type="checkbox"/> Built-in <input type="checkbox"/> Manual

Please use for any additional units if applicable

Facility Name		Pin Number:
Refrigerator:		
Manufacturer:	Make:	Model:
Serial Number/ID:		Storage Grade: <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Commercial <input type="checkbox"/> Household
Thermometer In Refrigerator:		
Manufacturer:	Make:	Model:
Serial Number/ID:		Thermometer Type: <input type="checkbox"/> Data Logger <input type="checkbox"/> Built-in <input type="checkbox"/> Manual
Freezer:		
Manufacturer:	Make:	Model:
Serial Number/ID:		Storage Grade: <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Commercial <input type="checkbox"/> Household
Thermometer In Freezer:		
Manufacturer:	Make:	Model:
Serial Number/ID:		Thermometer Type: <input type="checkbox"/> Data Logger <input type="checkbox"/> Built-in <input type="checkbox"/> Manual

Example Page

Insert For Storage Units,

Below is an example of how the insert for Storage Units forms is to be completed and definition of terms.

Facility Name 1234 Pediatrics		PIN: 1234
Refrigerator:		
Manufacturer: American Biotech Supply	Make: UCFS Series	Model: PH-ABT-HC-UCFS-0204
Serial Number/ID: SN123456789		Storage Grade: Pharmaceutical
Thermometer In Refrigerator:		
Manufacturer: Berlinger	Make: Fridge-Tag	Model: Fridge-Tag 2L
Serial Number/ID: SN123456789		Thermometer Type: Data Logger
Freezer:		
Manufacturer: Summit	Make: SCFU Series	Model: SCFU386
Serial Number/ID: SN123456789		Storage Grade: Commercial
Thermometer In Freezer:		
Manufacturer: Fisher Scientific	Make: Traceable	Model: Traceable Excursion-Trac
Serial Number/ID: SN123456789		Thermometer Type: Data Logger

Manufacturer: Brand name

Make: The trade name or series of a particular product. Please refer to owner's manual

Model: May refer to a range or make of products. Please refer to owner's manual

Serial Number: A number indicating place in a series and used as a means of identification. Usually located on product

Storage Grade:

- **Pharmaceutical:** Also called "purpose-built," these units are designed by the manufacturer specifically to store vaccines or other biological materials. *Examples of manufacturers: ABS, AEGIS, AccuCold*
- **Commercial:** Although usually intended to store food and beverages, commercial units are often larger and more powerful than the household units found in most homes. Though these units are intended to meet the higher demands of larger facilities, these units are not specifically built for the storage of biological materials. *Examples of manufacturers: Summit, TurboAir, Avanti*
- **Standard: Household (non-commercial/domestic):** These units are usually smaller than commercial units and are intended for use in small offices and in homes and typically for food storage. Just like commercial units, they are not designed specifically for the storage of biological materials. Such units are usually available in common home supply stores. *Examples of manufacturer: Frigidaire, Kenmore, Whirlpool, GE, Hotpoint*

Thermometer Type:

- **Data Logger or Continuous Temperature Monitoring** device is equipped with: A temperature probe; an active temperature display that can be easily read from the outside of the unit; the capacity for continuous monitoring and recording capabilities where the data can be routinely downloaded. *Examples of manufacturers: Fisher Traceable, Log Tag, Berlinger, Temperature Guard*
- **Built-in:** Integrated within storage unit, not free standing, must meet data logger definition
- **Manual:** Digital thermometer without downloadable logging feature. Please note as of January 2018 CDC requires all storage units to have data logger thermometers.