



WebIZ Clinic Tools Module



Revised
6/12/2025

Updating Clinic Information



New VFC Provider



New VFC Providers must submit a VFC Provider Agreement and a VFC Profile through the WebIZ Clinic Tools module.

The new VFC Provider is also responsible for completing and emailing a Vaccine Management Plan, 5-Day Temperature Log, and the Digital Data Logger (DDL) Certificates of Calibration to the VFC Coordinator prior to approval. These and additional VFC program documents can be found at the bottom of the AR WebIZ homepage.

Certificates of Calibration can be obtained through your DDL vendor.

VFC Recertification

The VFC Provider Agreement and VFC Provider Profile are due annually between July 1st and August 31st of every year.

- The VFC Provider must ensure that their clinic and staff information has been updated prior to the beginning of the Annual VFC Enrollment recertification. This will prevent you from having to leave the enrollment page to make clinic updates.
- Failure to submit the VFC recertification by the due date may result in a vaccine ordering suspension until the recertification has been completed and submitted for review.

Vaccines for Children (VFC) Program Information

Posted on 01/01/2017 by RACHEL ODOM

Submit a VFC Enrollment Form and VFC Provider Profile annually July 1 to

Only your Physician Signing Agreement, Primary Vaccine Coordinator, and Tools. All other clinic staff should be added to your clinic through the WebIZ

All clinic staff contacts, including prescribing providers, should be registered screen or in the Clinic Tools module under the Staff section.

The primary and back-up vaccine coordinators will not show up on a clinic Shots trainings. The CE number for each training is required, even if the ce

You cannot submit an enrollment until the Physician Signing Agreement has

Annual VFC Provider Education: [YOU CALL THE SHOTS](#) - The Vaccines

Attachments:

[New VFC Provider Enrollment Packet](#)

[VFC Provider Guide](#)

[WebIZ VFC Enrollment Instructions- Clinic Tools](#)

[Standards for Pediatric Immunization Practices](#)

[VFC Patient Eligibility Screening Record Form](#)

[Digital Data Logger Information](#)

[Vaccine Storage Unit Resources](#)

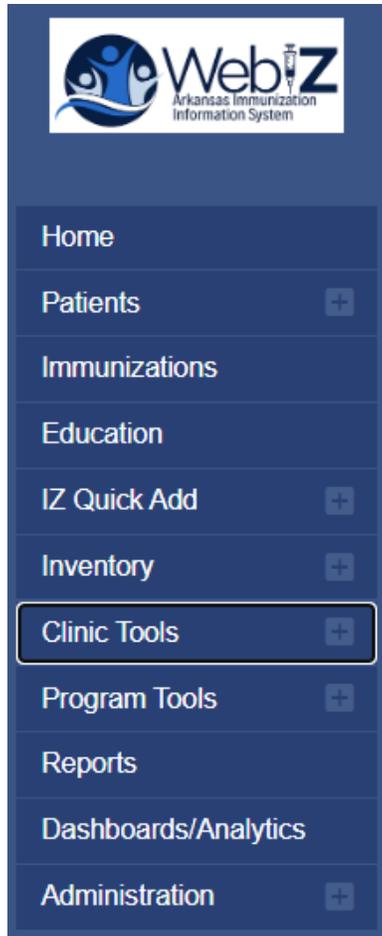
[Temperature Recording Log](#)

[Vaccine Management Plan 1.28.2025](#)

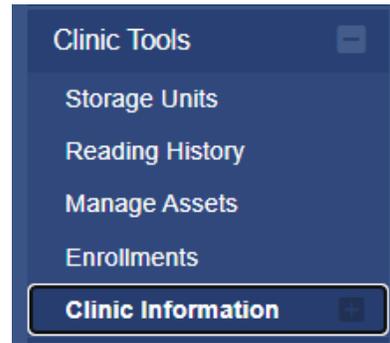


Updating Clinic Information

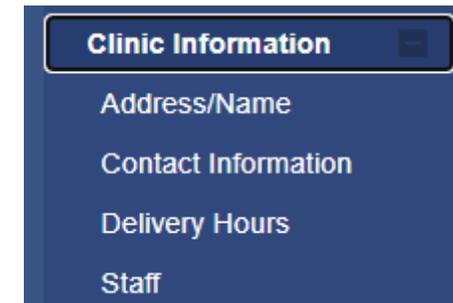
VFC Providers that have more than one facility must ensure that the facility that requires an update is selected prior to making any changes.



1
Click on the
“Clinic Tools +”
square to expand
options



2
Click on “Clinic
Information +” square
to expand options



3
Click on
“Address/Name”



Address/Name Change Request

1. Enter updated information
2. Save your changes by clicking “Create”



Clinic Address / Name Change Request ? i

Submit a request to update the clinic address, name or email address. When the request is approved or denied it will show up in the history below.

Clinic Id
4778

Effective Date *
MM/DD/YYYY 

Clinic Name * TRAINING CLINIC **Email** NANCY@EMAIL.COM

Primary Address Copy To Secondary Address Copy From Secondary Address Clear

Street # * 4815 **Prefix** W **Street Name *** MARKHAM **Type** ST **Suffix**

Unit Number **PO Box**

City * LITTLE ROCK x **Out of State City** **County *** PULASKI x **Out of State County**

State * ARKANSAS **Country** UNITED STATES **Zip Code *** 72205 ? x

Address validated on 07/12/2023 12:29 PM

Edit Clinic

- Address / Name
- Contact Information
- Delivery Hours
- Staff

1 (bracketed area around form fields)

2 (arrow pointing to Create button)

Create

NOTE: For existing VFC providers, if you are updating the clinic name or address of the facility, please contact the VFC Program



Clinic Contact Information

1. Enter updated information
2. Save your changes by clicking “Update”

The screenshot displays the 'Clinic Contact Information' page in the WebZ system. On the left is a dark blue sidebar with navigation links: Home, Patients, Immunizations, Inventory, Clinic Tools, Storage Units, and Reading History. The main content area is titled 'Clinic Contact Information' and includes a help icon and an information icon. Below the title are three sets of input fields: 'Primary Phone' (501-661-2170) and 'Ext' (99999), 'Secondary Phone' (999-999-9999) and 'Ext' (99999), and 'Fax' (999-999-9999). A red bracket labeled '1' groups these input fields. To the right is an 'Edit Clinic' sidebar with tabs for 'Address / Name', 'Contact Information' (highlighted with a red box), 'Delivery Hours', and 'Staff'. A red arrow labeled '2' points to a dark blue 'Update' button in the top right corner.



Clinic Delivery Hours

1. Click on the “Dropdown Arrow” to select the Clinic’s time of operation
2. Save your changes by clicking “Update”

Web of Z
Arkansas Immunization Information System

Clinic Delivery Hours ? i

Monday
Delivery Time 1: 09:00 (dropdown menu open showing 08:00, 08:15, 08:30, 08:45, 09:00, 09:15) To Delivery Time 2: 17:00 (dropdown) CHOOSE (dropdown) To CHOOSE (dropdown)

Tuesday
Delivery Time 1: 09:00 (dropdown) To Delivery Time 2: 17:00 (dropdown) CHOOSE (dropdown) To CHOOSE (dropdown)

Wednesday
Delivery Time 1: CHOOSE (dropdown) To CHOOSE (dropdown) CHOOSE (dropdown) To CHOOSE (dropdown)

Thursday
Delivery Time 1: CHOOSE (dropdown) To CHOOSE (dropdown) CHOOSE (dropdown) To CHOOSE (dropdown)

Friday
Delivery Time 1: CHOOSE (dropdown) To CHOOSE (dropdown) CHOOSE (dropdown) To CHOOSE (dropdown)

Saturday

Edit Clinic
Address / Name
Contact Information
Delivery Hours
Staff

Update



Clinic Staff Change Request

1. Click on “View” to edit Staff information
2. To add new contacts, click “Add New Contact”
3. Make sure you save your changes by clicking “Update”.

WebIZ Arkansas Information System

Clinic Staff Change Request

test message

Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

Name	Type	Phone	Main Contact/Shipping Contact	Audit	Action
FAWCETT, NORA	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)		NO	?	EDIT
TRAINING, RACHEL	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	501-537-8969	NO	?	EDIT
TRAINING, RACHEL	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)		YES	?	EDIT

Showing 1 to 1 of 1 records

Effective Date: MM/DD/YYYY

Contact Type: NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)

First Name: RACHEL

Middle Name:

Email: RACHEL.ODOM@ARKANSAS.GOV

Telephone: 501-537-8969 Ext: 99999 Fax Number: 501-661-2300

License Number:

Comments:

Medicaid Provider ID:

Employer ID Number:

Specialty: CHOOSE Title: CHOOSE

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2 Add New Contact

1 To edit contacts, Click “Edit”

To Remove a contact, Click the dropdown arrow and Click “REMOVE”

NOTE:

If you need to change any of the clinic contacts, you must first remove the current contact and add the new contact by clicking “Add New Contact”.

All change requests must be approved by the WebIZ Help Desk. If the pending status does not change after 78 hours, contact the WebIZ Help Desk.

Submit a helpdesk ticket: [WebIZ Help Desk](#)
Help Desk: (800) 574-4040
Option 1



Friendly Reminder

Click if not registered→

New Facility Enrollment :



- Your facility must be registered in WebIZ prior to participating in the Vaccines for Children Program.

Click if not registered→

New User Enrollment:



- Your facility must be registered in WebIZ prior to submitting a WebIZ New User Enrollment. You must submit a New User Enrollment prior to being listed as a clinic contact on the Clinic Staff page in Clinic Tools.



The Official Immunization Information System for the State of Arkansas

Arkansas WebIZ Live

Login

Username

Password

[Forgot Password?](#) | [Forgot Username?](#)

Login

[Trouble Logging in?](#)

To enroll in WebIZ, please click the appropriate link below to submit a ticket for access. A PDF enrollment form will be sent to you via your ticket. Once this form is completed and returned through the ticket email, you will receive your username, password, and log in instructions.

