



DELAWARE VFC CHANGE OF INFORMATION

Please complete the form so we may update our records to better serve you

VFC PIN:	DATE:	List Previous Contact(s) to Remove:			
FACILITY NAME:					
NEW INFORMATION					
FACILITY NAME:					
SHIPPING ADDRESS:					
CITY:		ZIPCODE:		Shipping & mailing are the same?	
MAILING ADDRESS:					
CITY:		ZIPCODE:		PHONE:	
<p>Enter all current VFC Contacts: VFC Contacts are responsible for vaccine management and ordering VFC vaccine. All enrolled VFC providers must have a primary and back-up VFC contact. Each contact must complete the required VFC training annually. Submit certificates of completion for new contacts with this form.</p>					
PRIMARY CONTACT LAST NAME:			FIRST NAME:		
PHONE:		FAX:		EMAIL:	
ALLOW THIS CONTACT TO ORDER VFC VACCINE THROUGH DELVAX?				YES	NO
CONTACT HAS DELVAX LOGIN?				YES	NO
CONTACT HAS COMPLETED VFC ANNUAL TRAINING (You Call the Shots)?				YES	NO
BACK-UP CONTACT LAST NAME:			FIRST NAME:		
PHONE:		FAX:		EMAIL:	
ALLOW THIS CONTACT TO ORDER VFC VACCINE THROUGH DELVAX?				YES	NO
CONTACT HAS DELVAX LOGIN?				YES	NO
CONTACT HAS COMPLETED VFC ANNUAL TRAINING (You Call the Shots)?				YES	NO
VACCINE DELIVERY: Indicate all days and times for vaccine delivery. If closed for lunch please specify time.					
MON	From:	To:	Closed for lunch	From;	To:
TUES	From:	To:	Closed for lunch	From:	To:
WED	From:	To:	Closed for lunch	From:	To:
THURS	From:	To:	Closed for lunch	From:	To:
FRI	From:	To:	Closed for lunch	From:	To:
HAS THE PROVIDER PROFILE CHANGED SINCE THE LAST ENROLLMENT?				YES	NO
Please describe the reason for changes (include date of changes):					
FOR VFC STAFF USE ONLY					
APPROVAL DATE: _____		UPDATED: DELVAX		PEAR	
		VTRCKS			
<p>Fax this completed form to 302-739-2555 For general questions please call 1-800-282-8672.</p>					