

Influenza Vaccine Provider Registration

Applicable to: All Influenza Immunization Providers (*Excluding Public Health and Retail Pharmacists*)

Immunization Providers wishing to participate in the influenza immunization program must register with their Alberta Health Services (AHS) Influenza Immunization Zone Contact. This information assists with planning and vaccine ordering for the upcoming influenza immunization program.

Instructions: Please read and complete this form and fax it to your AHS Zone Contact.

Type of Practice Setting (<i>check one</i>)			
<input type="checkbox"/> Medical Clinic	<input type="checkbox"/> Acute Care	<input type="checkbox"/> Private Nursing Agency	<input type="checkbox"/> Occupational Health
<input type="checkbox"/> Travel Health Clinic	<input type="checkbox"/> AHS Outpatient Clinic	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Other: _____
AHS Zone (<i>check one</i>)			
<input type="checkbox"/> Calgary Zone	<input type="checkbox"/> Central Zone	<input type="checkbox"/> Edmonton Zone	<input type="checkbox"/> North Zone <input type="checkbox"/> South Zone
Facility Information			
Clinic / Site Name		AVI PIN #:	
Delivery Address	City	Postal Code	
Contact Information (<i>Office Vaccine Coordinator / Contact Person</i>)			
Contact Name(s):		E-Mail Address (<i>if available</i>):	
1) _____		1) _____	
2) _____		2) _____	
Phone Number		Fax Number	
Vaccine Storage and Handling Information			
Vaccine Refrigerator			
Make _____	Model # _____	Date Purchased (<i>yyyy-Mon-dd</i>) _____	
Minimum/Maximum Thermometer			
Make _____	Model # _____	Date Purchased (<i>yyyy-Mon-dd</i>) _____	
For more information on Vaccine Storage and Handling Requirements see: https://open.alberta.ca/publications/alberta-vaccine-cold-chain-policy			
Requirements			
As a Community Provider who wishes to administer the Influenza Vaccine in your office/clinic/facility, either personally or via any Immunizer, best immunization practice and guidelines shall be followed.			
<ul style="list-style-type: none"> Community Providers will receive a letter from their Zone Medical Officer of Health. It is an expectation that this letter must be reviewed as it outlines important information about the Influenza Immunization Program. Review the Influenza Immunization Orientation PowerPoint and other relevant training resources at www.albertahealthservices.ca/2824.asp Review the AHS Vaccine Storage and Handling Standard and resources including e-learning modules at http://www.albertahealthservices.ca/info/Page14001.aspx 			
Resources			
<ul style="list-style-type: none"> AHS develops and updates Influenza Immunization Program resources; they are available at: www.albertahealthservices.ca/2824.asp 			
Name (<i>Last Name, First Name</i>)		Signature	
Designation: MD/RN/Other		Date (<i>yyyy-Mon-dd</i>)	
For Internal Use Only			
Reviewed by (<i>Last Name, First Name</i>)	Signature	Date (<i>yyyy-Mon-dd</i>)	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved