

Instructions for completing the Covid-19 Vaccine Provider Agreement

**Do not print this document to fill out
Must complete and submit electronically**

Download to computer before entering information. Do not complete in browser

“Open with” Acrobat Reader DC

[Download Adobe Reader DC - free - latest version \(softonic.com\)](#)

Section A

Pages 1 – 3:

- **Organization Identification:**
This is the provider organization (or owner of group of clinics/facilities).
Example: Health Homes Hospital owns 3 clinics/facilities (or vaccination locations). Healthy Homes Hospital is the “organization” (A).
- **Important:** The email under the Organization Identification Section will be used for CDC’s Vaccine Finder Website contact. The contact will be responsible for reporting daily COVID-19 vaccine inventory to the Vaccine Finder website throughout the response.
- Sections A and B must be completed for *each location* that will be receiving and administering Covid-19 vaccine. If the organization will also be administering Covid-19 vaccine, section B should also be completed for the organization.
- Section A must be completed, signed, and dated by the Chief Medical Officer or equivalent and the Chief Executive Officer/Fiduciary Officer.
- If you do not already have a digital ID-Please see “ How to set up signature” included on page 4
- Do not complete the sections labeled “*For official use only*”

Section B (Section A and B must be submitted for every clinic/facility location that will be storing and administering Covid-19 Vaccines for two or more consecutive days)

Page 4:

- Specify the clinic/facility name in the Organization Location Name field.
- If you answer “Yes” to the question “*Will another location order Covid-19 vaccine for this site?*” You must specify the name of the other location.
- Complete contact information for the primary Covid-19 vaccine coordinator.
- Complete contact information for backup Covid-19 vaccine coordinator.
- **Important:** The Primary and Back-up vaccine coordinators will be required to take specific training for vaccine ordering and accountability.
- Complete address fields for vaccine shipments.
- If applicable, specify the alternate location for Covid-19 vaccine administration.
- Specify the format for days and times shipment can be accepted as follows: 99:99-99:99
 - If open all day from 9 to 5 - AM: 09:00-12:00
PM: 12:00-17:00
- Do not complete the section labeled “*For official use only*”

Page 5:

- Select the provider type for this location from the *dropdown* (select one).
- Select the provider setting(s) for this location (select all that apply).
- You must input a value on each row within the “Number of patients section”. If you don’t know the approximate number of patients/clients routinely served by age group please check the “Unknown” checkbox. Do not leave any rows in this section blank.
- Complete the Influenza administration data for 2019-2020. If you don’t know the amount of doses administered click “Unknown”.

Page 6:

- Select the population(s) served by this facility/clinic (select all that apply)
- Do not complete the IIS Reporting section. NHIP has pre-populated the necessary field because NH does not currently have an IIS.
- You MUST complete the storage capacity information section for each type of unit. If not applicable, click on the “No capacity” checkbox.
- Complete the Unit details section if applicable.
- Medical/Pharmacy Director or location’s Vaccine Coordinator should sign and date the corresponding fields.

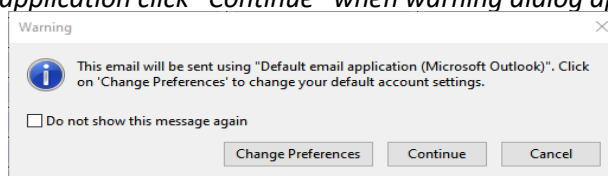
Page 7:

- List all licensed health care providers that will be overseeing COVID-19 vaccine administration, including their name, title and license number in the corresponding fields.

After completing all the required fields, please submit this form using one of the following methods:
(Be sure to add the correct code, in the subject line of email, that is associated with the type of facility that will be receiving and administering COVID19 vaccine. See codes on page 3)

Option 1: (preferred method)

- Click on the **SUBMIT FORM** button to send by email (must have pop-up blocker dis-abled)
- If using **Outlook** email application click “Continue” when warning dialog appears:



- Otherwise, click on “Change Preferences and click on “Add Account”, then select Gmail or other account accordingly and type your E-mail address and Password and other required info.
- **Change the subject line to: Provider Type Code-Organization name-Clinic name.**
Example: “105-Concord Hospital-Family Physicians of Pembroke”

Option 2:

- Save form “as is” on computer. Please be sure you have an updated version of Adobe (must be saved unlocked)
- **Create an email with the subject line: Provider type code-Organization name-Clinic name.**
Example: “104-Concord Hospital-Family Physicians of Pembroke”
- Attach the form and send by email to: C19Enrollment@dhhs.nh.gov

**This form must remain unlocked when submitting.
More information and details must be completed (“for official use only”)**

COVID-19 Vaccination Provider Type (in no particular order)

Code: Type

100: Correctional facilities (includes all)

102: Health Center

- Community (Federally Qualified Health Center/Rural Health Clinic)
- Community (non-Federally Qualified Health Center/ non-Rural Health Clinic)
- Migrant or Refugee
- Occupational
- STD/HIV clinic

103: Home Health Care provider (includes all)

104: Long Term Care

- Nursing home
- Skilled nursing facility,
- Non-federally certified assisted living,
- Intellectual or developmental disability
- Combination (e.g., assisted living and nursing home in same facility)

105: Medical Practice

- Family Medicine
- Pediatrics
- Internal Medicine
- OB/GYN
- Other

106: Pharmacy

- Chain and Independent

107: Public Health Provider

- Public Health Clinic
- Federally Qualified Health Center
- Rural Health Clinic

108: Residential/Communal Living (includes colleges and private schools)

