

Vaccines for Children Annual Enrollment in Florida SHOTS.



STEP 1: LOG ONTO FLORIDA SHOTS.

Access VFC enrollment through your [Florida SHOTS](#) account.

NOTE: Only the VFC enrollee in your office has access to submit the VFC Annual Enrollment.

STEP 2: REVIEW THE “USER TASK LIST.”

If you are a primary contact, secondary contact, or the enrollee and your reenrollment is due within the next 60 days, you will receive a notification on your “User Task List” to re-enroll with the VFC Program. If you do not have this notification on your task list this could mean you are not one of the individuals who can complete the re-enrollment, or it is not time for your office to re-enroll.

NOTE: If there are no other tasks on the list, you will automatically be dropped onto the re-enrollment page.

Item #	Group Desc	Item Description
1	Org Administration	User Confirmation
2	Re-enrollment	Re-enroll in VFC

STEP 3: REVIEW AND UPDATE YOUR “SERVICE SITE LIST.”

The first step in the VFC enrollment process is updating the details regarding your service site. To update this, you need to select “**Administration**” from the menu, click “**Service Site List**.”

This will bring up a list of VFC PINs within your organization.

Site List

Training Environment

Organization: BEACH MEDICAL
Click on a row below to select an existing site.

Show sites: ☒ Active ☐ Archived ☐ All [Download Service Sites List](#)

CIP/Service Site Name	Provider Site Id	Default	In Use	Address	VFC PIN	VFC Status	VFC Order Type	Has Clinics
BEACH PEDS	2		Yes	123 BEACH BLVD, PALM BEACH BEACH	501042 (VFC EID: 1492)	Active	I	No
BEACH PEDS WEST	3	Yes	Yes	123 SHELL BLVD, PALM BEACH	501043 (VFC EID: 1493)	Active	I	No
SUNSET PEDS	4		Yes	123 SAND BLVD, PALM BEACH	501044 (VFC EID: 1494)	Active	I	No

Select your PIN from the list to edit the service site; this will bring you to the “Site Maintenance” page.

Site Maintenance

Training Environment

BEACH MEDICAL [Return to Site Listing](#)

Site Name:

Provider Site ID:

Administrators Vaccs:

Site Type:

National Prov ID:

AHCA File Number:

Other (specify):

Default Site: ☐ Archived: ☐

Last Reminder Recall: 09/09/2024

Is Central Ordering Site: ☐

VFC PIN: 501044

VFC EID: 1494

FLSHOTS Service Site Address

VFC Shipping Address

VFC Mailing Address

Line 1:

Line 2:

City:

State: Zip:

County:

☒ Same as Service Site Address

☒ Same as VFC Shipping Address

FLSHOTS Service Site Contact Info

VFC Shipping Contact Info

Phone:

Fax:

Email:

Contact: [Change](#)

Phone:

Fax:

Email:

☐ Same as Service Site Contact Info

Contact: [Change](#)

2nd Contact: [Change](#)

☐ Clinics

A warning may pop up noting information that is missing from your service site maintenance page. **You will need to complete all tasks in this message.** The following example shows two common messages you may see in this pop-up; other examples are listed below.

www.flshots.com says

Warning: This VFC account is active with the following condition(s):

- VFC Primary Contact must have an email address
- Provider Population data has not been fulfilled.

OK

Warning: “Enrollee is not designated in Florida SHOTS as a System User”

The enrollee **must** have a [Florida SHOTS](#) user ID and password to e-sign the enrollment form. Contact your Local Org Administrator or the help desk to complete this task.

Warning: “VFC Primary Contact must have an email address”

If you receive this warning, your VFC primary contact does not have an email address on file, and you **will need to contact the VFC Program at 1-877-888-7468** to complete this step before you can proceed.

Warning: “‘Vaccines Offered’ data has not been fulfilled”

To complete this request, scroll to the bottom of the “**Site Maintenance**” page and click “**Vaccines Offered.**” Select which vaccines are offered at your clinic. Most VFC providers offer all ACI Prerecommended vaccines, so this option is the default selected within the system. If you only offer select vaccines, click the second option listed (“**Offers Select Vaccines**”) and then select each vaccine offered in your practice.

☒ Vaccines Offered

☒ All ACIP Recommended Vaccines for children 0 through 18 years of age
☐ Offers Select Vaccines (This option is only available for facilities designated as **Specialty Providers** by the VFC Program)

A “**Specialty Provider**” is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g. OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Warning: “‘Type of data used to determine Provider Population’ has not been specified in the ‘Provider Population’ section.”

To complete this request, scroll to the bottom of your “**Site Maintenance**” page and click “**Provider Population.**” You will need to report the number of children who received vaccinations at your facility in the past year, by age group. The numbers that are pre-filled are your eligibility numbers from your last VFC enrollment. You will also need to check the box that indicates the type of data your site used to determine the provider population.

☒ Provider Population

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Eligibility	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Uninsured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
American Indian/Alaskan Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Underinsured in FQHC/RHC or deputized facility*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Privately Insured (private pay/health insurance covers vaccines)**	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

** Children who have private health insurance are **NOT** eligible for VFC vaccines.

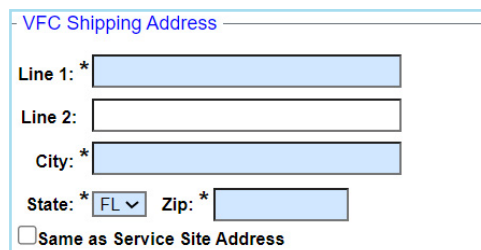
TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION (choose all that apply)

<input type="checkbox"/> Benchmarking	<input type="checkbox"/> Doses Administered
<input type="checkbox"/> Medicaid Claims Data	<input type="checkbox"/> Provider Encounter Data
<input type="checkbox"/> IIS	<input type="checkbox"/> Billing System

NOTE: After you complete these fields, click on “**Submit**” at the bottom of the page to proceed. This allows you to stop and return to your saved information at a later time.

Other Items to Review/Update on the Service Site

Address: You have the ability to update your “VFC Shipping Address.” To update this field you will need to uncheck the box “**Same as Service Site Address.**” If you update this field, press “**Submit**” to proceed with other updates.



VFC Shipping Address

Line 1: *

Line 2:

City: *

State: * FL Zip: *

☐ Same as Service Site Address

Please note that all blue and asterisk fields are required within [Florida SHOTS](#). So for each section that you review and modify, ensure that these blue or asterisk fields have information.

Phone Number and Email Address: If your contact information is different from what we have on this page, please edit this field. If there is a better number at which to reach you, such as an extension, please add this. To update these fields you will need to uncheck the “**Same as Service Site Contact Info**” box.



VFC Shipping Contact Info

Phone: *

Fax: *

Email:

☐ Same as Service Site Contact Info

Primary/Secondary Contacts: These fields cannot be edited by the provider. To make any changes to one or both of these contacts, you must email your request to FloridaVFC@flhealth.gov before you submit your annual enrollment.



VFC Shipping Contact Info

☒ Same as Service Site Contact Info

Contact: [AVILES, FATIMA](#) Change

2nd Contact: [SMITH, TARA](#) Change

Delivery Time Information: Please view these hours to ensure they are correct to avoid deliveries being made outside of your business hours. If you update this field press **“Submit”** to proceed with other updates.

Delivery Time Information

Indicate the days of the week and times between the hours of 8 a.m. and 5 p.m., using the provider's local time zone. These selections indicate when the provider will receive vaccine deliveries.

Delivery Times

From Time

Thru Time

Monday: 9:00AM 4:00PM

Tuesday: 9:00AM 4:00PM

Wednesday: 9:00AM 4:00PM

Thursday: 9:00AM 4:00PM

Friday: 9:00AM 12:00PM

Closed for Lunch: 12:00PM 2:00PM

Add'l Shipping Note:

Fully Formulated Shipping Note: M, T, W, TH, F ; F 9to12, MTWTH 9to4, CLOSED 12to2

VFC Physician/Imm Provider List: This list contains all active and inactive immunization providers associated with your PIN. If there are providers listed as “Active” but who are no longer in your practice, you can make them “Inactive” by selecting their name, and then select **“Service Site Responsibilities”** at the bottom of the page. On this page, un-check the box under “Immunization Provider” to make them inactive. This will not remove them from the list, but will list them as inactive. To inactivate an enrollee, add an immunization provider or a new physician, contact the VFC Program at FloridaVFC@flhealth.gov.

