



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

2025 TVFC and ASN Provider Re-Enrollment Training

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Vaccine Operations Unit**

Agenda

- Annual Re-Enrollment Overview
- 2025 TVFC and ASN Provider Satisfaction Survey
- Completing a TVFC/ASN Re-Enrollment
 - Entering Patient Population
- Changes to Enrollment Forms (CTEF)
- Walk-Through

Annual Re-Enrollment Overview

- 2025 annual TVFC and ASN re-enrollment period will be open from Oct. 1, 2024, to Oct 31, 2024.
- If TVFC and ASN-enrolled clinics do not complete re-enrollment activities within the required timeframe, vaccine shipments may be interrupted.
- Providers who do not successfully re-enroll will be suspended from ordering vaccines in December to prevent receipt of vaccines in January.

2025 Provider Satisfaction Survey

- The TVFC and ASN Provider Satisfaction Survey was created to assess the TVFC and ASN Program(s) and is an annual requirement of the Texas Department State Health Services (DSHS) by the Centers for Disease Control and Prevention (CDC).
- TVFC and ASN program providers must participate in the satisfaction survey that is conducted during re-enrollment.
 - Re-enrollments will **not** be approved until the facility has completed their survey.
- The [2025 TVFC/ASN Provider Satisfaction Survey](#) will become available prior to the 2025 TVFC/ASN Re-Enrollment period. Providers **MUST** complete survey before Oct. 31, 2024.

Changes to Enrollment Forms

- DSHS will not be processing CTEFs during re-enrollment.
- Providers should make any needed updates when completing their re-enrollment.
- Updates needed to be made after a re-enrollment has been submitted:
 - If the re-enrollment is not yet approved, DSHS will unlock the account for corrections.
 - If the re-enrollment has been approved, providers will need to complete a CTEF, submitted following the usual process, which DSHS will process after re-enrollment.

TVFC and ASN Program

Completing Re-Enrollment



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Logging Into the Portal

- Providers can access their re-enrollment by logging into [IAMOnline](#).
- Providers' login usernames will follow a 2-4-2 format:
 - 2-letters, 4-numbers, 2-letters (example:cr1234me)
- If you're unable to login, use the "Forgot Username" and "Forgot Password" functions.
 - If you're unable to login after selecting these options, contact your Responsible Entity (RE).

Portal Login Example

Home Register Contact Us

Welcome to the Texas DSHS Immunization Program Portal

Here health care providers and pharmacies may register to be considered to join the ImmTrac2 Registry, Texas Vaccines for Children (TVFC), and Adult Safety Net (ASN) Programs.



VACCINE PROVIDER REGISTRATION

TVFC/ASN Program Enrollment
Texas Immunization Registry (ImmTrac2)

Please allow up to 14 business days for processing of enrollment.
Please ensure that ALL information is complete/valid or it may delay approval.

Click to Login using the Texas HHS Enterprise Portal

LOGIN

Resources

[COVID Enrollment Guide for Providers](#)

[DSHS Immunization Unit COVID Vaccine Information](#)

[Org Code Lookup Tool](#)

Find Your Organization in ImmTrac2

Perform a quick search to see if your organization already has registered with ImmTrac2 and use the corresponding Org Code to prepopulate your enrollment form.

IAMOnline - Sign In

Username

Keep me signed in

Next

[Register Non-HHS employee account or organization](#)
[Sign Acceptable Use Agreement.](#)

[Forgot Password? \(External Users Only\)](#)
[Forgot Password? \(HHS/DSHS Emails Only\)](#)

ImmTrac2/Syntropi/VAOS Applications:
[Forgot Username \(ImmTrac2/VAOS/Syntropi Providers\)](#)
[Register for ImmTrac2 Access](#)
[Register for TVFC/ASN or Data Exchange Access](#)

ImmTrac2 Organization Agreement

- Once logged in, select "Home" in the top left corner.
- Providers must renew their Immunization Registry, ImmTrac2, Organization Agreement every 2 years.
 - Providers that have an ImmTrac2 Organization Agreement from **October 2022 or earlier** should renew their agreement this year.
- To renew an ImmTrac2 Organization Agreement, select the **Renew** box under the Immtrac2 section.
- For questions regarding the ImmTrac2 Organization Agreement, please email ImmTrac2@dshs.texas.gov.

ImmTrac2 Organization Agreement (Continued)

Home SIIS Help Desk

yd2283te

Facility Information 06152023 Demo Test DBA: 36528 DEMO TEST BLVD, 23 AUSTIN, TX 73301 Travis Phone: (555) 555-5555	Facility Site Type: State Agency- Health Service Region Facility NPI: Manner of Usage: ✓ ImmTrac2 Org Code: DEMO0001 TX IIS ID: 1122729000 ✓ TVFC/ASN PIN: 000000	My Profile YDemo test1234 Phone: (555) 555-5555 Email: YDemo@Fak0415.com
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Get Started ...

Click below to complete tasks to finish setting up your clinic's account.

 Approved Approved on: 06/15/2020 View Agreement View Archived Agreements Renew <ul style="list-style-type: none">Submit Name ChangeSubmit Change of Address	 Texas Vaccines for Children and Adult Safety Net Program Enrollment Status Not started No Enrollment Data Available for 2024 Click here to begin TVFC/ASN enrollment.	 PANDEMIC PROVIDER ENROLLMENT Enroll as Pandemic Provider to request COVID-19 Vaccine Click to Start Pandemic Provider Enrollment
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Get Started ...

Approved
Approved on: 06/15/2020
[View Agreement](#)
[View Archived Agreements](#)
Renew

- Submit Name Change
- Submit Change of Address
- Designate a new Responsible Medical Professional (RMP)
- Designate new POC
- Designate new PRC

Manage Users

- Add/Remove Users

Manage Prescribing Providers

- Update Provider
- Add/Remove Providers

Starting the Re-Enrollment

- Once logged in, select "Home" in the top left corner.
- To begin the 2025 TVFC/ASN Re-Enrollment, select link **Click to begin TVFC/ASN Enrollment** under the Texas Vaccines for Children and Adult Safety Net Program section.
- Providers will complete each portion of the 2025 TVFC/ASN program re-enrollment as outlined by the headers on the left.
 - Providers must update any information that is outdated or incorrect.
 - Information from the previous year will pre-populate for convenience.
 - Providers will not be able to proceed to the next section until they have completed the current section.

Starting the Re-Enrollment (Continued)

The screenshot displays the user interface for the ImmTrac2 Texas Immunization Registry. At the top, there is a navigation bar with 'Home' and 'SIIS Help Desk' links. Below this, a user profile section shows the user 'yd2283te'. The main content area is divided into three columns: Facility Information, Facility Site Type/Manner of Usage, and My Profile. The Facility Information column lists details for '06152023 Demo Test' in Austin, TX. The Facility Site Type/Manner of Usage column shows 'State Agency- Health Service Region' and 'Manner of Usage' with checkmarks for 'ImmTrac2 Org Code: DEMO0001', 'TX IIS ID: 1122729000', and 'TVFC/ASN PIN: 000000'. The My Profile column shows 'YDemo test1234' with contact information. Below this is a 'Get Started...' section with a red warning message: 'Click below to complete tasks to finish setting up your clinic's account.' The left column contains 'ImmTrac2 Texas Immunization Registry' branding, an 'Approved' status (06/15/2020), and buttons for 'View Agreement', 'View Archived Agreements', and 'Renew'. The middle column features the 'Texas Vaccines for Children and Adult Safety Net Program' logo and an 'Enrollment Status' section with a red box around the text: 'Not Started No Enrollment Data Available for 2024' and a link to 'Click here to begin TVFC/ASN enrollment.' The right column shows 'PAN PRO ENRC' and 'Enroll as Pan request CC' with a 'Click to S Provide' link.

Home SIIS Help Desk

yd2283te

Facility Information 06152023 Demo Test DBA: 36528 DEMO TEST BLVD, 23 AUSTIN, TX 73301 Travis Phone: (555) 555-5555	Facility Site Type: State Agency- Health Service Region Facility NPI: Manner of Usage: ✓ ImmTrac2 Org Code: DEMO0001 TX IIS ID: 1122729000 ✓ TVFC/ASN PIN: 000000	My Profile YDemo test1234 Phone: (555) 555-5 Email: YDemo@Fa
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Get Started . . . Click below to complete tasks to finish setting up your clinic's account.

ImmTrac2
Texas Immunization Registry

✓ Approved
Approved on: 06/15/2020

View Agreement

View Archived Agreements

Renew

- Submit Name Change
- Submit Change of

Texas Vaccines for Children and Adult Safety Net Program

Enrollment Status

Not Started
No Enrollment Data Available for 2024

Click here to begin TVFC/ASN enrollment.

PAN
PRO
ENRC

Enroll as Pan
request CC

Click to S
Provide

Provider Eligibility and Selection

- Confirm if the facility is "Public" or "Private" and the facility type when prompted.
 - Definitions for type of facility will list which facility types qualify as "Public" or "Private".
 - Providers with an "Federally Qualified Health Centers (FQHC)" or "Rural Health Clinics (RHC)" facility type must select this option except "Indian Health Service, Tribal, or Urban Clinics."
 - Facilities that select **Private** will only be given the option to re-enroll into the TVFC program as private providers are not eligible to enroll into the ASN program.
- Confirm the program(s) they are re-enrolling into under "DSHS Program Selection."
 - Providers must complete the new enrollment process prior to submitting a re-enrollment if they would like to add an additional program.
- Select **Save & Continue** once complete.

TVFC/ASN Eligibility and Selection

Private Facility Type

TVFC/ASN Eligibility & Selection ✓

TVFC/ASN Enrollment
DSHS Program Eligibility & Selection

*Is the facility you are enrolling a Public or Private facility?
 Public Private

*Select the facility type for the facility you are enrolling:
Private Practice (e.g., family practice, pediatric, ...)

DSHS Program Selection
Based on the information provided, this facility is eligible to participate in the following DSHS Program(s).
*I would like to enroll into the following program(s):

Texas Vaccines for Children (TVFC) only (My clinic will provide vaccines ONLY TO CHILDREN (DSHS TVFC Program)).

Adult Safety Network (ASN) only (My clinic will provide vaccines ONLY TO ADULTS (DSHS ASN Program)).

TVFC and ASN (My clinic will provide vaccines to CHILDREN and ADULTS (DSHS TVF & ASN Program)).

Adult Safety Net (My clinic already participates in the Texas Vaccines for Children (TVFC) Program and would like to join ASN. We already have a PIN assigned.)

Texas Vaccines for Children (TVFC) (My clinic already participates in the Adult Safety Net (ASN) Program and would like to join TVFC. We already have a PIN assigned.)

Definitions for type of facility:
Please select the provider type above that best describes your funding source from the list of definitions provided below. If you are unsure, please contact our office.

Public Facilities

Save & Continue Cancel

Public Facility Type

TVFC/ASN Eligibility & Selection ✓

TVFC/ASN Enrollment
DSHS Program Eligibility & Selection

*Is the facility you are enrolling a Public or Private facility?
 Public Private

*Select the facility type for the facility you are enrolling:
STD/HIV Clinic (non-health department)

DSHS Program Selection
Based on the information provided, this facility is eligible to participate in the following DSHS Program(s).
*I would like to enroll into the following program(s):

Texas Vaccines for Children (TVFC) only (My clinic will provide vaccines ONLY TO CHILDREN (DSHS TVFC Program)).
This selection is ONLY for DSHS Public Health Clinics, CMS designated Federally Qualified Health Centers, Local Health Department Clinics and CMS designated Rural Health Clinics. If your clinic is not any of these, contact 512-776-6333 before selecting this option.

TVFC and ASN (My clinic will provide vaccines to CHILDREN and ADULTS (DSHS TVF & ASN Program)).
This selection is ONLY for DSHS Public Health Clinics, CMS designated Federally Qualified Health Centers, Local Health Department Clinics and CMS designated Rural Health Clinics. If your clinic is not any of these, contact 512-776-6333 before selecting this option.

Adult Safety Net (My clinic already participates in the Texas Vaccines for Children (TVFC) Program and would like to join ASN. We already have a PIN assigned.)
This selection is ONLY for DSHS Public Health Clinics, CMS designated Federally Qualified Health Centers, Local Health Department Clinics and CMS designated Rural Health Clinics. If your clinic is not any of these, contact 512-776-6333 before selecting this option.

Texas Vaccines for Children (TVFC) (My clinic already participates in the Adult Safety Net (ASN) Program and would like to join TVFC. We already have a PIN assigned.)

Save & Continue Cancel

FQHC and RHC Facility Types

- FQHC or RHC are federally designated sites by the Centers for Medicare and Medicaid Services (CMS).
- FQHC and RHC facilities must upload a CMS Letter verifying:
 - Facility name
 - Facility address
 - FQHC/RHC Facility Type status
- Providers with an "FQHC" or "RHC" facility type must select this option under "Public".
 - Providers will not be able to upload their CMS Letter unless "FQHC" or "RHC" is selected.
 - To upload the CMS Letter, providers must select **Choose File** first then **Upload**.