- Transition Housing
- Higher education
- Private boarding

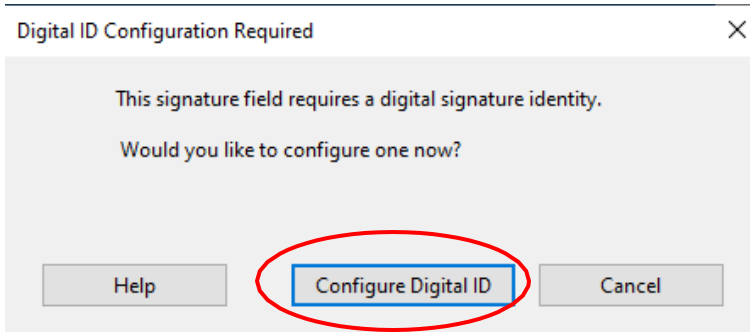
109: Urgent Care (non-hospital affiliation)

110: Other

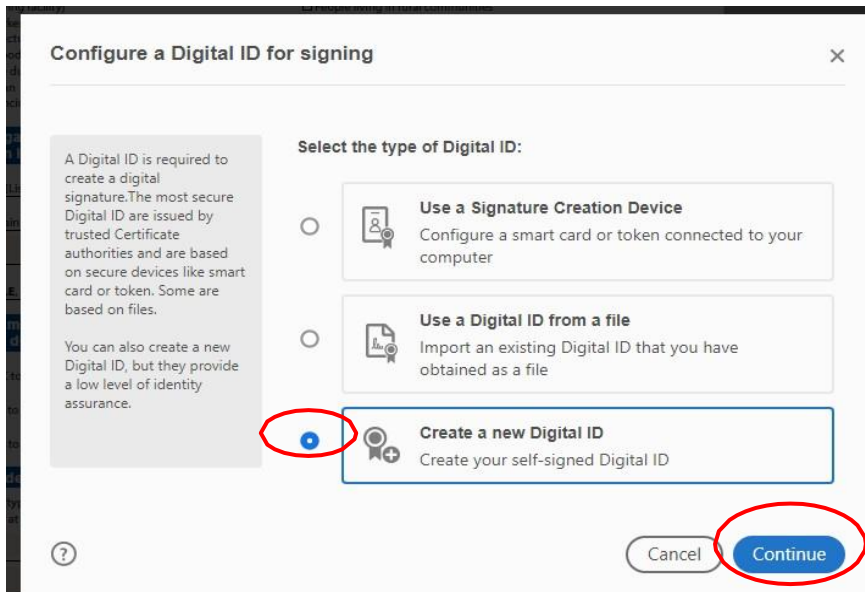
How to Create a Digital Signature in Adobe Reader

To create a digital signature that can be applied to PDF forms, please follow the instructions below:

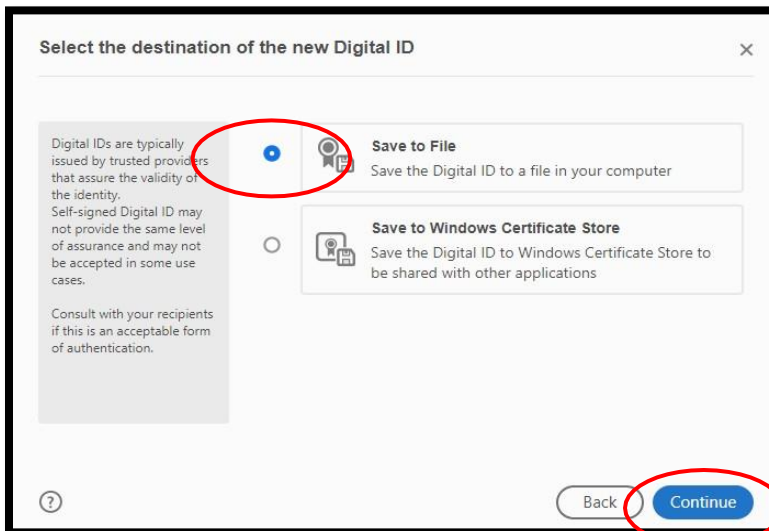
1. Click on the signature field.
2. You will be presented with a window labeled “Digital ID Configuration required”, click on “Configure Digital ID”.



3. Select “Create a new digital ID, Create your self-signed Digital ID and click “Continue”



4. When prompted to select the destination of the new Digital Select: “Save to File” and click “Continue”



5. Fill out the required information in the provided fields and click “Continue”

Create a self-signed Digital ID [X]

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name: John Doe

Organizational Unit: Hospital

Organization Name: NH Hospital

Email Address: john.doe@fakeemail.org

Country/Region: US - UNITED STATES

Key Algorithm: 2048-bit RSA

Use Digital ID for: Digital Signatures

[?] [Back] [Continue]

6. Select the location on your computer where you would like your “Digital ID saved” and create a password then click “Save:”

Save the self-signed Digital ID to a file [X]

Add a password to protect the private key of the Digital ID. You will need this password again to use the Digital ID for signing.

Save the Digital ID file in a known location so that you can copy or backup it.

Your Digital ID will be saved at the following location : C:\Users\maureen.e.morrill\AppData\Roaming\Adobe\ [Browse]

Apply a password to protect the Digital ID:

Confirm the password:

[?] [Back] [Save]

7. Choose the Digital ID that you created and click "Continue".



8. Your Digital Signature will be displayed with date and time stamp, click "Sign":



9. You will then see your digital signature on the PDF form.
Example:

Storage unit details for this location

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

1.
2.
3.
4.
5.

I attest that each unit listed will maintain the appropriate temperature range indicated above (please sign and date):

John Doe Digitally signed by John Doe
Date: 2020.11.09 09:35:23 -05'00'

Medical/pharmacy director or location's vaccine coordinator signature:

Date: