



CVP Re-Enrollment Checklist

Please use the following checklist to help you complete all the sections in the Provider Re-enrollment process. Review the checklist to make sure your clinic has completed all the proper paperwork and steps needed.

Prior to completing the Re-enrollment:

- ☐ Make sure the Primary Vaccine Coordinator, Back-up Vaccine Coordinator, and the Physician Signing the Agreement (or equivalent) have access to CT WiZ. If you need to request access, please visit the [CT WiZ login page](#) and click on “Request User Account.” Coordinators should pick the appropriate “Access Requested” (Primary or Back-up), and Physician’s Signing the Agreement (or equivalent) should choose Chief Medical Officer/Physician Signing Agreement. Please remember the CVP PIN should be included with all CT WiZ requests. For more information on user accounts, visit our [user account webpage](#).
- ☐ Confirm that the Primary and Back-up have completed the required training within the last 12 calendar months. The Primary and Back-up Vaccine Coordinators must complete [You Call the Shots- Vaccines for Children \(VFC\)](#) and [You Call the Shots- Vaccine Storage and Handling](#).
- ☐ **Please keep your clinic information and staff up to date throughout the year and make changes as they occur.** During re-enrollment, review and [update all clinic information](#) in CT WiZ using the Clinic Tools, Clinic Information screens. This includes your clinic’s address, contact information, delivery hours, staff, and staff training. As a reminder, there can only be one Primary Vaccine Coordinator, one Back-up Vaccine Coordinator, and a Physician Signing the Agreement.
- ☐ Gather the insurance breakdown of all children in your practice. It is important to get these amounts as accurate as possible. You may need to consult with your billing department or your electronic health record (EHR) to complete this portion. Review the [Patient Eligibility Criteria](#) and [Vaccine Eligibility Criteria](#). The breakdown of the insurances are as follows:

	Birth to 1 yr.	1-6 yrs.	7-18 yrs.	Total
VFC Eligible-Medicaid/Medicaid Managed Care (Husky A)				
VFC Eligible-Uninsured (Patients without Insurance)				
VFC Eligible- American Indian/Alaska Native				
CHIP (Husky B)				
VFC Eligible-Underinsured at FQHC				
Not VFC Eligible (Private Insurance)				
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)				

When filling out the Re-enrollment:

- ☐ Visit our [website](#) to find step by step instructions on how to complete the re-enrollment process.
- ☐ Please remember that the **Physician Signing the Agreement (or equivalent) must log in to CT WiZ to electronically sign the agreement.** The Primary Vaccine Coordinator *cannot* sign the agreement for the Physician.
- ☐ Answer all questions listed under the Additional Questions tab of the re-enrollment. You will not be able to submit the re-enrollment unless these fields have been completed.
- ☐ **The 2026 Provider Re-enrollment must be completed by Friday November 21, 2025.** Failure to do so will result in suspension from the program, and you will not be allowed to order any vaccines until the re-enrollment is complete.

Need additional support: [submit a helpdesk ticket](#) – select Immunizations (CT WiZ) – Clinic Administration – Enroll/Re-enroll in CVP.