Vaccines Offered

- Providers must select the appropriate category of either offering **all ACIP recommended vaccines** or select vaccines as a **Specialty Provider**.
 - The “NOTE” above each option will list what provider types qualify for each option.
 - The choice in provider type must align with the listed facility site type.
 - Only **Specialty Providers** can offer select vaccines.
 - Selecting **all ACIP-recommended vaccines** does not mean the provider will receive all the selected vaccines. Rather, it allows the provider to order all the selected vaccines if they see the correct patient population in the future.
- Select "Save & Continue" once complete.

Vaccines Offered

All ACIP-Recommended Vaccines

- ALL ACIP recommended vaccines are offered to patients in this clinic.

NOTE: This option is required for Community Health Centers, DSHS Public Health Clinics, FQHC's, Local Health Departments, most private provider clinics, RHCs, Tribal/Indian, Migrant and Refugee Health Service Clinics, and WIC clinics.

ACIP-RECOMMENDED VACCINES OFFERED- INDICATE BELOW ALL AGE-APPROPRIATE ACIP-RECOMMENDED VACCINES YOUR PRACTICE WILL OFFER:

I certify that my practice will order and provide all age-appropriate ACIP-recommended vaccines to my VFC eligible patient populations. Below are the age-appropriate ACIP-recommended vaccines that I will provide based on my patient doses administered.

DTaP

Hep A

Hep B

HIB

HPV

COVID-19

Influenza

IPV

Meningococcal

Meningococcal B

MMR

PPSV

PCV

Rotavirus

Td

Tdap

Varicella

RSV

Vaccines Offered

Specialty Provider

Specialty Provider- Offers only selected vaccines

NOTE: This option is ONLY for clinics that serve a defined population due to the practice specialty such as Correctional Facilities, Drug Treatment Facilities, EMS Facilities, Hospitals (including State Hospitals), Juvenile Detention Facilities, OB/GYN, Pharmacies, School-based Clinics, State Supported Living Centers, STD/HIV Clinics, and Teen/Adolescent Health Clinics.

At the discretion of DSHS, mass vaccinators or those with special grants may offer only influenza or HPV vaccine.

Select ALL vaccines offered in this clinic.

DTaP

Hep A

Hep B

HIB

HPV

COVID-19

Influenza

IPV

Meningococcal

Meningococcal B

MMR

PPSV

PCV

Rotavirus

Td

Tdap

Varicella

RSV

Location and Shipping Address

Providers must confirm their facility and shipping information is accurate and updated.

- Facility Name:
 - Facility names and addresses must not include periods (.), commas (,), question marks (?), asterisks (*), percentage symbol (%), ampersand (&), equals (=) symbol, or greater than (>) or less than (<) symbol.
- Address:
 - Shipping address must not be a PO Box.
- Phone Number:
 - Phone numbers must be in service and should list the clinic's phone number **NOT** a personal number.
- Fax Number:

Select "Save & Continue" once complete.

Location and Shipping Example

[TVFC /ASN Eligibility & Selection](#) ✓

[Vaccines Offered](#) ✓

[Location & Shipping Address](#) ✓

[Vaccine Coordinators](#) ✓

[Delivery Times](#) ✓

[Storage Capacity](#) ✓

[Patient Profile](#) ✓

TVFC/ASN Enrollment

Location and Shipping Addresses

Facility Information

Confirm the physical address on the file below:

*Facility Name	06152023 Demo Test	TVFC/ASN PIN #	000000
*Facility Address	36528 DEMO TEST BLVD	Suite #	23
*City	Austin	*Zip	73301
*State	Texas	*Country	United States
County	TRAVIS	Telephone	555 555 5555 x
		Fax	444 444 4444

Shipping Address

Please provide the address of location where vaccine inventory should be shipped to.

Same as above

*Shipping Address	36528 DEMO TEST BLVD	Suite #	23
*City	Austin	*Zip	73301
*State	Texas	*Country	United States
*County	TRAVIS		

[Save & Continue](#) [Cancel](#)

Vaccine Coordinators

- Providers must confirm the primary and backup vaccine coordinators' (PVC/BVC) information:
 - Name and title
 - **Unique** email address (emails cannot be a shared inbox)
 - Phone number
- The PVC and BVC have submitted all four of their required training certificates:
 - [2025 TVFC/ASN Provider Policy Training](#)*
 - [CDC: You Call the Shots Module 10 \(Storage and Handling\)](#)
 - [CDC: You Call the Shots Module 16 \(Vaccines for Children Program\)](#)
 - [Vaccine Allocation and Ordering System \(VAOS\) Training Quiz](#)
- Select "Save & Continue" once complete.

* Training certificate must be renewed if the PVC or BVC already have all other training certificates from a previous year.

Submit Training Certificates

- If a training certificate has not been uploaded:
 - Select “Choose File”
 - Enter the training date
 - Select “Submit”
- A green checkmark indicates the provider has uploaded a training certificate.
- Select “Continue” once complete.

TVFC/ASN Enrollment
Submit Training Certificates

Primary Vaccine Coordinator

Upload Training Certificates:

2025 TVFC/ASN Vaccine Education Online (VEO)

Choose File Test Document.pdf Training Date* 10 / 02 / 2023 Submit

CDC You Call the Shots: Storage and Handling (Module 10)

Choose File No file chosen Training Date* Submit

CDC You Call the Shots: VFC Program (Module 16)

Choose File No file chosen Training Date* Submit

Please select and submit one file at a time.

Primary Vaccine Coordinator

Upload Training Certificates:

2024 TVFC/ASN Vaccine Education Online (VEO)

Choose File No file chosen Training Date* Submit

Please select and submit one file at a time.

Vaccine Coordinators

Examples

[TVFC/ASN Eligibility & Selection](#) ✓

[Vaccines Offered](#) ✓

[Location & Shipping Address](#) ✓

[Vaccine Coordinators](#) ✓

[Delivery Times](#) ✓

[Storage Capacity](#) ✓

TVFC/ASN Enrollment

Vaccine Coordinators

Designate the primary and backup vaccine coordinators for this facility. The coordinators will become the main point-of-contact for vaccine distribution, accountability and other communications.

It is required for your designated primary and backup TVFC/ASN vaccine coordinators to complete the required training modules: the [TVFC/ASN Vaccine Education Online \(VEO\)](#), the CDC's "You Call the Shots" [Modules 10 and 16](#), and the [VAOS Training](#). Training certifications received for completing the training must be submitted to complete your application of enrollment in the TVFC/ASN Program(s).

