



Provider Agreement to Receive State-Supplied Vaccine

By submitting the Provider Agreement within VacTrAK, the certifying provider is held responsible for the assurance that all VFC program accountability requirements are met.

Instructions to enroll/reenroll to receive state-supplied vaccine

- **Start a new Provider Agreement:** log into <https://vactrak.alaska.gov>, select *Orders/Transfers* → *Provider Agreement* (Viewable only by Lot Number Managers) → *Add*
- **To exit and resume work** in the agreement: Complete the page you are working on and click on the button that includes “save”. You will be forwarded to the next page, however, your data will be saved. To resume, return to the *Provider Agreement* page and click on the arrow under the *Select* column.
- Note the following while completing:
 - **Organization/Facility Name:** Do not change if prepopulated
 - **MLN** is the Medical License Number of the certifying provider
 - **Contact Details:** Vaccine Coordinator, Certifying Provider and Back- up Coordinator(s)
 - **Vaccines Offered:** VFC providers are required to offer all ACIP recommended vaccines with few exceptions; the option *Select Vaccines as a Specialty Provider* will go through an approval process by the Immunization Program
 - **Days and times that you are able to receive vaccines:** You can include a lunch hour e.g., 0800-1200, 1300-1700
 - **Authorized Providers:** Enter every NP, ANP, DO and MD health care provider (including certifying provider, and if applicable, the collaborating physician) who has prescriptive authority to give immunizations at your facility
 - **Provider/Practice Profile:** The provider profile is not currently populating correctly. If you have the ability to pull your number of patients in the last 12 months from your records or EHR, please do so and make changes to the Provider Agreement profile as necessary; see [eligibility screening documents](#) for assistance if needed.
 - **Frozen Certification:** Update LogTag serial numbers and expiration dates where needed. The freezer compartment of a combination unit is prohibited for the storage of state-supplied vaccine
 - **Signature page:** Submission of the Provider Agreement is considered an electronic signature from the certifying provider. It is **not** required to print and submit the signature page
- To retain a copy for your records, you will need to print each page within the Provider Agreement. The *PDF Full* button does not currently work. You can also open and view the Provider Agreement at any time.

Track Provider Agreement status

Select *Orders/Transfers* → *Provider Agreement* → *Approval Status* column

- **Pending:** The agreement is saved, but incomplete. Immunization Program will not review
- **Submitted:** The agreement was submitted and is waiting for Immunization Program review and approval
- **Returned:** Click on the *Select* arrow to view required corrections needed; correct and re-submit
- **Approved:** Facility is enrolled to receive state-supplied vaccine for 2018

Contact the Epidemiology Vaccine Depot

Anchorage: 907-341-2202 | Email: vaccinedepot@alaska.gov

Website: <http://dhss.alaska.gov/dph/Epi/iz/Pages/default.aspx>