

Yellow Fever Stamp Application

Provider Information		
Title: <input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Pharmacist		AK Med Lic #:
Name: <i>Last</i>	<i>First</i>	<i>Middle</i>
Facility Information		
Facility Name:		
Vaccine Delivery Address:		
City:	State: Alaska	Zip Code:
Mailing Address:		
City:	State: Alaska	Zip Code:
Telephone Number:	Fax Number:	
Email Address:		
Facility Website <small>(OPTIONAL)</small> :		
Do you want your facility to appear on the CDC "Find a Yellow Fever Clinic" website? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I agree to comply with all requirements from the Centers for Disease Control and Prevention (CDC) and State of Alaska pertaining to the use of the yellow fever uniform stamp. I understand that the stamp remains the property of the State of Alaska and privileges can be revoked at the discretion of the state. I understand that the stamp is not to be used by others and if I, the certified stamp holder, leave the assigned facility, the stamp may not be retained by the facility. I will notify the Alaska Immunization Program (vaccinedepot@alaska.gov) of any changes to the original application or if I no longer provide the service.

I verify that I have completed the online CDC webinar "[Yellow Fever Vaccine: Information for Health Care Professionals Advising Travelers](#)"

Signature of Applicant:	Date:
<i>If a Physician's Assistant has signed above, the signature of the collaborating physician is also required.</i>	
Signature of Collaborating Physician:	Date:

Please print and mail the application to:	Enclose with the application:
Alaska Immunization Program Epidemiology Vaccine Depot 9210 Vanguard Drive, Suite 102 A Anchorage, AK 99507	A check or money order made payable to: AAA Rubber Stamp and Engraving for the amount of \$30.75

STATE OFFICE USE ONLY		
Date Received:	Date Stamp Ordered:	Stamp Number: