



Adult New Enrollment
For Public Health Departments or Federally Qualified Health
Care Centers (FQHC's) with Patients 19 years and over



All public and private health care providers who receive vaccine from the Connecticut Vaccine Program (CVP) must complete this enrollment form. Once this registration is received and your clinic is approved, you will be asked to request access to CT WiZ and be required to report and order through CT WiZ.

CLINIC INFORMATION		
Clinic Name:		
Mailing Address:		
City:		
County:	State: CT	Zip Code:
Shipping Address: <i>Check here if same as Mailing Address</i>		
City:		
County:	State: CT	Zip Code:
Federal Tax ID:		
Does your clinic have a Data logger thermometer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CONTACT INFORMATION		
<i>The primary and backup coordinators are responsible for the storage and handling of the vaccine as well as the inventory, ordering, etc. Please see Vaccine Coordinator role document listed on our website for more information.</i>		
Primary Coordinator:		Title:
Phone Number:		Fax Number:
Email:		
Back-Up Coordinator:		Title:
Phone Number:		Fax Number:
Email:		
<i>This will be the Physician signing the agreement (or equivalent). To view the agreement, visit our website. Upon completing a new provider enrollment visit with a DPH staff member, the Physician signing the agreement (or equivalent) will be required to sign into CT WiZ to electronically sign off on the agreement.</i>		
Physician Signing the Agreement/Medical Director:		



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INSURANCE BREAKDOWN				
<i>This is the insurance breakdown of your patients at your practice. Please be as accurate as possible.</i>				
	19-24 yrs	25-49 yrs.	50+ yrs.	Total
VFC Eligible-Medicaid/Medicaid Managed Care (Husky A)				0
VFC Eligible-Uninsured (Patients without Insurance)				0
VFC Eligible- American Indian/Alaska Native				0
CHIP (Husky B)				0
VFC Eligible-Underinsured at FQHC				0
Not VFC Eligible (Private Insurance)				0
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)	0	0	0	0

Delivery Hours				
<i>These are the hours your facility will be open and able to accept vaccine shipments. These should be updated around holidays and vacations. Please include if your facility closes for lunch. Vaccines do not ship on weekends.</i>				
	To	From	To	From
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				