

Yellow Fever Uniform Stamp Application

Provider Information

Title:	DO	MD	PA	NP	R.Ph	Pharm.D	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 (OPTIONAL):		
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 uniform stamp remains the property of the State of Alaska and privileges can be revoked at the discretion of the State. I understand that the uniform stamp is **not** to be used by others and if I, the certified uniform stamp holder, leave the assigned facility, the uniform stamp may **not** be retained by the facility. I will notify the Alaska Immunization Program (immune@alaska.gov) of any changes to the original application or if I no longer provide the service.*

I have completed the online CDC webinar "[Yellow Fever Vaccine: Information for Health Care Professionals Advising Travelers](#)", and I will scan/fax a copy of the completed training certificate to the Alaska Immunization Program at either immune@alaska.gov or fax to 907-562-7802

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:

Application needs to be scanned and emailed to immune@alaska.gov OR faxed to 907-562-7802

Alaska Department of Health and Social Services Alaska Immunization Program 3601 C Street, Suite 540 Anchorage, AK 99503-5932 907-269-8088	Once the application has been received along with the <u>CDC certificate</u> , then you will receive authorization with information on how to procure the Official Yellow Fever Uniform Stamp. It is the provider's responsibility to order and pay for the official uniform stamp.
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STATE OFFICE USE ONLY

Date Received:	Date emailed authorization:	Stamp Number:
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