

State-Supplied Vaccine Provider Information

Providers are required to notify the Alaska Immunization Program of changes in their organizations/facilities.
Use this chart and applicable links to meet these state and federal requirements.

Type of Change	Deadline (within # days of event)	Required method of Notification
Staff members		
Vaccine Certifying Provider	10 days of change	Provider Agreement (includes instructions)
Vaccine Coordinator or Back up Coordinator	10 days of change	Request to Modify VacTrAK Users form
Physician or vaccinator	10 days of change	Request to Modify VacTrAK Users form
IQIP contact	10 days of change	Email: immune@alaska.gov Include the following: <ul style="list-style-type: none"> - "IQIP contact change" - Organization/facility name - PIN - Contact person - Contact phone
Remove staff member	3 days of employment termination	Request to Modify VacTrAK Users form
VacTrAK Organization or Facility Administrator or designated contact	3 days of change	VacTrAK Contract
Organization/Facility		
New facility	Notice of Regulation 7 AAC 27.650	VacTrAK Contract
Address (any)	10 days of change	Provider Agreement
Shipping days/hours for receipt of vaccine	Update upon next order	VacTrAK Create Order page
Closure/merger (Upon notification, Immunization Program staff will contact you)	Minimum 30 days prior to event	Email: immune@alaska.gov Include the following: <ul style="list-style-type: none"> - Organization/facility name - PIN - Contact person - Contact phone - Date of closure/merger
VFC Unenrollment (Upon notification, Immunization Program staff will contact you)	Minimum 30 days prior to planned Provider Agreement termination	Email: vfc@alaska.gov Include the following: <ul style="list-style-type: none"> - Organization/facility name - PIN - Contact person - Contact phone - Date of planned agreement termination

Alaska Immunization Program

Anchorage: 269-8088 Toll Free: 888-430-4321 Email: immune@alaska.gov Fax: 907-562-7802