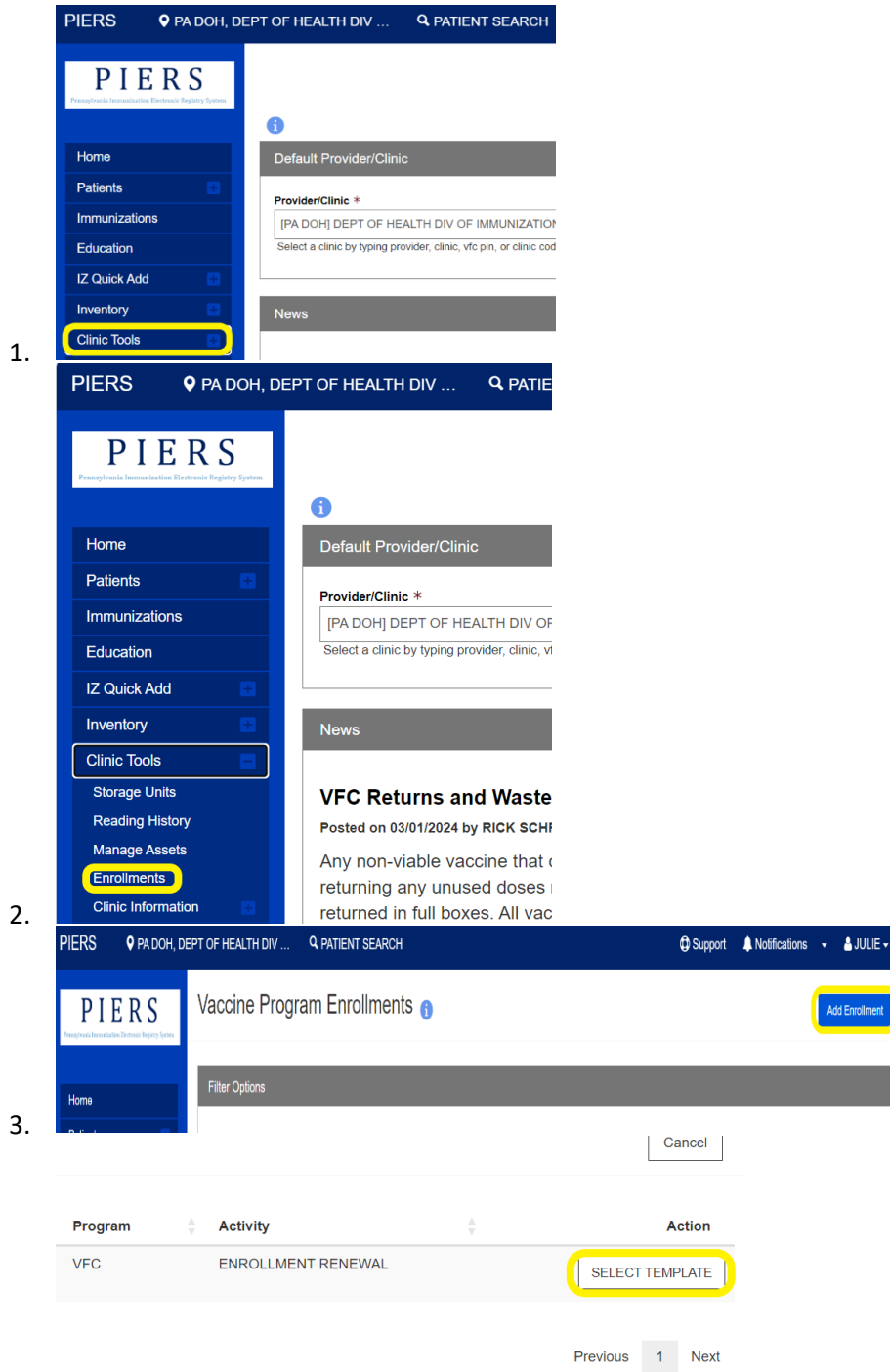


## 2024 VFC Reenrollment Template Guide

To reenroll, providers must complete the 2024 VFC Reenrollment template in the [PA Immunization Electronic Registry System \(PIERS\)](#). The 2024 VFC Reenrollment template is located in the Clinic Tools section of the PIERS homepage under Enrollments. Providers should select Add Enrollment and then click on Select Template.



4.

Providers must complete all sections of the 2024 VFC Reenrollment template and are encouraged to save their progress frequently while working on the template. Each section consists of a collapsible box that can be expanded by clicking on the plus buttons.

## Edit Vaccine Program Enrollment ? i

Cancel

Print

Save Progress ▾



Template: 2024 REENROLLMENT PREVIEW

Submit Form to submit the enrollment.

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

 Enrollment Guide - Incomplete	
 Assets - Incomplete	
 Required Staff And Staff Training - Incomplete	
 Delivery Hours - Completed	

Incomplete sections are indicated by a yellow caution mark. Complete sections are indicated by a green check mark.

 Delivery Hours - Completed
 Review Facility/Clinic Information - Incomplete

In order to complete some sections like Assets and Required Staff and Staff Training, providers will click on the link in the section to be taken to the location in their Clinic Information that will allow them to make any necessary updates. Please see QRS-Add Training Records to Clinic Staff for step-by-step instructions for uploading 2024 You Call the Shots Modules 10 and 16 training certificates for the primary and backup coordinators. Please see QRS-Manage Assets for step-by-step instructions for uploading current Digital Data Logger (DDL) certificates of calibration for each storage unit as well as at least one backup DDL.

**Required Staff And Staff Training - Incomplete**

**Staff and Training requirements have not been met for this enrollment. Missing Requirements:**

- No Staff Member with Contact Type of Physician Signing Agreement (Z3).
- No Staff Member with Contact Type of Non-Physician Contact (Primary) (Z4) or Physician Contact (Primary) (Z6)
- No Staff Member with Contact Type of Non-Physician Contact (back-up) (Z5) or Physician Contact (back-up) (Z7) and the Back Up Coordinator selected.

**Information not correct?**

If Training is missing, click the link below. On the Clinic Staff Change Request page, press the Edit button for a clinic staff member, then press 'Add Training' in the Training section at the bottom of the page. If a required staff member is missing, click the link below and submit a change request to add a new clinic staff member.

[Add Training Or 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 been approved.

Other sections like Review Facility/Clinic Information, simply require providers to check a box confirming the information is correct. These sections also include links to take providers to the location in their Clinic Information that will allow them to make any needed updates.

**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.

<b>Provider Name</b> [Redacted]	<b>Facility/Clinic Name</b> [Redacted]
<b>Vaccine Delivery Address</b> [Redacted]	<b>Facility/Clinic Address</b> [Redacted]
<b>VFC PIN</b> [Redacted]	<b>Email</b> [Redacted]
<b>Phone</b> [Redacted]	<b>Fax</b> [Redacted]
<b>Facility/Clinic Type</b>	

**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.

I confirm that the Facility/Clinic information is correct.

Some sections like Vaccine Offered will require providers to make selections.

**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 desig 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 within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VF

Some sections like Provider/Clinic Population will require providers to enter information.

**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.

**Patient Data**

Eligibility Categories	<= 1 Year	<= 6 Years	<= 18 Years	>= 19 Years	Total
VFC Eligible - Medicaid/Medicaid Managed Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - Uninsured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - American Indian/Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

The Primary Agreement and Secondary Agreement sections contain the Policy Acknowledgment Form and the Provider Agreement. To complete these sections, providers will click on the View Agreement button. If the individual completing the reenrollment template has the authority to sign, a check box will appear on the bottom of the pop-up screens containing the Policy Acknowledgment Form and Provider Agreement. Checking the boxes indicates the documents have been read and understood. **Please review these documents carefully as there have been policy changes and additions to the Provider Agreement.**

**Primary Agreement - Incomplete**

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.

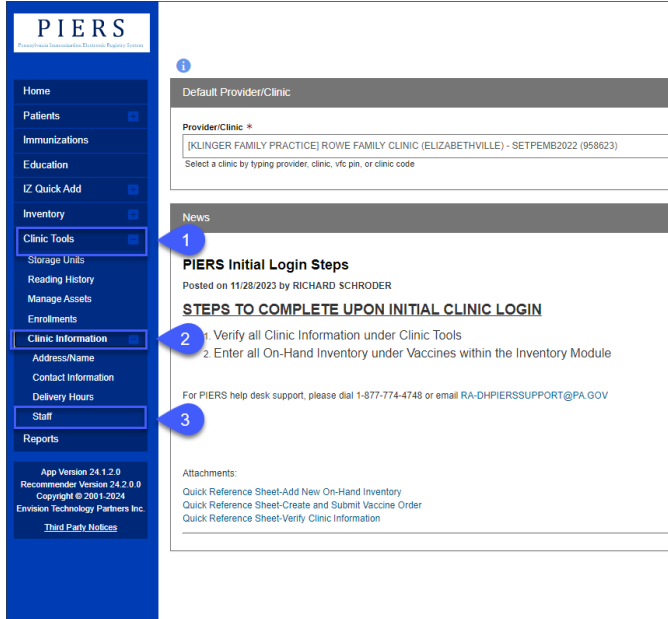
Once all sections are complete, providers will be able to submit the 2024 VFC Reenrollment template in PIERS.

PIERS account questions and login issues can be directed to [RA-DHPIERSUSERACCT@PA.GOV](mailto:RA-DHPIERSUSERACCT@PA.GOV).

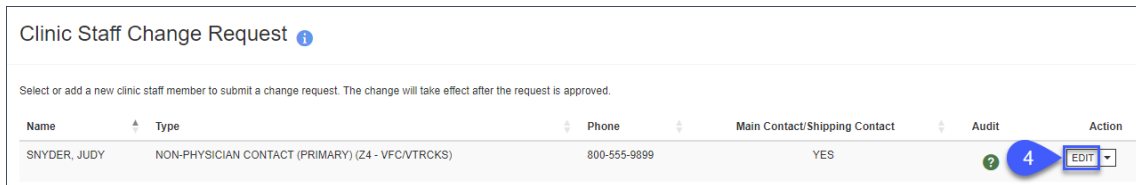
All other questions about PIERS can be directed to [RA-DHPIERSSUPPORT@PA.GOV](mailto:RA-DHPIERSSUPPORT@PA.GOV).

Please direct any VFC questions to the VFC Resource Account at [RA-pavfc@pa.gov](mailto:RA-pavfc@pa.gov).