Physician Name	Medical License Number	Current VFC Physician Status for this VFC EID	Roles
MAY,STEPHANIE	PA 425897	Active	FLSHOTS IMM provider VFC Provider Person for BEACH PEDS WEST [VFC PIN: 501043] VFC Provider Person for BEACH PEDS [VFC PIN: 501042] VFC Provider Person for SUNSET PEDS [VFC PIN: 501044]
REISS,JOSEPH J	ME 92723	Active	FLSHOTS Org Enrollee FLSHOTS IMM provider FLSHOTS System user VFC Enrollee for BEACH PEDS WEST [VFC PIN: 501043] VFC Enrollee for BEACH PEDS [VFC PIN: 501042] VFC Enrollee for SUNSET PEDS [VFC PIN: 501044]

VFC Site Personnel List: This is a list of employees in your practice that have VFC permissions/roles within Florida SHOTS. To edit this, click the name of the individual whose permissions/roles you would like to revise, and click **“Service Site Responsibilities”** at the bottom of the page.

Personnel Name	Status	Medical License	Site Contact	Update Inventory	VFC Enrollee	VFC Primary Contact	VFC Secondary Contact	VFC Immunization Provider	VFC Can See Orders	VFC Can Update Orders
AVILES, FATIMA	Active			✓		✓			✓	✓
FARRAR, KEENAN	Expired		✓	✓					✓	✓
MAY,STEPHANIE	Active	PA425897						✓		
REISS,JOSEPH J	Active	ME92723		✓	✓			✓	✓	
SMITH, EBONY	Expired	Medical Assistant		✓				✓		
SMITH, TARA	Expired						✓			✓

This page will display all PINs in your organization. Individual VFC permissions/roles will be displayed under “VFC Provider Information” at the top of the page. Check or un-check boxes to add or remove VFC permissions for any and all PINs and click **“Submit.”**

NOTE: Boxes in gray can only be changed by VFC Program representatives. The **“Florida Shots Service Site Information”** boxes to the left can only be changed by local [Florida SHOTS](#) admin users or by [Florida SHOTS](#) help desk staff.

Service Site Responsibilities

Training Environment

BEACH MEDICAL

Name: FATIMA AVILES

(Medical license not valid for VFC Enrollee or VFC Immunization Provider)

Show sites:

Active

Archived

All

FLShots Service Site Information			VFC Provider Information										
Site Name	Contact	Can Update Inventory	EID	Pin	Status	Enrollee	Primary Contact	Secondary Contact	Can See Orders	Can Order Vaccines	Can See Temp Log	Can Update Temp Log	Immunization Provider
BEACH PEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1492	501042	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BEACH PEDS WEST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1493	501043	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUNSET PEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1494	501044	Active	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Submit

Return to Personnel Maintenance

Return to Site Maintenance

Cancel

STEP 4: COMPLETE THE VFC ANNUAL ENROLLMENT PROCESS.

In order to complete the VFC annual enrollment process, the enrolled provider will need to finalize the enrollment “Provider Agreement” and “Provider Profile” forms. To access these forms, click **“VFC Re-enroll”** on the Florida SHOTS menu (or the link in your Task List).

User: FATIMA AVILES

Task List

Patients

Reminder Recall

System Transactions

Vaccine Inventory

Assess Imm Levels

Reports

Administration

Customer Support

Meaningful Use

COVID-19

Outbreak Reports

VFC Re-enroll

Sign out

Click on “**Create Form**” for the site you are completing the re-enrollment.

VFC Reenrollment List					Training Environment
Site Name	EID	Pin	Expires	Reenrollment Status	Reenrollment Options
SUNSET PEDS	1494	501044	11/01/2024	Enrolled	Create Form
BEACH PEDS	1492	501042	04/14/2025	Awaiting Approval	Edit Form View Form
BEACH PEDS WEST	1493	501043	04/14/2025	Awaiting Approval	Edit Form View Form

The “**VFC Enrollment**” page will display instructions for completing the form.

▶ Annual Training

You must enter information regarding the required annual training received by the primary and secondary contacts. Training information is available on the [Training](#) page.

Your Annual Training Received

VFC Primary Contact: FATIMA AVILES

☒ No
☐ Yes

Training Type:

VFC Secondary Contact: TARA SMITH

☒ No
☐ Yes

Training Type:

Annual training can change each year. If this occurs the VFC Program office will communicate to all VFC providers through a blast communication.

▶ Provider Agreement and Provider Profile Forms

Review your “Provider Agreement” and “Provider Profile” forms to ensure all information on these forms is accurate and complete. To make edits, you will need to return to your “Service Site,” as discussed above. If you do not have access to a field you need to edit, please contact the VFC Program for assistance.

NOTE: All “Active” individuals within your organization will be listed on the vaccine inventory management section of the “Provider Profile” form. All individuals with VFC inventory roles will be noted with “yes” under the roles they currently have. This list will not include the enrollee, primary, or secondary contact.

Provider Agreement and Provider Profile forms

Click [Provider Agreement and Provider Profile forms](#) to view the re-enrollment form which will be created if the Submit button below is clicked.

The pdf file is your completed application form that will be used to approve your re-enrollment. You must make sure that the application form accurately represents your organization prior to submitting your agreement. If changes to the application are needed then do not click the Submit button below. Instead, either change the data via Florida SHOTS or contact your VFC administrator at the Florida Department of Health. When the changes have been made within Florida SHOTS, return to this page to certify your application form.

How to view .pdf files?
To download and view .pdf files the Adobe® Reader® program must be installed on your computer. The Adobe® Reader® program is free, and may be downloaded by going to the following site: <http://get.adobe.com/80/reader/>

If your [Florida SHOTS](#) account is set to expire within the next year, you will have the option to renew it at the same time. Select the “**Yes**” radio button to renew your account. This will only be available if the [Florida SHOTS](#) account holder and the VFC enrollee are the same.

The Florida SHOTS account for BEACH MEDICAL will expire on 10/31/2024.

Please select the “Yes” radio button to renew your Florida SHOTS account.

☐ Yes ☒ No

Electronic Signature

The enrollee is certifying that he or she agrees to be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions as outlined in the Provider Agreement. To electronically sign the agreement, mark the check box and click on the “**Submit**” button.

Mark the checkbox below to electronically sign this agreement.

☒ JOSEPH J REISS certifies that all of the information on the [Provider Agreement and Provider Profile forms](#) is complete and accurate and further agrees to be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions as outlined in the provider enrollment agreement.

If you have not completed all updates required on your “Service Site” page, you will not be able to e-sign your enrollment form. You will see a red box at the bottom of the enrollment page listing missing items.

Your VFC Re-enrollment form cannot be submitted for the following reason(s):

- [Provider Population data has not been fulfilled.](#)

You can click on an item in this box to go back to the “Service Site” to make the required changes. (See Step 3 above for more information.) After submitting these changes, you can get back to the enrollment page by selecting “Return to VFC Enrollment” at the bottom of the site page. This button would appear only if you have gone to “Service Site” from the VFC enrollment.

▶ Enrollment Status

After you submit your VFC annual enrollment, a notification will be sent to the VFC office for approval. You can view the status by opening your “Service Site” page and clicking “**Reenrollment History.**” The “Reenrollment Status” will be blank until the VFC office either approves or rejects your forms. This will show the past three years of reenrollment history. A VFC Program representative will contact you if they have questions regarding the enrollment paperwork submitted. If edits need to occur, the agreement will need to be resubmitted before your site can complete its VFC annual enrollment.

Reenrollment History				
Create Date/Time Created by	Application Type	Enrollee Primary Contact Secondary Contact	Reenrollment Status	Status Set Date/Time Set by
2024-02-27 11:21:27 REISS, JOSEPH J	Reenrollment View Form	REISS, JOSEPH J AVILES, FATIMA SMITH, TARA	Accepted	2024-10-02 15:42:34 AVILES, FATIMA

Help Desk



FREE TECHNICAL SUPPORT:
877-888-7468 (SHOT)
MONDAY – FRIDAY, 8 A.M. TO 5 P.M. EASTERN

INCLUDING:

- Merging duplicate patient records
 - Adding account administrators
 - Unlocking Florida SHOTS accounts
- Questions about any Florida SHOTS features
 - Requesting Florida SHOTS materials