Primary Vaccine Coordinator

The person below is currently designated as the Primary Vaccine Coordinator for this organization. If you need to designate a different person, click the Change Primary Vaccine Coordinator button below.

Primary Vaccine Coordinator's Name:	John Doe	Title:	PVC
Primary Vaccine Coordinator's Email:	John.Doe@DemoMD.org	Phone #:	(555)-555-5555

[Change Primary Vaccine Coordinator](#)

*Has the primary vaccine coordinator completed the required trainings? Yes No

If yes, please indicate, which trainings were completed?

- 2023 TVFC/ASN Vaccine Education Online (VEO)
- CDC You Call the Shots: Storage and Handling (Module 10)
- CDC You Call the Shots: VFC Program (Module 16)
- Vaccine Allocation & Ordering System (VAOS) training

[Patient Profile](#) ✓

[Prescribing Providers](#) ✓

[Provider Agreement](#)

Backup Vaccine Coordinator

The person below is currently designated as the Backup Vaccine Coordinator for this organization. If you need to designate a different person, click the Change Backup Vaccine Coordinator button below.

Backup Vaccine Coordinator's Name:	Jane Doe	Title:	BVC
Backup Vaccine Coordinator's Email:	Jane.Doe@DemoMD.org	Phone #:	(555)-555-5555

[Change Backup Vaccine Coordinator](#)

*Has the backup vaccine coordinator completed the required trainings? Yes No

If yes, please indicate, which trainings were completed?

- 2023 TVFC/ASN Vaccine Education Online (VEO)
- CDC You Call the Shots: Storage and Handling (Module 10)
- CDC You Call the Shots: VFC Program (Module 16)
- Vaccine Allocation & Ordering System (VAOS) training

[Save & Continue](#) [Cancel](#)

Delivery Times

- Providers must confirm that staff are available to accept vaccine shipments at least one weekday, other than Monday, for at least four hours between 8:00 a.m. – 5:00 p.m.
- If the clinic does not close for lunch, the clinic opening and closing must be listed in the first two columns (“From Time 1–Through Time 1”).
- If the clinic does closes for lunch, they will use all four columns:
 - The first two columns (“From Time 1–Through Time 1”) indicate clinic hours before lunch.
 - The last two columns (“From Time 2-Through Time 2”) indicate clinic hours after lunch until closing.
- Select “Save & Continue” once complete.

Delivery Times Examples

No Lunch Closure

[TVFC/ASN Eligibility & Selection](#) ✓

[Vaccines Offered](#) ✓

[Location & Shipping Address](#) ✓

[Vaccine Coordinators](#) ✓

Delivery Times ✓

[Storage Capacity](#) ⓧ

[Patient Profile](#) ⓧ

TVFC/ASN Enrollment

Approved Vaccine Delivery Times

Please note: You MUST HAVE at least one (1) weekday other than a Monday, which has four (4) or more consecutive hours between 8am-5pm for delivery of your vaccine shipment. (For example: Thursday 8am-12pm)

Day	From Time 1	Through Time 1	From Time 2	Through Time 2
Monday	08:00 AM	05:00 PM		
Tuesday	08:00 AM	05:00 PM		
Wednesday	08:00 AM	05:00 PM		
Thursday	08:00 AM	05:00 PM		
Friday	08:00 AM	05:00 PM		

Special Instructions (i.e. Del to pharm, Inside school, etc.)

Save & Continue Cancel

Lunch Closure from 12 p.m. to 1 p.m.

[TVFC/ASN Eligibility & Selection](#) ✓

[Vaccines Offered](#) ✓

[Location & Shipping Address](#) ✓

[Vaccine Coordinators](#) ✓

Delivery Times ✓

[Storage Capacity](#) ⓧ

[Patient Profile](#) ⓧ

TVFC/ASN Enrollment

Approved Vaccine Delivery Times

Please note: You MUST HAVE at least one (1) weekday other than a Monday, which has four (4) or more consecutive hours between 8am-5pm for delivery of your vaccine shipment. (For example: Thursday 8am-12pm)

Day	From Time 1	Through Time 1	From Time 2	Through Time 2
Monday	08:00 AM	12:00 PM	01:00 PM	05:00 PM
Tuesday	08:00 AM	12:00 PM	01:00 PM	05:00 PM
Wednesday	08:00 AM	12:00 PM	01:00 PM	05:00 PM
Thursday	08:00 AM	12:00 PM	01:00 PM	05:00 PM
Friday	08:00 AM	12:00 PM	01:00 PM	05:00 PM

Special Instructions (i.e. Del to pharm, Inside school, etc.)

Save & Continue Cancel

Storage Capacity: Data Loggers

- Providers must verify data logger information is correctly documented:
 - Data logger expiration date
 - Data logger serial number
 - Data logger calibration certificate
- Select "Edit" or "Add Another Data Logger."
 - Complete all required information and select "Save."
- Select "Continue" once complete.

The image shows two screenshots of the TVFC/ASN Enrollment system interface, connected by a right-pointing arrow. The left screenshot displays the 'Data Loggers' section with a table of existing loggers and a '+ Add Another Data Logger' button. The right screenshot shows the 'ADD NEW DATA LOGGER' form with input fields for logger type, brand, serial number, and expiration date.

TVFC/ASN Enrollment - Data Loggers

Manage the information about your data loggers and certificates below.

DATA LOGGERS & CERTIFICATES

#	DL Serial #	Brand & Model	DL Type	Certificate	Certificate Exp.	Appliance Unit	Edit
1	12345357	VFC 400	Digital Data Logger - Wifi		10/31/2025	Lab: GE Example	Edit
2	565856789	VFC 4000	Digital Data Logger - Wifi		10/31/2025	Lab: GE Example	Edit

[+ Add Another Data Logger](#)

[Continue](#)

TVFC/ASN Enrollment - ADD NEW DATA LOGGER

Enter the information about your new data loggers below:

*Data Logger Type: Digital Data Logger - Wifi (if Other Specify:)

*Data Logger Brand & Model: VFC 400 *Data Logger Serial Number: 232547679

*Calibration Expiration Date (XX-XX-XXXX): 12 / 05 / 2025

[Save](#) [Cancel](#)

Storage Capacity: Data Loggers

(Continued)

- To upload a data logger certificates of calibration:
 - Select "Choose File"
 - Then select "Upload"
- A green checkmark indicate a calibration certificate has been uploaded.
- Select "Continue" once complete to move on.

Repeat steps 1 through 4 above until all certificates have been uploaded for your location. Click continue to resume the enrollment process.

#	Data Logger Brand & Model	Serial Number	Select Certificate	Upload	Certificate Uploaded?
1	VFC 400	12345357	Choose File No file chosen	Upload	✓
2	VFC 400	232547679	Choose File Test Document.pdf	Upload	✓
3	VFC 4000	565856789	Choose File No file chosen	Upload	✓

Continue Save & Exit



TVFC/ASN Enrollment

Data Loggers

Data Logger- Calibration Certificates
Below are the data loggers you have identified in use your location. Please upload a scanned copy of the certificate for each to confirm date calibration and expiration.

Instructions:

1. Save a digital image (.pdf, .bmp, .jpg, .jpeg, .tif, .tiff, or .png file types allowed) of each calibration certificate to your computer, identifying it by serial number.
2. Locate the coinciding serial number in the below list and click Choose File.
3. Select the calibration certificate file with the same serial number from your computer.
4. Click upload to load the certificate.

Repeat steps 1 through 4 above until all certificates have been uploaded for your location. Click continue to resume the enrollment process.

#	Data Logger Brand & Model	Serial Number	Select Certificate	Upload	Certificate Uploaded?
1	VFC 400	12345357	Choose File No file chosen	Upload	✓
2	VFC 400	232547679	Choose File No file chosen	Upload	⊘
3	VFC 4000	565856789	Choose File No file chosen	Upload	✓

Continue Save & Exit

- TVFC /ASN Eligibility & Selection ✓
- Vaccines Offered ✓
- Location & Shipping Address ✓
- Vaccine Coordinators ✓
- Delivery Times ✓
- Storage Capacity ✓**
- Patient Profile ✓
- Prescribing Providers ✓



Storage Capacity: Storage Units

- Providers must verify storage unit information is correctly documented:
 - Storage unit location
 - Brand and model
 - Storage capacity (cubic feet): available area to safely store TVFC/ASN vaccines
 - Use: indicates Primary, Backup/Overflow, or Day Use
 - "Refrigerator/Freezer Type": indicates Stand-alone, Combination, or Under-Counter
 - "Refrigerator/Freezer Grade": indicates Pharmaceutical, Commercial, or Household grade
 - Data Logger: a "Backup" if not tied to a storage unit
- After updating information, select "Save."
- Select "Add Another Refrigerator/Freezer" to add a new storage unit.
- Select "Continue" once complete.

Storage Capacity: Storage Units

Examples

Refrigerator Information

TVFC/ASN Eligibility & Selection

Vaccines Offered

Location & Shipping Address

Vaccine Coordinators

Delivery Times

Storage Capacity

Patient Profile

TVFC/ASN Enrollment

Storage Capacity

Indicate information for your PRIMARY VFC REFRIGERATOR storage unit and VFC DATA LOGGER below: (required)

*Storage Unit Location: Lab *Brand & Model: GE Example

*Storage Capacity (in cubic feet): 15 *Use: Primary

*Refrigerator Type: Stand-alone/freezerless if Other Specify:

*Refrigerator Grade: Household

Select Data Logger

*Select Data Logger for this appliance: 12345357

*Data Logger Type: Digital Data Logger – Wifi *Other:

*Data Logger Brand & Model: VFC 400 *Calibration Expiration Date: 10/31/2025

ADDITIONAL REFRIGERATORS

#	Storage Unit Location	Brand & Model	Storage Capacity (in cubic feet)	Use	DL Serial #	Edit
No Records Found.						

Pharmaceutical/Medical/Laboratory: Also called "purpose-built," these units are designed by the

Freezer Information

TVFC/ASN Eligibility & Selection

Vaccines Offered

Location & Shipping Address

Vaccine Coordinators

Delivery Times

Storage Capacity

Patient Profile

Prescribing

TVFC/ASN Enrollment

Storage Capacity

FREEZERS

Provide information about freezers used to store vaccine in this facility:

*Storage Unit Location: Lab *Brand & Model: GE Example

*Storage Capacity (in cubic feet): 6 *Use: Primary

*Freezer Type: Stand alone Upright Freezer if Other Specify:

*Freezer Grade: Commercial

Select Data Logger

*Select Data Logger for this appliance: 565856789

*Data Logger Type: Digital Data Logger – Wifi *Other:

*Data Logger Brand & Model: VFC 4000 *Calibration Expiration Date: 10/31/2025

ADDITIONAL FREEZERS

#	Storage Unit Location	Brand & Model	Storage Capacity (in cubic feet)	Use	DL Serial #	Edit
No Records Found.						

Patient Population



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Federal VFC

What categories to document

Federal VFC Document the number of children who received Federal VFC vaccine between 10/01/2023 to 09/30/2024 by age categories.					
Federal VFC Vaccine Eligibility Categories	Number of children who received Federal VFC Vaccine by Age Category				
	Under the age of 1	1 year of age to under the age of 3	3 years of age to under the age of 7	7 years of age to under the age of 19	Total
Enrolled in Medicaid or Medicaid-eligible	All provider types can report a value here				
Uninsured	All provider types can report a value here				
American Indian/Alaska Native	All provider types can report a value here				
Underinsured (FQHC/RHC)	Only FQHCs and RHCs report here. No other facility type belongs here				
Underinsured (deputized-PHR/LHD ONLY)	Only DSHS PHRs and LHDs report here. No other facility type belongs here				

What you see

Federal VFC Document the number of children who received Federal VFC vaccine between 10/01/2022 to 09/30/2023 by age categories.					
Federal VFC Vaccine Eligibility Categories	Number of children who received Federal VFC Vaccine by Age Category				
	Under the age of 1	1 year of age to under the age of 3	3 years of age to under the age of 7	7 years of age to under the age of 19	Total
Enrolled in Medicaid or Medicaid-eligible	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Uninsured	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
American Indian/Alaska Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Underinsured (FQHC/RHC)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Underinsured (deputized-PHR/LHD ONLY)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Federal VFC:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

[Vaccines Offered](#)



[Location & Shipping Address](#)



[Vaccine Coordinators](#)



[Delivery Times](#)



Texas VFC

What categories to document

Texas VFC					
Document the number of children who received Texas VFC vaccine between 10/01/2023 to 09/30/2024 by age categories.					
Texas TVFC Vaccine Eligibility Categories	Number of children who received Texas TVFC Vaccine by Age Category				
	Under the age of 1	1 year of age to under the age of 3	3 years of age to under the age of 7	7 years of age to under the age of 19	Total
UNDERinsured (Public and Private clinics or non-deputized PHR/LHD)	All public and private facility types report here EXCEPT DSHS PHRs, LHDs, FQHCs, and RHCs.				
Children's Health Insurance Program (CHIP)	All provider types can report a value here				