## Add Training Records to Clinic Staff



1. Click **Clinic Tools**.
2. Click **Clinic Information**.
3. Click **Staff**.



4. Locate the staff member you want to add training records for and click **Edit**.

**Clinic Staff Change Request** ⓘ

Contact Type \*  
NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS) | Alternate Contact Type  
CHOOSE

First Name \*  
JUDY | Middle Name | Last Name \*  
SNYDER

Email  
TEST@MAIL.COM | NPI

Telephone  
800-555-9899 | Ext  
99999 | Fax Number  
999-999-9999

License Number | Comments

Medicaid Provider ID | Employer ID Number

Specialty  
CHOOSE | Title  
CHOOSE

Administers Vaccinations  
 Prescribes Vaccinations  
 Main Contact/Shipping Contact

Training Section

Course Name	CE Number	Completion Date	Upload Certificate
			<input type="button" value="Add Training"/>

5. Click **Add Training**.

The Add Training pop-up displays.

**Add Training** ⓘ

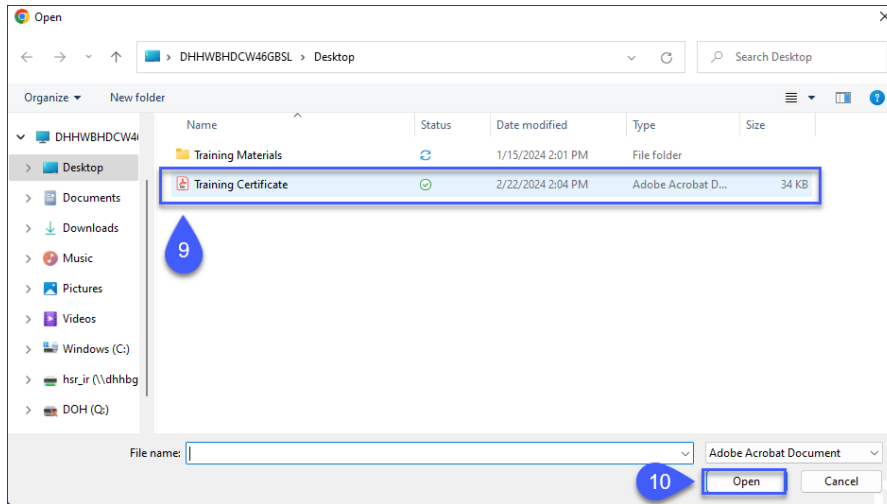
Course Name \*  
YOU CALL THE SHOTS

CE Number

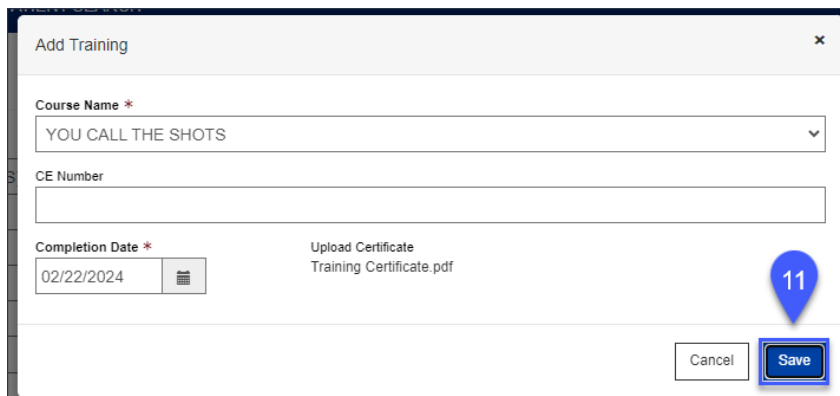
Completion Date \*  
02/22/2024

Upload Certificate  
CHOOSE FILE

6. Select the **Course Name**.
7. Enter the **Completion Date**.
8. Click **Upload Certificate**.



9. Select the appropriate file.
10. Click **Open**.



11. Click **Save**.

Training Section				
Course Name	CE Number	Completion Date	Upload Certificate	Add Training
YOU CALL THE SHOTS		02/22/2024	TRAINING CERTIFICATE.PDF	⊕

The training record displays.

## Manage Assets

The Manage Assets menu item displays a summary of all active, inactive or pending approval assets associated to the default provider/clinic. The summary list displays the Unit Name, Type (thermometer or storage unit), and current Status. You can update or view a previously created asset or add a new asset (thermometer or storage unit).

### Adding an Asset

The **Manage Access** summary screen displays the Unit name, Type (thermometer or storage unit), and current Status. You can update or view a previously created asset or add a new asset (thermometer or storage unit).

Manage Assets

Showing 1 to 6 of 6 entries

Name	Type	Status	Audit	
FREEZER 1 (FREEZER THERMOMETER 1)	STORAGE UNIT	ACTIVE	?	VIEW
FREEZER THERMOMETER 1 (FREEZER 1)	THERMOMETER	ACTIVE	?	VIEW
REFRIGERATOR 1 (REFRIGERATOR 1 THERMOMETER)	STORAGE UNIT	ACTIVE	?	VIEW
REFRIGERATOR 1 THERMOMETER (REFRIGERATOR 1)	THERMOMETER	ACTIVE	?	VIEW
REFRIGERATOR 2 (REFRIGERATOR 2 THERMOMETER)	STORAGE UNIT	PENDING APPROVAL	?	VIEW
REFRIGERATOR 2 THERMOMETER (REFRIGERATOR 2)	THERMOMETER	ACTIVE	?	VIEW

Showing 1 to 6 of 6 entries

Previous 1 Next

1. Click the **Add Asset** drop-down menu.
2. Click **Add Storage Unit** → the **Add Storage Unit** screen displays.

### Add Storage Unit

This screen enables a user to add a new storage unit to the default provider/clinic.

Add Storage Unit

Cancel Create

3

5

4

Name \*  
REFRIGERATOR 3

Date of Purchase  
10/25/2023

Storage Type \*  
REFRIGERATOR

Manufacturer \*  
HELMER

Make \*  
I SERIES

Model \*  
I PRO105GX

Serial NumberID  
S839PJ3849

Assigned Thermometer

Storage Grade \*  
PHARMA

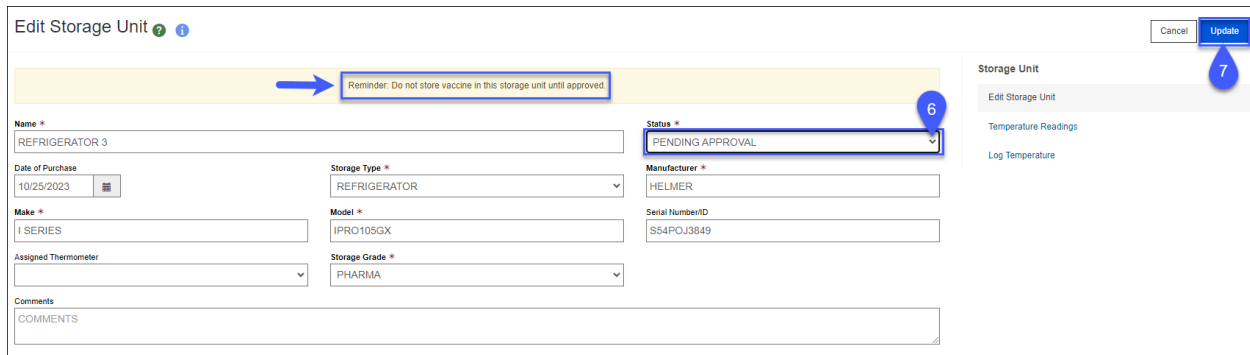
Comments  
COMMENTS

3. Enter the storage information for the new storage unit.
4. Add additional comments if necessary.
5. Click **Create** → the **Edit Storage Unit** screen displays.

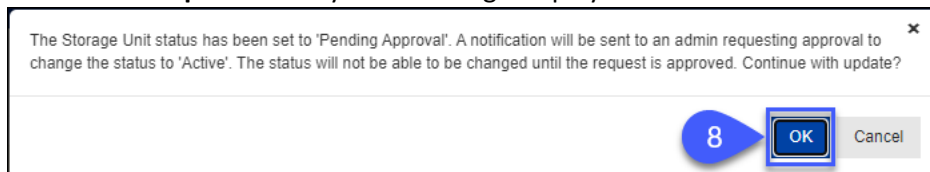


## Edit Storage Unit

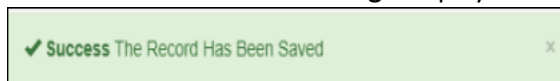
A reminder displays not to store vaccines in the storage unit until it is approved. The **Status** displays as **Pending** and the user must update the status to **Pending Approval** to notify the program that the newly created asset is awaiting their approval.



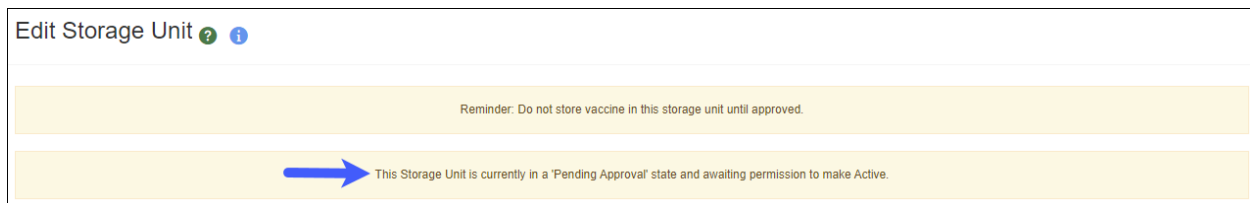
6. Click the **Status** drop-down menu and select **Pending Approval**.
7. Click **Update** → a system message displays.



8. Click **OK** → the **Success message** displays.



The **Edit Storage Unit** screen displays a system message to indicate the storage unit is in a **Pending Approval** status and awaiting permissions to make active.



## Add Thermometer

The **Manage Access** summary screen displays the Unit name, Type (thermometer or storage unit), and current Status. You can update or view a previously created asset or add a new asset (thermometer or storage unit).

Manage Assets ⓘ

Showing 1 to 6 of 6 entries

Name	Type	Status	Audit	
FREEZER 1 (FREEZER THERMOMETER 1)	STORAGE UNIT	ACTIVE	?	VIEW
FREEZER THERMOMETER 1 (FREEZER 1)	THERMOMETER	ACTIVE	?	VIEW
REFRIGERATOR 1 (REFRIGERATOR 1 THERMOMETER)	STORAGE UNIT	ACTIVE	?	VIEW
REFRIGERATOR 1 THERMOMETER (REFRIGERATOR 1)	THERMOMETER	ACTIVE	?	VIEW
REFRIGERATOR 2 (REFRIGERATOR 2 THERMOMETER)	STORAGE UNIT	PENDING APPROVAL	?	VIEW
REFRIGERATOR 2 THERMOMETER (REFRIGERATOR 2)	THERMOMETER	ACTIVE	?	VIEW

Showing 1 to 6 of 6 entries

Previous 1 Next

1. Click the **Add Asset** drop-down menu.
2. Click the **Add Thermometer** link → the **Add Thermometer** screen displays.

