

VFC/WyVIP Program Provider Withdrawal Form

Please complete this form to officially withdraw from participation in the Vaccines for Children/Wyoming Vaccinates Important People (VFC/WyVIP) Program.

PLEASE TYPE INTO THIS FORM.

Provider Information	
Facility Name:	PIN:
Phone Number:	

Withdrawal Details
Effective Date:
Please Select the Reason for Withdrawing From The VFC/WyVIP Program:
<input type="checkbox"/> Closing office
<input type="checkbox"/> No longer seeing VFC-eligible children
<input type="checkbox"/> Unable to fulfill program requirements
<input type="checkbox"/> Relocating out of state
<input type="checkbox"/> Staffing issues
<input type="checkbox"/> Merging with another clinic, please list:
<input type="checkbox"/> Other:
Will you continue to use the Wyoming Immunization Registry (WyIR) at your medical facility?
<input type="checkbox"/> YES <input type="checkbox"/> NO

Regardless of the effective date of this form, VFC/WyVIP providers are responsible for the safety of publicly-supplied vaccines until arrangements have been made with Immunization staff and the vaccines have been safely transferred to another provider.

Responsible Physician/Practitioner	
Print Name:	
Signature:	Date:

Primary Vaccine Coordinator	
Print Name:	
Signature:	Date:

Fax to the Immunization Program at 307-777-3615.