What you see

Texas TVFC					
Document the number of children who received Texas VFC vaccine between 10/01/2022 to 09/30/2023 by age categories.					
Texas TVFC Vaccine Eligibility Categories	Number of children who received Texas TVFC Vaccine by Age Category				
	Under the age of 1	1 year of age to under the age of 3	3 years of age to under the age of 7	7 years of age to under the age of 19	Total
UNDERinsured** (private clinics or non-deputized PHR/LHD)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Children's Health Insurance Program (CHIP)^^^	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total Texas Non-VFC:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Getting Started

Doses Administered



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VAOS Provider Portal

- Log into your VAOS Provider Portal and navigate to the "Reports" section. Click "View All" to view a list of all available reports.

Reporting + Ordering

Transfer

FLU

Flu PreBook

Training Links

Video Walkthrough - Updated VAOS Ordering & Reporting

View

View All

Reports

Monthly Biological

Physical & Tally

Near Expiration

Vaccine Loss

Doses Transferred

View All →

View All

Vaccine News

Update: TVFC & ASN September Formulary

View

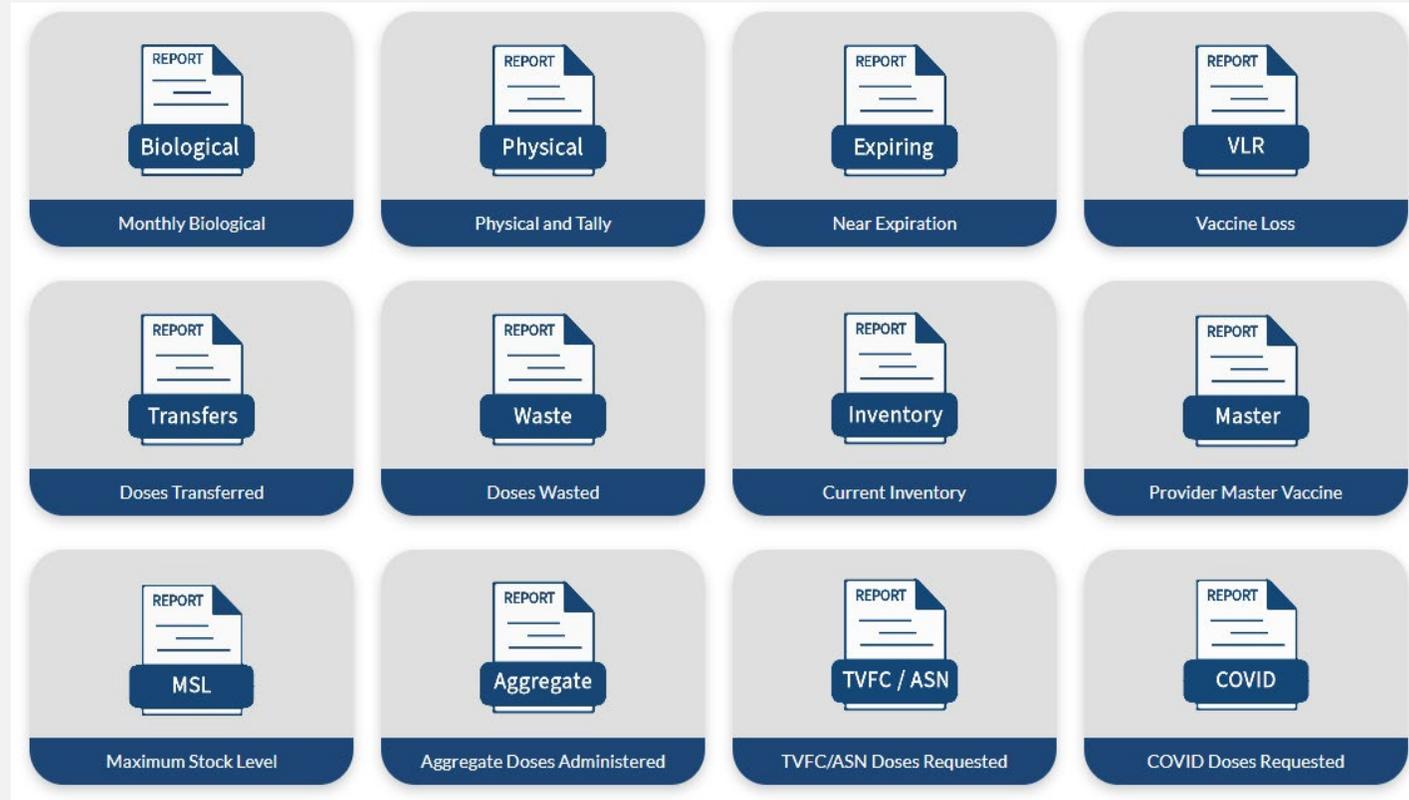
Update: Updated Ordering & Reporting Flow

View

View All

Viewing All Reports

- After clicking “View All,” you will find 12 reports to choose from.
- The rest of the job aids details the purpose of each report, and how to view and export them.



Aggregate Doses Administered

- The Aggregate Doses Administered report allows providers to view doses administered summed up by vaccine, lot number, expiration date, and intent for the date range entered.



Aggregate Doses Administered

(Continued)

After clicking the "Aggregate Doses Administered" report tile, enter a start date of 10/01/2023 and end date of 09/30/2024 and click "Fetch." A preview of the report will populate on the screen.

Click "Download" to view and save an Excel copy of the report.

The screenshot shows the Texas Department of State Health Services reporting interface. At the top, there is a navigation menu with links for Home, Facilities, Reporting and Ordering, Vaccine Choice, and More. The user's name, andy.doranzztest, is visible in the top right corner. The main content area displays a form titled "Please Select Date Range to fetch Doses Administered Records". The form includes input fields for Start Date (12/01/2023) and End Date (01/16/2024), along with "Fetch" and "Download" buttons. Below the form, a table displays the fetched records:

PIN	Provider	NDC	Intent	Lot Number	Expiration Date	Vaccine Group	Vaccine Description
123456	ZZ TEST Data Purge	58160-0890-52	PED	F7332	10/15/2024	FLU (Pediatric)	Fluarix Quad Pre-Filled Syringe 2022-2023
123456	ZZ TEST Data Purge	58160-0890-52	PED	ty599899	10/07/2033	FLU (Pediatric)	Fluarix Quad Pre-Filled Syringe 2022-2023

Finding Doses Administered

- After downloading the report, providers can calculate:
 - "Total Doses 0-18" using column I. This column indicates the total amount of TVFC Doses Administered for the past 12 months.
 - "Total Doses 19+" using column J. This column indicates the total amount of ASN Doses Administered for the past 12 months.

F	G	H	I	J	K
Expiration Date	Vaccine Group	Vaccine Description	Total Doses 0-18	Total Doses 19+	Price Per Dose
12/31/2069 0:00	COVID (Adult)	Comirnaty COVID-19;	0	13	85
3/31/2025 0:00	COVID (Adult)	Spikevax COVID-19;(1	0	5	81
1/1/2025 0:00	DTaP	DAPTACEL (DTAP); SD	16	0	21
10/15/2024 0:00	DTaP-Hep B-IPV	PEDIARIX (DTAP-Hep	1	0	66
11/30/2025 0:00	COVID (Pediatric	COVID-19(Pfizer);(6m	5	1	48
1/1/2025 0:00	DTaP	DAPTACEL (DTAP); SD	3	0	21
12/31/2069 0:00	COVID (Pediatric	Comirnaty COVID-19;	5	0	97
10/15/2024 0:00	DTaP	DAPTACEL (DTAP); SD	30	2	21
7/24/2025 0:00	Varicella (Pediat	VARIVAX (VARICELLA	1	0	144
10/15/2024 0:00	Varicella (Pediat	VARIVAX (VARICELLA	1	0	144
10/15/2024 0:00	Varicella (Pediat	VARIVAX (VARICELLA	2	0	144
10/15/2024 0:00	Varicella (Pediat	VARIVAX (VARICELLA	1	0	144
10/15/2024 0:00	Varicella (Pediat	VARIVAX (VARICELLA	1	0	144
10/15/2024 0:00	Varicella (Pediat	VARIVAX (VARICELLA	1	0	144
9/13/2023 0:00	Varicella (Pediat	VARIVAX (VARICELLA	1	0	144
1/5/2024 0:00	Varicella (Pediat	VARIVAX (VARICELLA	1	0	144
7/16/2025 0:00	Varicella (Pediat	VARIVAX (VARICELLA	1	0	144
3/31/2025 0:00	DTaP	DAPTACEL (DTAP); SD	1	0	21
5/31/2024 0:00	DTaP	DAPTACEL (DTAP); SD	1	0	21
11/6/2023 0:00	DT	DT (DT); Single Dose V	1	0	48
10/15/2024 0:00	DT	DT (DT); Single Dose V	4	0	48
10/15/2065 0:00	COVID (Pediatric	COVID-19(Pfizer);(6m	1	0	48
11/27/2024 0:00	DTaP	INFANRIX (DTAP); Pre	8	0	21
12/31/2069 0:00	HIB (Pediatric)	ACTHIB (HIB); Single D	0	0	11
1/13/2023 0:00	Hep B (Pediatric)	RECOMBIVAX HB (HEP	1	0	13
10/15/2024 0:00	Hep B (Adult)	ENGERIX-B (ADULT) (P	2	0	36
5/23/2024 0:00	DTaP-IPV-HIB-He	VAXELIS (DTAP-IPV-H	1	0	97
10/15/2024 0:00	DTaP-IPV-HIB	PENTACEL (DTAP-IPV-	10	0	70
10/15/2024 0:00	DTaP	INFANRIX (DTAP); Pre	11	0	21
1/26/2024 0:00	Hep A (Adult)	HAVRIX (HEP A), PF sy	0	2	39
8/29/2024 0:00	Hep B (Pediatric)	ENGERIX-B (HEP B); P	1	0	17
6/1/2024 0:00	Hep B (Pediatric)	Recombivax HB (Hep	9	0	14
6/1/2024 0:00	Hep B (Pediatric)	Recombivax HB (Hep	7	0	14

Patient Profile

Child Population

- Providers re-enrolling in the TVFC program must update the number of VFC-eligible and non-VFC eligible children served by the facility during the most recent 12 months.
 - Providers must report in each category that applies to their facility type.
 - Population totals will automatically calculate.
- Providers must also select how they determined their patient data.
- Once the child population section is complete, select “Save & Continue” to move on.

Patient Profile

Child Population (Continued)

TVFC /ASN Eligibility & Selection

Vaccines Offered

Location & Shipping Address

Vaccine Coordinators

Delivery Times

Storage Capacity

Patient Profile

Prescribing Providers

TVFC/ASN Enrollment ←

Child Population

Federal VFC

Document the number of children who received Federal VFC vaccine between 10/1/2021 to 9/30/2022 by age categories.

Federal VFC Vaccine Eligibility Categories	Number of children who received Federal VFC Vaccine by Age Category				
	Under the age of 1	1 year of age to under the age of 3	3 years of age to under the age of 7	7 years of age to under the age of 19	Total
Enrolled in Medicaid or Medicaid-eligible	3	2	0	1	6
Uninsured	0	0	5	1	6
American Indian/Alaska Native	0	0	0	0	0
Underinsured (FQHC/RHC)	0	0	10	15	25
Underinsured (deputized-PHR/LHD ONLY)	0	0	0	0	0
Total Federal VFC:	3	2	15	17	37

Texas TVFC

Document the number of children who received Texas VFC vaccine between 10/1/2021 to 9/30/2022 by age categories.

Texas TVFC Vaccine Eligibility Categories	Number of children who received Texas TVFC Vaccine by Age Category				
	Under the age of 1	1 year of age to under the age of 3	3 years of age to under the age of 7	7 years of age to under the age of 19	Total
UNDERinsured** (private clinics or non-deputized PHR/LHD)	0	0	0	0	0
Children's Health Insurance Program (CHIP)**	0	4	11	16	31
Total Texas Non-VFC:	0	4	11	16	31

Provider Agreement

Non-VFC

Document the number of children who have private insurance in your clinic between 10/1/2021 to 9/30/2022 by age categories. *Exclude children who have Medicaid, CHIP, or are Underinsured in the Insured category as they should be reported above.