Add Thermometer ⓘ

Cancel Create

3

Name \*  
REFRIGERATOR 4

Date of Purchase  
10/25/2023

Make \*  
GRAINGER

Assigned Storage Unit  
REFRIGERATOR 3

Thermometer Type \*  
MANUAL

Model \*  
GMAN23

Calibration Due Every (months)  
12 MONTHS

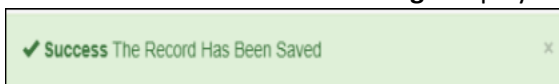
Manufacturer \*  
MCKESSON

Serial NumberID \*  
SZJP30293

Comments  
COMMENTS

4

3. Enter the details for the new thermometer.
4. Add additional comments if necessary.
5. Click **Create** → the **Success message** displays on the **Edit Thermometer** screen.



## Edit Thermometer

The **Status** field auto-populates a status of **Active** because program approval is not required for a thermometer.

**Edit Thermometer** 🔍 ℹ️ Cancel Update

<b>Name *</b> REFRIGERATOR 4	<b>Status *</b> ACTIVE
<b>Date of Purchase</b> 10/25/2023	<b>Thermometer Type *</b> MANUAL
<b>Make *</b> GRAINGER	<b>Manufacturer *</b> MCKESSON
<b>Assigned Storage Unit</b> REFRIGERATOR 3	<b>Model *</b> GRM3849
<b>Comments</b> COMMENTS	<b>Serial Number/ID *</b> SZJ4908P29
	<b>Calibration Due Every (months)</b> 12

**Thermometer**

- Edit Thermometer
- Calibrate Thermometer

**Associated Storage Unit**

- Edit Storage Unit

**Temperature Readings**

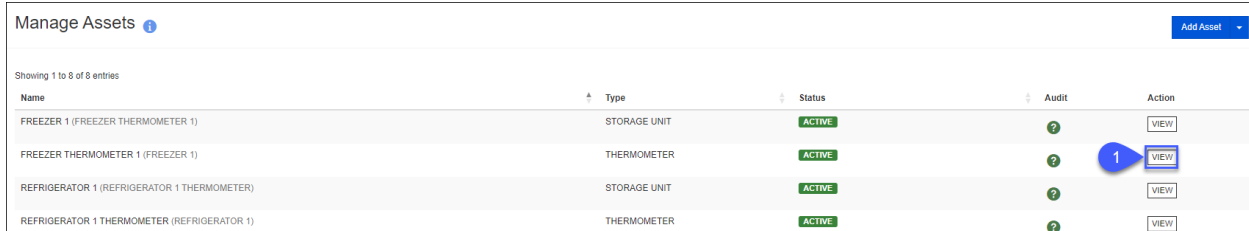
- Log Temperature

## Calibrate Thermometer

It is important that a current thermometer calibration is saved for every active thermometer created in PIERS. To view and store a thermometer calibration, navigate to the **Manage Assets** screen.

### Manage Assets

The **Manage Assets** screen displays a summary of all active, inactive or pending approval assets associated to the default provider/clinic.

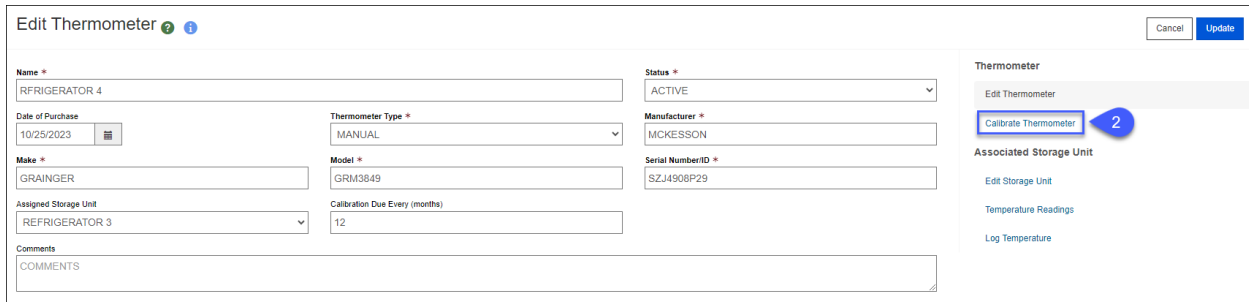


Name	Type	Status	Audit	Action
FREEZER 1 (FREEZER THERMOMETER 1)	STORAGE UNIT	ACTIVE	?	VIEW
FREEZER THERMOMETER 1 (FREEZER 1)	THERMOMETER	ACTIVE	?	VIEW
REFRIGERATOR 1 (REFRIGERATOR 1 THERMOMETER)	STORAGE UNIT	ACTIVE	?	VIEW
REFRIGERATOR 1 THERMOMETER (REFRIGERATOR 1)	THERMOMETER	ACTIVE	?	VIEW

1. Click **View** for the thermometer that the calibration is being submitted for → the **Edit Thermometer** screen displays for the selected thermometer.

### Edit Thermometer

The **Edit Thermometer** screen displays the details for the selected thermometer and provides the link to calibrate the thermometer.