[New Facility Enrollment](#)

[New User Enrollment](#)

Submit a helpdesk ticket: [WebIZ Help Desk](#)

Help Desk: (800) 574-4040 Option 1

Fax: (501) 661-2300

[WebIZ Knowledgebase](#)

WebIZ Help Desk Survey

*This survey will be used to help us better serve you and your staff.
You may remain anonymous.*



Contact Type

STAFF MEMBER	CONTACT TYPE
REQUIRED	
Medical Director <i>(MD, DO, NP, PA, pharmacist)</i>	Physician Signing Agreement – Z3
Primary Vaccine Coordinator <i>Only one Primary Vaccine Coordinator for clinic is allowed.</i>	Non-Physician Contact (Primary)– Z4
Back-up Vaccine Coordinator <i>One Back-up Vaccine Coordinator for the clinic is required; however, more than one is allowed.</i>	Non-Physician Contact (Back-up)- Z5



Clinic Staff Change Request

Must be completed in its entirety.

The screenshot shows the 'Clinic Staff Change Request' form in the WebIZ system. The form includes fields for Effective Date, Contact Type (with a dropdown menu open showing options like 'NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS)', 'PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)', etc.), First Name (RACHEL), Last Name (TRAINING), Email (RACHEL.ODOM@ARKANSAS.GOV), Telephone (501-537-8969), License Number, Comments, Medicaid Provider ID, Employer ID Number, Specialty (CHOOSE), and Title (CHOOSE). There are checkboxes for 'Administers Vaccinations' and 'Prescribes Vaccinations'. The form has 'Cancel' and 'Update' buttons at the top right. A sidebar on the left contains navigation links like Home, Patients, Immunizations, Inventory, Clinic Tools, Storage Units, Reading History, Manage Assets, Enrollments, Clinic Information, Address/Name, Contact Information, Delivery Hours, Staff, Reports, and Application Versions. Annotations include a callout box pointing to the Contact Type dropdown with the text 'Click on the "Dropdown Arrow" to select the contact type', a callout box pointing to the 'Update' button with the text 'Don't forget to update changes', and a callout box pointing to the 'Administers Vaccinations' and 'Prescribes Vaccinations' checkboxes with the text 'You must select the appropriate staff option'.

NOTE:

1. All clinic staff must be enrolled in WebIZ and associated to the clinic prior to being added as a new contact.
 - If not enrolled, click→ [New WebIZ User Enrollment](#).
2. If you have a staff member with dual responsibilities, for example a **pharmacist who is both the Medical Director and either Primary or Back-up Coordinator**, you should enter “Physician Signing Agreement” as the **Main Contact Type** and “Non-Physician Contact (Primary)” as the **Alternate Contact Type** when submitting the staff change request. Do not enter the staff member into the system twice.
3. Failure to complete the Clinic Staff Change Request in its entirety will result in the removal of user data and WebIZ rights not included in the change request.



Click "Update"



WebiZ
Arkansas Immunization Information System

- Home
- Patients
- Immunizations
- Inventory
- Clinic Tools
- Storage Units
- Reading History
- Manage Assets
- Enrollments
- Clinic Information
 - Address/Name
 - Contact Information
 - Delivery Hours
 - Staff
 - Reports

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Envision Technology Partners Inc.
[Application Versions](#)
[Third Party Notices](#)

Clinic Staff Change Request i

Cancel Update

Effective Date:

Contact Type * ▲: Alternate Contact Type:

First Name *: Middle Name: Last Name *:

Email: NPI:

Telephone: Ext: Fax Number:

License Number: Comments:

Medicaid Provider ID: Employer ID Number: Administers Vaccinations
 Prescribes Vaccinations

Specialty: Title:

- Edit Clinic
- Address / Name
 - Contact Information
 - Delivery Hours
 - Staff

NOTE:
Clinic VFC Primary and VFC Back-Up Coordinator are **required** to take the CDC "You Call the Shots Trainings" annually:

- Vaccines for Children
- Storage and Handling

Click on "Add Training"



Add Training



Enter Required Information



Add Training

Course Name *
CHOOSE

CE Number
WBxxxx

Completion Date *
MM/DD/YYYY

Upload Certificate
CHOOSE FILE

Cancel Save

*You Call the Shots
* WebIZ Training

REQUIRED:
Click on “Dropdown Arrow” and select the training

Don't forget to save

REQUIRED

REQUIRED: New VFC Providers
OPTIONAL: Existing Providers

REQUIRED:
Enter the WBxxxx course number in the CE section of the training.





Clinic Staff Change Request i

Cancel Update

- Home
- Patients
- Immunizations
- Inventory
- Clinic Tools
- Storage Units
- Reading History
- Manage Assets
- Enrollments
- Clinic Information
- Address/Name
- Contact Information
- Delivery Hours
- Staff
- Reports

Effective Date:

Contact Type *

Alternate Contact Type:

First Name * Middle Name: Last Name *

Email: NPI:

Telephone: Ext: Fax Number:

License Number: Comments:

Medicaid Provider ID: Employer ID Number: Administers Vaccinations
 Prescribes Vaccinations

Specialty: Title:

- Edit Clinic
- Address / Name
 - Contact Information
 - Delivery Hours
 - Staff

Training Section

Course Name	CE Number	Completion Date	Upload Certificate
CALL YOUR SHOTS	WB4626	09/28/2023	Storage And Handling
WEB IZ TRAINING		09/28/2023	

Completed trainings will be identified under the Course Name and the date the training was completed

- New VFC Providers must upload Certificates into the WebIZ system prior to approval
- For recertifications, uploading certificates into WebIZ is optional; however, certificates must be printed, placed in a VFC binder, and be readily available upon State's request



Friendly Reminder

Annual Required Trainings for Primary and Back-up VFC Coordinators, You Call the Shots:

- Vaccines for Children
- Storage and Handling

Required Training Documentation in WebIZ

- Name of Training
- Date of Training
- CE Number- enter the WBxxxx course number in the CE section of the training.

Uploading Certificates Into WebIZ

- New VFC Providers **must** upload certificates into the WebIZ system prior to approval.
- For recertifications, uploading certificates into WebIZ is optional; however, certificates must be printed, placed in a VFC binder, and be readily available upon State's request.



Note: Training transcripts are acceptable if the VFC Coordinators are unable to obtain the training certificated.



VFC Program Enrollment & Provider Profile



Vaccine Program Enrollments

1. Click on “Clinic Tool”
2. Click on “Enrollment” - This page will allow you to view past enrollments if available
3. Click on the “Add Enrollment” button – The screen below will appear

WebIZ
Arkansas Immunization Information System

- Home
- Patients
- Immunizations
- Inventory
- Clinic Tools
- Reports
 - Storage Units
 - Reading History
 - Manage Assets
 - Enrollments
 - Clinic Information
 - Reports

Support Notifications NORA

Located on the upper right corner of the screen, under username. Add Enrollment

Vaccine Program Enrollments

Filter Options

Date Range
Start Date: 02/26/2024 End Date: 02/26/2025

Provider / Clinic: [LHU-CR-PULASKI CO-CENTRAL] LHJ-CR-PULASKI CO-CENTRAL - ADH CENTRAL (8021)

Status: ALL Title: [] Include Inactive Titles

Program: [] Activity: []

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Program	Activity	Audit	Action
09/27/2023		TRAINING PROVIDER	TRAINING CLINIC	NOT SUBMITTED		TEST ENROLLMENT	VFC	NEW ENROLLMENT	?	VIEW
09/27/2023		TRAINING PROVIDER	TRAINING CLINIC	NOT SUBMITTED		TEST ENROLLMENT	VFC	NEW ENROLLMENT	?	VIEW

List of past enrollments



Vaccine Program Enrollments

WebiZ
Active Information
Interaction System

Active Templates 1 Cancel

Filter Options

Enrollment Review

Facility/Clinic Information +

Vaccines Offered +

Provider Population +

Source of Data +

Medical Director or Equivalent Information +

Vaccine Coordinators +

Prescribing Staff Members +

Primary Agreement +

Additional Questions +

Additional Requirements +

Comments +

Program: ALL Activity: ALL Filter

Program	Activity	Action
VFC	ENROLLMENT RENEWAL	Select Template
VFC	NEW ENROLLMENT	Select Template

Cancel Save Progress

Click on the "Select Template" button

A screen will appear with Section Titles

Note: You will need to click on each "+" to expand the page and submit the required information for your VFC enrollment

Make sure you save your progress throughout the enrollment process



Facility/Clinic Information

Facility/Clinic Information 

1 Click on "+" to expand

Cancel Print Save Progress

5 Click "Save Progress"

Review Facility/Clinic Information - Incomplete

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic information.

Provider Name NORA FAWCETT	Facility/Clinic Name TRAINING CLINIC
Vaccine Delivery Address 4815 W MARKHAM ST LITTLE ROCK, AR 72205	Facility/Clinic Address 4815 W MARKHAM ST LITTLE ROCK, AR 72205
VTrckS PIN 11111	Email NANCY@EMAIL.COM
Phone 501-661-2170	Fax
Facility/Clinic Type Pediatric Clinic	

Information not correct?
For Provider Name, VFC Pin and Facility/Clinic Type changes, contact the VFC Program/Help Desk.
Click the following link to edit Phone and Fax information: [Edit Clinic's Phone And Fax Information](#)
Before submitting change requests for Clinic Address or Name, contact the VFC Program/Help Desk to determine their procedures for handling these requests.
To submit a change request, click the following link: [Submit Change Request*](#)
*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

confirm that the Facility/Clinic information is correct.

2 Review the Facility/Clinic information for accuracy

3 For edits, click "Edit Clinic's Phone & Fax Information"

4 Click the box to confirm



Vaccine Offered

Cancel Print Save Progress

Facility/Clinic Information + ¹ Click on “+” to expand

³ Click “Save Progress”

Vaccines Offered - Incomplete

All ACIP Recommended Vaccines for children 0 through 18 years of age. Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

² Click the appropriate option for your facility

“Specialty Providers” (as defined above) who only vaccinate a certain age group should only offer the vaccines recommended for that age group.

For example, a provider who only vaccinates adolescents should select “Offers Select Vaccines” and choose the appropriate adolescent vaccines from the list provided (Tdap, MenACWY, HPV, Influenza).

- DTaP
- Hepatitis B
- HPV
- Meningococcal Conjugate
- Pneumococcal Conjugate
- Polio
- TD
- Varicella
- Hepatitis A
- HIB
- Influenza
- MMR
- Pneumococcal Polysaccharide
- Rotavirus
- Tdap
- Other, specify



Provider Population

Provider Population +

1 ← Click on “+” to expand

Cancel Print Save Progress ▾

3 ↗ Click “Save Progress”

Provider/Clinic Population - Incomplete

Provider Population
 Provider Population based on patients seen during the previous 12 months. Enter the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made.

Allow jurisdiction to enter population data

Patient Data

Eligibility Categories	< 1 Year	1 - 6 Years	7 - 18 Years	Total
Enrolled in Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Is underinsured *fqhc/rhc/lhu facilities only*[1]	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Total	0	0	0	0

Complete the Provider Profile Information in its entirety. If you do not serve a specific category, you must add a zero. Do not leave blank boxes.



rs specific vaccines types. Children are only eligible for vaccines that are not covered by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or an FQHC/RHC and the state/local/territorial immunization program in order to

1 - 6 Years	7 - 18 Years	Total
<input type="text"/>	<input type="text"/>	0
<input type="text"/>	<input type="text"/>	0
0	0	0

es and the provider is not an FQHC/RHC/LHU facility.

[2] CHIP- Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC Program. Each state provides specific guidance on how CHIP vaccines is purchased and administered through participating providers.

	< 1 Year	1 - 6 Years	7 - 18 Years	Total
Grand Total	0	0	0	0

Source of Date

Source of Data  1 ← Click on “+” to expand

Source of Data - Incomplete

Type of data used to determine provider population (choose all that apply)

- Benchmarking
- Medicaid Claims Data
- IIS (WebIZ)
- Doses Administered
- Provider Encounter Data
- Billing System
- Other

2 Choose the appropriate provider profile option. You may choose more than one.

▾

3 ↗
Click “Save Progress”



Medical Director or Equivalent Information

Medical Director or Equivalent Information



1 Click on "+" to expand

Cancel Print Save Progress



5 Click "Save Progress"

Review Medical Director or Equivalent Information - Incomplete

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

Name	Title
TRAINER	MD
Email	Specialty
TRAINER@ARKANSAS.GOV	
License Number	Medicaid Number
E-1234	
NPI Number	Employee Identification Number
123456789	

2

Review Medical Director Information

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

3

For edits, click "Submit change request for Clinic Staff"

*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have

I confirm that the Medical Director or Equivalent Information is correct.

4

Click the box to confirm the Medical Director information



Vaccine Coordinators

Vaccine Coordinators  1 Click on "+" to expand

Cancel Print **Save Progress** ▾

5 Click "Save Progress"

Review Vaccine Coordinators - Incomplete

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

Primary Coordinator

Name	Telephone	Email	
Jane Doe	501-679-4030	JaneDoe@yahoo.com	

Training

Course Name	Date Completed	CE Number	Upload Certificate
CDC You Call the Shots: Storage and Handling	03/14/2023	WB4626	
CDC You Call the Shots: Vaccines for Children	03/14/2023	WB4627	

Backup Coordinator

Name	Telephone	Email	
Billy Bob	501-679-4030	BillyB@aol.com	

Training

Course Name	Date Completed	CE Number	Upload Certificate
CDC You Call the Shots: Storage and Handling	12/12/2022	WB4500	
CDC You Call the Shots: Vaccines for Children	12/12/2022	WB4501	

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

Confirm that the Vaccine Coordinators information is correct.

*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

2 Review Vaccine Coordinators Information

3 For edits, click "Submit change request for Clinic Staff"

4 Click the box to confirm Vaccine Coordinators information



Prescribing Staff Members

Cancel Print Save Progress

Prescribing Staff Members



1 Click on “+” to expand

5 Click “Save Progress”

Prescribing Staff Members

Please review the information below to make sure it's up to date.

Name	Title	License Number	Medicaid Number	NPI Number
TRAINING, RACHEL	MD	E-1234	123456	123456789

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have

I confirm that the Prescribing Staff Member information is correct.

2 Review the information

3 For edits, click “Submit change request for Clinic Staff”

4 Click box to confirm the Prescribing Staff Members information



Primary Agreement

Cancel Print Save Progress

Primary Agreement



Click on "+" to expand

Click "Save Progress"

Click "Review and Accept" and scroll to bottom of page

Note: Only the Medical Director or Equivalent can review and accept the Provider Agreement

"Click To Accept"

Primary Agreement

The VFC Program Provider Agreement may only be signed by a facility Medical Director or equivalent. Please click the agreement button, read the document within the modal popup, and follow the instructions at the bottom to accept the Program Provider Agreement. ***Receipt of VFC vaccine after the electronic signature date of the VFC Program Provider Agreement is additional acknowledgement of the terms of this VFC Provider Agreement.

