Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. If you are enrolling on behalf of one or more other affiliated Organization vaccination locations, complete and sign this form for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

**Organization identification for individual locations**

Organization location name: [ ] Will another Organization location order COVID-19 vaccine for this site?
[ ] If YES, provide Organization name:

**Contact information for location’s primary COVID-19 vaccine coordinator**

Last name:  
First name:  
Middle initial:  
Telephone:  
Email:  

**Contact information for location’s backup COVID-19 vaccine coordinator**

Last name:  
First name:  
Middle initial:  
Telephone:  
Email:  

**Organization location address for receipt of COVID-19 vaccine shipments**

Street address 1:  
Street address 2:  
City:  
County:  
State:  
ZIP:  
Telephone:  
Fax:  

**Organization address of location where COVID-19 vaccine will be administered (if different from receiving location)**

Street address 1:  
Street address 2:  
City:  
County:  
State:  
ZIP:  
Telephone:  
Fax:  

**Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments**

<table>
<thead>
<tr>
<th>Monday AM</th>
<th>Tuesday AM</th>
<th>Wednesday AM</th>
<th>Thursday AM</th>
<th>Friday AM</th>
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<tr>
<td>PM</td>
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**For official use only:**

VTrck5 ID for this location, if applicable:  
Vaccines for Children (VFC) PIN, if applicable:  
IIS ID, if applicable:  

Unique COVID-19 Organization ID (from Section A):  
Unique Location ID**:  

**The jurisdiction’s immunization program is required to create an additional unique Location ID for each location completing Section B. The number should include the awardee jurisdiction abbreviation. For example, if an organization (Section A) in Georgia (e.g., GA1234564A) has three locations (main location plus two additional) completing section B, they could be numbered as GA12345681, GA12345682, and GA12345683.**
### COVID-19 vaccination provider type for this location

- Commercial vaccination service provider
- Corrections/detention health services
- Health center – community (non-Federally Qualified Health Center/non-Rural Health Clinic)
- Health center – migrant or refugee
- Health center – occupational
- Health center – STD/HIV clinic
- Health center – student
- Home health care provider
- Hospital
- Indian Health Service
- Tribal health
- Medical practice – family medicine
- Medical practice – pediatrics
- Medical practice – internal medicine
- Medical practice – OB/GYN
- Medical practice – other specialty
- Pharmacy – chain
- Pharmacy – independent
- Public health provider – public health clinic
- Public health provider – Federally Qualified Health Center
- Public health provider – Rural Health Clinic
- Long-term care – nursing home, skilled nursing facility, federally certified
- Long-term care – nursing home, skilled nursing facility, non-federally certified
- Long-term care – assisted living
- Long-term care – intellectual or developmental disability
- Long-term care – combination (e.g., assisted living and nursing home in same facility)
- Urgent care
- Other (Specify: ........................................)

### Setting(s) where this location will administer COVID-19 vaccine

- Child care or day care facility
- College, technical school, or university
- Community center
- Correctional/detention facility
- Health care provider office, health center, medical practice, or outpatient clinic
- Hospital (i.e., inpatient facility)
- In home
- Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)
- Pharmacy
- Public health clinic (e.g., local health department)
- School (K – grade 12)
- Shelter
- Temporary or off-site vaccination clinic – point of dispensing (POD)
- Temporary location – mobile clinic
- Urgent care facility
- Workplace
- Other (Specify: ........................................)

### Approximate number of patients/clients routinely served by this location

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
<th>(Enter &quot;0&quot; if the location does not serve this age group.)</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>Children 18 years of age and younger</td>
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<tr>
<td>Adults 19 – 64 years of age</td>
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<td>Adults 65 years of age and older</td>
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<tr>
<td>Number of unique patients/clients seen per week on average</td>
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- Not applicable (e.g., for commercial vaccination service providers)

### Influenza vaccination capacity for this location

- Number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season: | | Unknown

(Enter “0" if no influenza vaccine doses were administered by this location in 2019-20.)
Population(s) served by this location (select all that apply)

- General pediatric population
- General adult population
- Adults 65 years of age and older
- Long-term care facility residents (nursing home, assisted living, or independent living facility)
- Health care workers
- Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)
- Military – active duty/reserves
- Military – veteran
- People experiencing homelessness
- Pregnant women
- Racial and ethnic minority groups
- Tribal communities
- People who are incarcerated/detained
- People living in rural communities
- People who are underinsured or uninsured
- People with disabilities
- People with underlying medical conditions* that are risk factors for severe COVID-19 illness
- Other people at higher risk for COVID-19 (Specify: )

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?

- If YES
  - List IIS Identifier: 

If NOT, please explain planned method for reporting vaccine administration data to the jurisdiction’s IIS or other designated system as required:

If NOT APPLICABLE, please explain:

Estimated number of 10-dose multidose vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures:

- Refrigerated (2°C to 8°C): No capacity OR Approximately additional 10-dose MDVs
- Frozen (-15°C to -25°C): No capacity OR Approximately additional 10-dose MDVs
- Ultra-frozen (-60°C to -80°C): No capacity OR Approximately additional 10-dose MDVs

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):

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

Date:
**Providers practicing at this facility** (additional spaces for providers at end of form)

*Instructions:* List below all licensed healthcare providers at this location who have prescribing authority (i.e., MD, DO, NP, PA, RPh).

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Title</th>
<th>License No.</th>
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