**Edit Thermometer** Cancel Update

**Name \*** REFRIGERATOR 4 **Status \*** ACTIVE

**Date of Purchase** 10/25/2023 **Thermometer Type \*** MANUAL **Manufacturer \*** MCKESSION

**Make \*** GRAINGER **Model \*** GRM3849 **Serial NumberID \*** SZJ4908P29

**Assigned Storage Unit** REFRIGERATOR 3 **Calibration Due Every (months)** 12

**Comments**  
COMMENTS

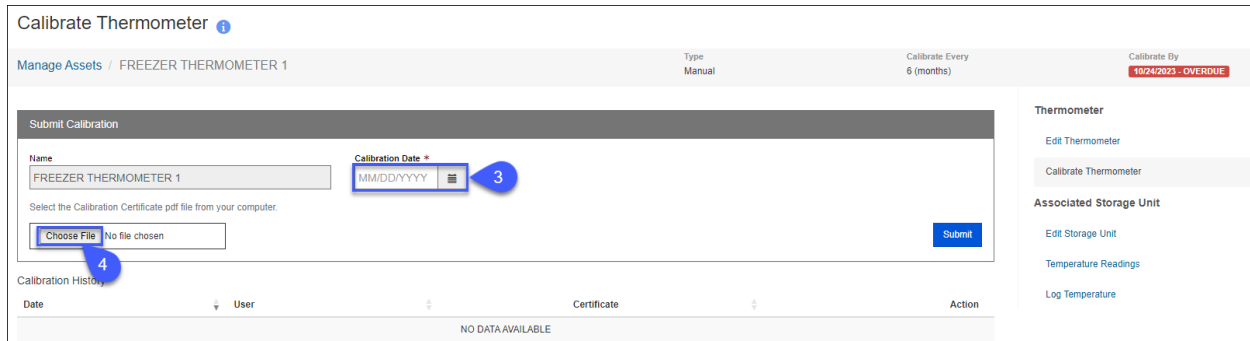
**Thermometer**

- Edit Thermometer
- Calibrate Thermometer**
- Associated Storage Unit
  - Edit Storage Unit
- Temperature Readings
  - Log Temperature

2. Click **Calibrate Thermometer** link → the **Calibrate Thermometer** screen displays.

### Calibrate Thermometer

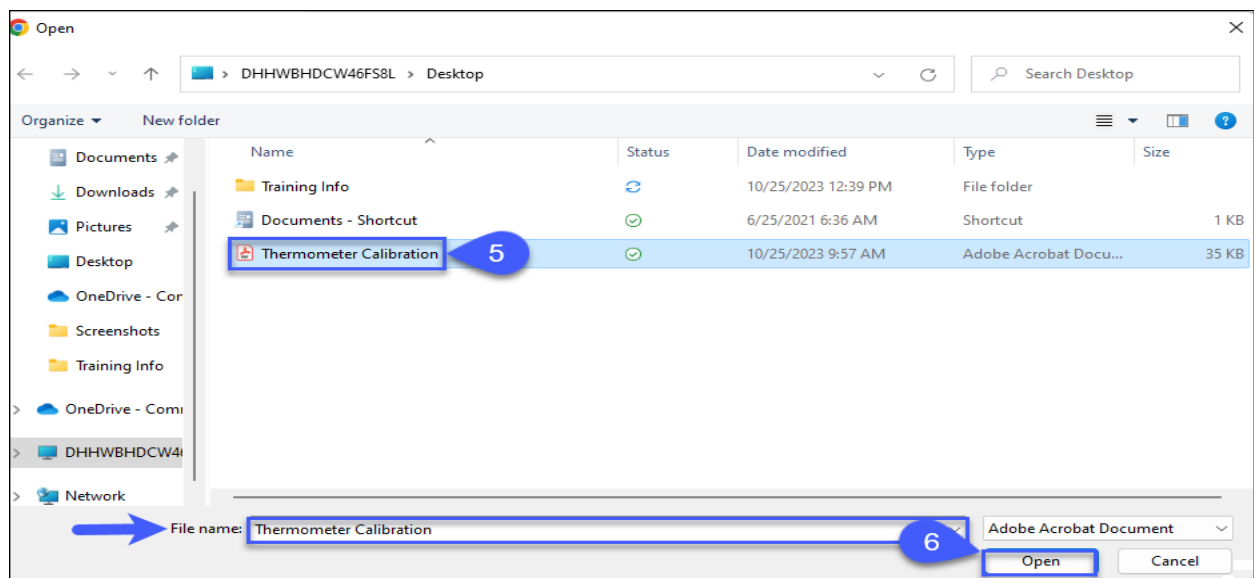
This screen enables a user to view and store a thermometer calibration.



3. Enter the **Calibration Date**.

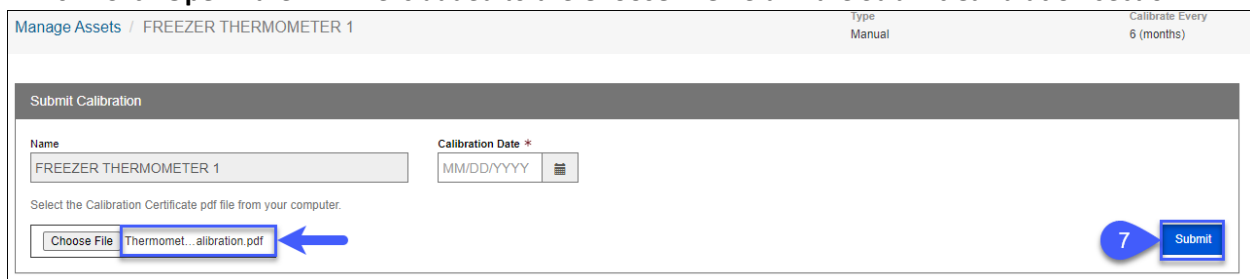
4. Click **Choose File**.