View Agreement

Required Signers

PROVIDER AGREEMENT	
To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:	
1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories: A. Federally Vaccine-eligible Children (VFC eligible) <ol style="list-style-type: none">Are an American Indian or Alaska Native;Are enrolled in Medicaid;Have no health insurance;Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement. B. State Vaccine-eligible Children <ol style="list-style-type: none">In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.
Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC-purchased vaccine.	
3.	For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:

AGENT (Z3)

VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT	
PROVIDER AGREEMENT	
To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:	
1.	I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2.	I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories: A. Federally Vaccine-eligible Children (VFC eligible) <ol style="list-style-type: none">Are an American Indian or Alaska NativeAre enrolled in MedicaidHave no health insuranceAre underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement. B. State Vaccine-eligible Children <ol style="list-style-type: none">In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.
Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC-purchased vaccine.	
For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:	

You agree that by selecting the "Click To Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your mutual signature on this Agreement.

Cancel Click To Accept

Click "View Agreement" to view only

Review And Accept

Click To Accept



Additional Questions

Additional Questions + ¹ Click on “+” to expand

³ Click “Save Progress”

Additional Questions

Is this provider part of a hospital/healthcare system? *

Yes
 No
 N/A or don't know

What is your facility type? *

Private Facility (privately funded entity; non-governmental)
 Public Facility (publicly funded or government entity)
 Combination (funded with public and private funds)

If applicable, please indicate the specialty of the provider/practice (Select all that apply): *

Family Medicine
 Internal Medicine
 OB/GYN
 Pediatrics
 Preventative Medicine
 Other
 N/A

Is this facility a mobile facility, or does this facility have mobile units? *

Yes
 No

Is this provider a Specialty Provider? (Facility serves only certain populations or age groups) *

YES
 NO

² All questions must be answered

Reminder:
*A “Specialty Provider” is defined as a provider that only serves
(1) a defined population due to the practice specialty (e.g., OB/GYN, STD, family planning, pharmacy, etc.) or
(2) a specific age group within the general population of children ages 0–18



Comments

Comments **+** ¹ ← Click on “+” to expand

Cancel Print Save Progress ▾

³ ↗
Click “Save Progress”

Comments

Clinic Comments ← Providers can add any desired comments in the Clinic Comments Box

Jurisdiction Comments ← Providers can view comments from Central Office in the Jurisdiction Comments Box



Complete VFC Enrollment

Section Titles

Enrollment Review

- ✓ Facility/Clinic Information +
- ✓ Vaccines Offered +
- ✓ Provider Population +
- ✓ Source of Data +
- ✓ Medical Director or Equivalent Information +
- ✓ Vaccine Coordinators +
- ✓ Prescribing Staff Members +
- ✓ Primary Agreement +
- ✓ Additional Questions +
- ✓ Additional Requirements +
- ✓ Comments +

Cancel Save Progress ▾

All Section Titles must be completed in their entirety.

✓ If this symbol appears on the left side of each Section Title, your online enrollment is completed and ready to submit.

⚠ If this symbol appears on the left side of a Section Title(s), you will need to go back to that section to review and edit the information that was submitted.

Cancel Print Save Progress ▾

1 ↗

Click "Save Progress"

Click dropdown arrow and select "Submit Forms"