The document must be in a PDF format in order to be uploaded.



5. Select the PDF calibration document from your computer → the document displays in the **File name** field.

6. Click **Open** - the PDF file is added to the **Choose File** field in the **Submit Calibration** section.

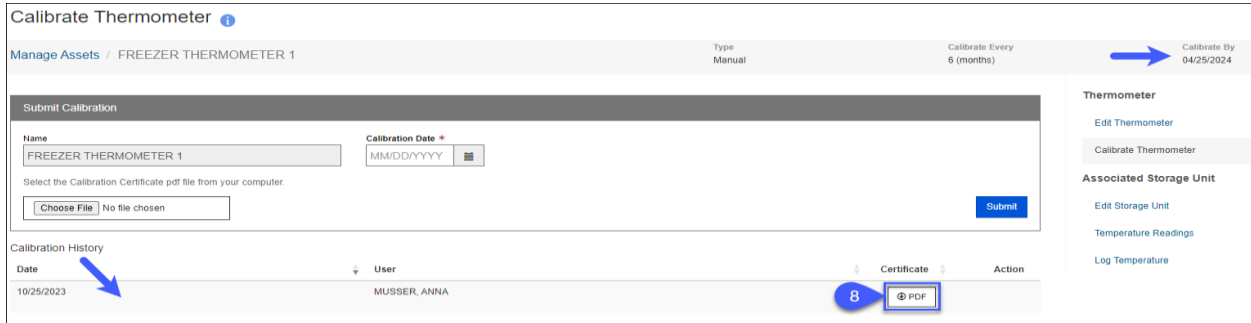


7. Click **Submit** to save and upload the calibration file into PIERS → the **Success message** displays.



### Calibration Thermometer

The screen updates to reflect the next **Calibrate By** date and the **Calibration History** reflects the calibration certificate. Any previously saved calibration certificates also display.



Date	User	Certificate	Action
10/25/2023	MUSSEY, ANNA		PDF

8. Click the **PDF** button next to a calibration line item to view any of the saved calibration certificates.

# Provider Type Definitions

## **Behavioral Health Clinic**

Locations that provide counseling, behavioral therapy, medication, case management, and other types of services to persons with behavioral health disorders. This provider type is used for behavioral health treatment centers where on-site vaccination services are provided.

## **Birthing Hospital or Birthing Center**

Birthing centers or birthing hospitals where on-site vaccination services are provided.

## **Community Vaccinator**

Community-wide vaccinators that are external to public or private conventional healthcare providers, offer vaccination services only, and conduct vaccination clinics in mobile, temporary, or offsite locations exclusively (e.g., non-permanent school-located vaccination clinics).

## **Correctional Facility**

Juvenile correctional facilities as well as adult correctional facilities where juveniles are confined, and on-site vaccination services are provided. Unlike juvenile detention centers, confinement in correctional facilities is generally long-term in nature; youths are confined in secure correctional facilities for periods generally ranging from a few months to years.

## **Family Planning Clinic (non-health department)**

Clinic that provides contraceptive services for clients who want to prevent pregnancy and/or space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STD services (including HIV/AIDS), and other preconception health services (e.g., screening for obesity, smoking, and/or mental health). This provider type is used for family planning clinics where vaccination services are provided. NOTE: Non-health department clinics that offer only STD/HIV screening and treatment services should be categorized as “STD/HIV Clinic (non-health department).”

## **Federally Qualified Health Center**

Community-based health care providers that offer primary care services in underserved areas and meet the criteria for “Federally Qualified Health Center (FQHC)” certification as set by the Centers for Medicare and Medicaid Services (CMS) (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the Social Security Act). FQHCs include HRSA Health Center Program award recipients and HRSA Health Center Program look-alikes, which are health centers that meet Health Center Program requirements but do not receive federal award funding. NOTE: Certain tribal organizations are also FQHCs. However, for tribal or urban Indian health clinics enrolled as FQHCs, use the “Indian Health Service, Tribal, or Urban Clinic” designation. The FQHC provider type includes any satellite, temporary, or offsite locations where the provider of record (i.e., FQHC personnel) is administering vaccine.

## **Hospital**

All hospitals, including medical school or university-affiliated hospitals but excluding birthing hospitals, where on-site vaccination services are provided. NOTE: For birthing hospitals, use the “Birthing Hospital

or Birthing Center” designation. The Hospital provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., hospital or hospital-contracted personnel) is administering vaccine.

#### **Indian Health Service, Tribal, or Urban Clinic**

Indian Health Service (IHS), Tribal, or Urban Indian Health Program facilities that provide vaccination services. Urban Indian Health Centers are also designated Federally Qualified Health Centers and provide comprehensive primary care and related services to American Indians and Alaska Natives. Alaska Village Clinics should be included in this provider type.