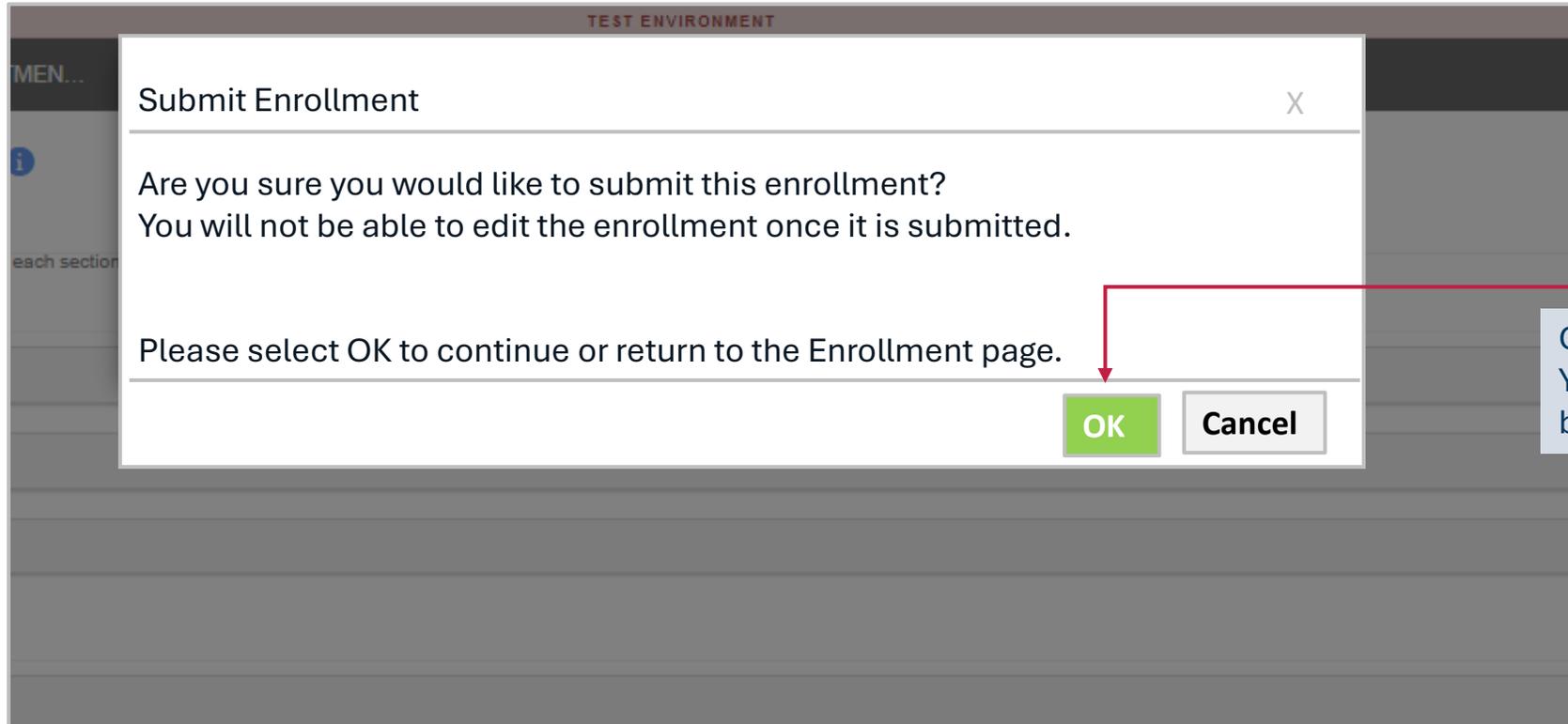
Cancel Print Save Progress ▾

2 ↘

Submit Forms

Delete

Submit Enrollment



1



Click "OK"
Your Enrollment has
been submitted



Vaccine Program Enrollments

Vaccine Program Enrollments ⓘ Add Enrollment

Filter Options

Date Range
Start Date * 02/28/2024 End Date * 02/28/2025

Provider / Clinic *
Select a clinic by typing provider, clinic, vfc pin, or clinic code

Status ALL Title Include Inactive Titles

Program Activity

Filter

Last Modified Date	Submitted Date	Status	Accept/Reject Date	Title	Program	Activity	Audit	Action
02/27/2025		NOT SUBMITTED		2024 - 2025 VFC ANNUAL ENROLLMENT	VFC	ENROLLMENT RENEWAL		VIEW
08/08/2024	08/08/2024	PENDING REVIEW		2024 - 2025 VFC ANNUAL ENROLLMENT	VFC	ENROLLMENT RENEWAL		Print

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Application Versions Third Party Software

Click "View" to view enrollment

If you did not submit your enrollment, a "NOT SUBMITTED" status will appear under status.

Once your enrollment is submitted, it will be in a "PENDING REVIEW" status. The State VFC Coordinator will review the pending enrollments and make an eligibility determination.

To print, click the dropdown arrow and select "Print"



FYI

Prior to approval the State VFC Coordinator will ensure that all staff participating in the VFC program are in good standing with:

- AR State Medical Board (Doctors only)
- AR State Board of Nursing (Nurses only)
- AR State Board of Pharmacy (Pharmacist only)
- Office of Inspector General (OIG)
 - List of Excluded Individuals and Entities (LEIE) (All Participants)

Additional Requirements		
Description	Decision	Date Completed
License Check	<input type="radio"/> PASS <input type="radio"/> FAIL	<input type="text"/> 
OIG Check	<input type="radio"/> PASS <input type="radio"/> FAIL	<input type="text"/> 

To be completed by VFC Coordinator



Final Approval

The new VFC Provider is not enrolled in the VFC Program until the “Enrollment Visit” has been conducted by the VFC Representative. If there are no findings during the enrollment visit, the VFC Representative will notify you of your active enrollment status, assist you with your first vaccine order, and will return to your facility for a 6-month site review.

If findings are identified during the “Enrollment Visit” the VFC Representative will provide technical assistance or, on some occasions, will need to conduct a follow-up enrollment visit prior to the final enrollment approval.



Best Practice

It is highly recommended that you print and review the VFC Checklist prior to the start of your enrollment. This document is on the main AR WebIZ homepage. You will need to scroll to the bottom of the page and click on “New VFC Provider Enrollment Packet”.

Vaccines for Children (VFC) Program Information
 Posted on 01/01/2017 by RACHEL ODOM

Submit a VFC Enrollment Form and VFC Provider Profile annually July 1 to June 30.

Only your Physician Signing Agreement, Primary Vaccine Coordinator, and Tools. All other clinic staff should be added to your clinic through the WebIZ.

All clinic staff contacts, including prescribing providers, should be registered in the WebIZ system either through the WebIZ Staff screen or in the Clinic Tools module under the Staff section.

The primary and back-up vaccine coordinators will not show up on a clinic's WebIZ profile until they complete the CDC "You Call the Shots" trainings. The CE number for each training is required, even if the coordinator has completed the training in the past.

You cannot submit an enrollment until the Physician Signing Agreement has been signed and uploaded to the WebIZ system.

Annual VFC Provider Education: [YOU CALL THE SHOTS](#) - The Vaccines for Children Program

Attachments:

- [New VFC Provider Enrollment Checklist](#)
- [VFC Provider Guide](#)
- [WebIZ Clinic Tools Module - VFC Enrollment Instructions](#)
- [Standards for Pediatric Immunization Practices](#)
- [VFC Patient Eligibility Screening Record Form](#)
- [Digital Data Logger Information](#)
- [Vaccine Storage Unit Resources](#)
- [Temperature Recording Log](#)
- [Vaccine Management Plan](#)





ARKANSAS NEW VACCINES FOR CHILDREN (VFC)
PROVIDER ENROLLMENT CHECKLIST



The goal of the Arkansas Health Department is to ensure that your VFC program is successful. Therefore, it is essential for VFC providers to have a clear understanding of the VFC program. The VFC providers are responsible for conducting vital functions such as [determining eligibility](#), monitoring [vaccine storage and handling](#), and [vaccine administrations](#).

In our efforts to streamline the process, a nine-step process checklist has been created to ensure the process goes smoothly and efficiently. Please read the steps below and complete the VFC Provider Enrollment Checklist prior to the VFC enrollment visit.

FACILITY NAME: _____ COUNTY: _____

PROVIDER ENROLLMENT CHECKLIST	
STEP 1 - Designating Roles	Requirement Met
During the enrollment process, VFC provider locations are required to designate a Medical Director/Equivalent, Primary Vaccine Coordinator, and at least one Back-up Vaccine Coordinator for each facility.	
<ul style="list-style-type: none"> Medical Director/Equivalent (MD,DO,NP,PA, Pharmacist) <input type="checkbox"/>Yes <input type="checkbox"/>No Primary Vaccine Coordinator <input type="checkbox"/>Yes <input type="checkbox"/>No Back-up Vaccine Coordinator <input type="checkbox"/>Yes <input type="checkbox"/>No 	
**It is highly recommended that a full-time employee is designated as the Primary Coordinator. The Primary Vaccine Coordinator person is responsible for providing oversight for all vaccine management within the office and ensuring all vaccines are stored and handled appropriately. Each facility must also designate at least one Back-up Coordinator who will assume oversight responsibilities in the absence of the Primary Vaccine Coordinator.	
STEP 2 - CDC Required Trainings	Requirement Met
CDC "You Call the Shots Trainings" are required to be completed by the Primary Vaccine and Back-up Vaccine Coordinator.	
<ul style="list-style-type: none"> Vaccines for Children Program (VFC)- Module Sixteen <input type="checkbox"/>Yes <input type="checkbox"/>No Storage and Handling- Module Ten <input type="checkbox"/>Yes <input type="checkbox"/>No 	
First create an account with the " CDC TRAIN " website prior to taking trainings. Once the account has been created you will be able to complete the required training courses and access the training certificates.	
<ul style="list-style-type: none"> Select the "Course Catalog" tab Type the name of the training, on "Search TRAIN" 	
The "You Call the Shots" training certificates for both the Primary and Back-up Coordinator are required to be uploaded into the WebIZ system during your VFC Enrollment. A copy should also be printed and placed in the provider's VFC folder. All VFC documentation should be readily available upon the State's request.	
STEP 3 - WebIZ Ticketing System	Requirement Met
Facility and User(s) must be enrolled in WebIZ prior to participating in the VFC Program:	
<ul style="list-style-type: none"> New WebIZ Facility Enrollment - Your facility must be registered in WebIZ prior to participating in the Vaccines for Children Program. <input type="checkbox"/>Yes <input type="checkbox"/>No New WebIZ User Enrollment - Your facility must be registered in WebIZ prior to submitting a WebIZ New User Enrollment. You must submit a New User Enrollment prior to being listed as a clinical contact on the Clinic Staff page in Clinic Tools. <input type="checkbox"/>Yes <input type="checkbox"/>No 	
STEP 4 - Enrollment Form in WebIZ	Requirement Met
Complete the VFC Enrollment Forms in WebIZ under the Clinic Tools Module	
<ul style="list-style-type: none"> VFC Provider Agreement <input type="checkbox"/>Yes <input type="checkbox"/>No VFC Provider Profile <input type="checkbox"/>Yes <input type="checkbox"/>No 	
The PDF training "WebIZ Clinic Tool Module" is available at the bottom of the WebIZ home page.	
STEP 5 - Vaccine Management Plan	Requirement Met
Completed Vaccine Management Plan must include	



For questions or concerns regarding this training
please contact:

Nora Fawcett
VFC Coordinator
Nora.Fawcett@arkansas.gov

Office: 501.661.2170
Cell: 501.355.7006



Thank You!