#### **Juvenile Detention Center**

Juvenile detention centers where on-site vaccination services are provided. Juvenile detention is defined as the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a short-term restricted environment for their own or the community’s protection while pending legal action or dispositional placement in a correctional facility.

#### **Migrant Health Center**

Centers that provide health services, including on-site vaccination services, to migratory and seasonal agricultural workers and their families.

#### **Mobile Provider**

Providers who offer vaccination as well as other healthcare services exclusively out of a mobile facility. This designation should NOT be used for providers who have a mobile unit associated with their facility, but the unit is not the primary location for vaccine storage and administration.

#### **Pharmacy**

Stand-alone retail pharmacy (e.g., CVS, Duane Reade, Walgreens, independently owned pharmacies, etc.) or retail pharmacy within a hospital or health system where on-site vaccination services are provided. This category also includes retail pharmacies that conduct community vaccination clinics at offsite or mobile locations. NOTE: This provider type does not include retail health clinics (e.g., Minute Clinic) or centralized pharmacies within a hospital or healthcare facility that dispense vaccines to be administered by facility staff. In those cases, the provider type is determined by who administers the vaccine. The Pharmacy provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., pharmacy personnel) is administering vaccine.

#### **Private Practice (e.g., family practice, pediatric, primary care)**

Private practice locations, including solo, group, or HMO practitioners, where vaccination services are provided. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., provider location personnel) is administering vaccine.

#### **Private Practice (e.g., family practice, pediatric, primary care) as agent for FQHC/RHC-deputized**

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized private practices, including solo, group, or HMO practitioners, that provide vaccination services. NOTE:



Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized private practice personnel) is administering vaccine.

#### **Public Health Clinic (state/local)**

State or local public health clinics that provide vaccination services. This category includes public health - run STD/HIV clinics, family planning clinics, and teen health centers. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., public health clinic personnel) is administering vaccine.

#### **Public Health Clinic (state/local) as agent for FQHC/RHC-deputized**

A deputized provider has been delegated by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as an agent to vaccinate underinsured children. This provider type is used for deputized state or local public health clinics that provide vaccination services. NOTE: Includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., deputized public health clinic personnel) is administering vaccine.

#### **Refugee Health Clinic**

Clinics that are designated to improve the health care and monitor medical conditions of refugees who have relocated to the United States. This provider type is used for refugee health clinics that provide vaccination services. NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a refugee health clinic but are not administered by refugee health staff, select the category of the provider with oversight of vaccination services.

#### **Residential/Congregate Care Facility**

Out-of-home settings, including group homes, childcare institutions, congregate foster care facilities, where onsite vaccination services are provided. NOTE: If children in these settings receive vaccinations from a mobile provider or community vaccinator, then that provider type should be used.

#### **Retail Health Clinic**

Health clinics located within grocery, drug, or retail stores that provide onsite vaccination services. Retail health clinics generally provide a focused range of protocol-driven healthcare services, such as the treatment of minor illnesses or injuries and vaccination services (e.g., Minute Clinic, Take Care Clinic).

#### **Rural Health Clinic**

Clinics located in a non-urbanized Health Professional Shortage Area, Medically Underserved Area, or governor-designated and secretary-certified shortage area. This provider type is used for rural health clinics that provide vaccination services.

#### **School-Based Clinic (permanent clinic location)**

Permanent school-based clinics that provide vaccination services through 12th grade. NOTE: For non-permanent school-based clinics, use the "Community Vaccinator" designation. The School-Based Clinic (permanent clinic location) provider type includes any temporary, mobile, off-site, or satellite locations where the provider of record (i.e., school-based clinic personnel) is administering vaccine.

**STD/HIV Clinic (non-health department)**

Clinics that provide timely STD/HIV diagnosis, testing with on-site treatment, and partner services. This provider type is used for STD/HIV clinics NOT located within a health department where on-site vaccination services are provided. NOTE: this category should be used by non-HD clinics that exclusively offer STD/HIV screening and treatment services.

**Student Health Services**

Permanent school-based clinics that provide vaccination services for college/university students (e.g., Job Corps).

**Teen Health Center (non-health department)**

Teen health centers that are NOT public health department-sponsored and provide on-site vaccination services.

**Urgent/Immediate Care Center**

Locations that provide immediate medical outpatient care for the treatment of acute and chronic illness and injury. This provider type should be used for urgent care centers or walk-in clinics where on-site vaccination services are provided.

**Women, Infants, and Children (WIC) Clinic**

Locations that serve low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 years who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. This provider type is used for WIC clinics that also provide vaccination services. NOTE: If vaccination services are provided in a location that is co-located in a physical facility with a WIC clinic but are not administered by WIC staff, select the category of the provider with oversight of vaccination services.

**Other**

Any provider type not captured in one of the other provider type options.

## Provider Specialties Definitions

**Family Medicine**

Manages common illnesses and conditions for people of all ages, focusing on overall health and well-being throughout the lifespan.

**Internal Medicine**

Deals with the prevention, diagnosis, and nonsurgical treatment of diseases and disorders of the internal organs/structures in adults.

**OB/GYN**

Obstetrician-gynecologist. Provides specialized services in women's health.

**Pediatrics**

Involves disease/disorder prevention, diagnosis, and treatment associated with the physical and developmental health of children from birth to young adulthood.

**Preventive Medicine**

Focuses on the health of individuals and communities with the goal of promoting health and well-being and preventing disease, disability, and death.