Non-VFC Vaccine Eligibility Categories	Number of children who received Non-VFC Vaccine by Age Category				
	Under the age of 1	1 year of age to under the age of 3	3 years of age to under the age of 7	7 years of age to under the age of 19	Total
Insured	0	1	14	10	25
Total Non-VFC:	0	1	14	10	25

Total Patients <= 18 Years of Age
Total Patients >= 18 = Sum of VFC + TVFC + INSURED

Total Patients <= 18 Years of Age	Under the age of 1	1 year of age to under the age of 3	3 years of age to under the age of 7	7 years of age to under the age of 19	Total
		3	7	40	43

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

<input checked="" type="checkbox"/> SIIIS/Registry Data	<input type="checkbox"/> Medicaid Claims	<input type="checkbox"/> Benchmarking
<input type="checkbox"/> Doses Administered Logs	<input type="checkbox"/> Encounter Data	<input type="checkbox"/> Billing System
<input type="checkbox"/> Other (must describe):		

Patient Profile

Adult Population

- Providers must select how they determined their adult patient data under the adult population section.
- Providers re-enrolling in the ASN program must update the number of insured and uninsured adults served by the facility during the most recent 12 months.
- Once the adult population section is complete, select “Save & Continue” to move on.

Texas ASN	
Document the number of adults who were vaccinated at your facility in the last year or the number expected to be vaccinated this year.	
Number of INSURED adults that were vaccinated with privately-purchased vaccine at your facility in the past year or the number expected to be vaccinated this year.	15
Number of UNinsured adults that are expected to be vaccinated in your clinic this year with ASN vaccine.	77

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

- SIIIS/Registry Data
- Medicaid Claims
- Benchmarking
- Doses Administered Logs
- Encounter Data
- Billing System
- Other (must describe):

Prescribing Providers

- Providers must identify licensed health care providers with prescribing authority.
 - Enter the number of prescribing providers at the facility.
- Once the prescribing providers section is complete, select “Save & Continue” to move on.
- Then review the “Current Provider List.”
 - Select “Continue” if no changes are necessary.
 - Select “Edit” or “Add Provider” to make changes.

Prescribing Providers

(Continued)

TVFC/ASN Eligibility & Selection ✓

Vaccines Offered ✓

Location & Shipping Address ✓

Vaccine Coordinators ✓

TVFC/ASN Enrollment

Prescribing Providers

Enter Provider Information (* required)

All licensed health care providers (MD, DO, PharmD and APRN) at your facility who have prescribing authority must be identified.

*** Required Provider Identifying Information:**

1. First Name	4. Title	7. Medicaid Number
2. Last Name	5. Specialty	
3. Middle Initial (MI)	6. Medical License #	

***How many providers are there in this location?**



TVFC/ASN Eligibility & Selection ✓

Vaccines Offered ✓

Location & Shipping Address ✓

Vaccine Coordinators ✓

Delivery Times

TVFC/ASN Enrollment

Prescribing Providers

Use this page to list all health care providers at your facility with prescription writing privileges who will administer VFC Program-provided vaccines. Note: It is not necessary to include the names of all staff who may administer VFC vaccine, but rather only those who possess a medical license or are authorized to write prescriptions.

PLEASE NOTE: Only prescribers and those who are prescribers or will have oversight of the handling or administration of vaccine should be listed.

Current Provider List

#	Review	Last Name	First Name	MI	Title	Specialty	License #	Medicaid #	NPI #	Edit
1		NotA	Doctor22		MD (Doctor of Medicine)		M2347		1234567893	<input type="button" value="Edit"/>

Prescribing Providers

Add Provider

- After selecting “Add Provider,” enter the 10-digit National Provider Identifier (NPI).
 - If the provider’s data is not found, you will need to confirm the provider’s information and select “Confirm and Add Provider.”

TVFC/ASN Enrollment
Prescribing Providers

Use this page to list all health care providers at your facility with prescription writing privileges who will administer VFC Program-provided vaccines. Note: It is not necessary to include the names of all staff who may administer VFC vaccine, but rather only those who possess a medical license or are authorized to write prescriptions.

PLEASE NOTE: Only prescribers and those who are prescribers or will have oversight of the handling or administration of vaccine should be listed.

Current Provider List

#	Review	Last Name	First Name	MI	Title	Specialty	License #	Medicaid #	NPI #	Edit
1		NotA	Doctor22		MD (Doctor of Medicine)		M2347		1234567893	Edit

Buttons: Add Provider, Cancel, Continue



TVFC/ASN Enrollment
Prescribing Providers

Add New Provider

Enter the Individual NPI for the provider you are adding and click the Search NPI Registry button.

*Provider's NPI Search NPI Registry

Confirm Provider Information Adding 2 of 1

*Last Name *First Name MI

*Title Specialty

*License No Employer Identification Number (EIN)

Medicaid ID *Provider's NPI

Click the Confirm and Add Provider button below to add your provider. If the provider displayed is not your provider check the NPI and Query the NPI Registry again.

Buttons: Confirm and Add Provider, Cancel

Provider Agreement

- Providers must ensure that the signing clinician is authorized to administer vaccines under state law, and will be held accountable for the compliance of the organization and all vaccinators at the facility.
- Licensed practitioners authorized to be the signing clinician include the following:
 - MD – Medical Doctor
 - DO – Doctor of Osteopathy
 - NP/APN – Nurse Practitioner/Advanced Practice Nurse
 - PA – Physician's Assistant
 - RPh – Registered Pharmacist
 - CNM – Certified Nurse Midwife

Provider Agreement (Continued)

- Select the signing clinician from the listed names or select "Add New Provider."
- Select "Continue."
- Enter the signing clinician's email address.
- Select "Verify Email."

You have identified the following provider as the Signing Clinician:

Jack Doe

*Please provide the email address for the Signing Clinician (listed above).

*Email Address: *Confirm Email Address:

TVFC/ASN Enrollment

Agreement Signatures

TVFC and ASN Program Enrollments

SIGNING CLINICIAN INFORMATION

Instructions: The clinician signing this agreement must be a practitioner (MD, DO, APN, PA, RPh or CNM (Certified Nurse Midwife)) authorized to administer vaccines under state law who will be held accountable for the compliance of the organization and all vaccinators at your facility with the responsible conditions outlined in this enrollment agreement. The individual listed here must sign this agreement.

DSHS communicates all program updates and other important information via email. Therefore, it is important to supply valid email addresses that are monitored frequently. Email addresses of the signing clinician, the primary and the back-up vaccine coordinator are required in this enrollment form. If you have changes in your staff or their contact information, it is important that you email your Responsible Entity (RE) to reflect the correct information to ensure you continue to receive important program information.

Select the Signing Clinician

The list below includes all prescribing provider associated with this organization. Select the provider who will be responsible for signing the TVFC/ASN Agreement as the Signing Clinician.

Select	#	Provider Name	Title	License	NPI
<input type="radio"/>	1	Doctor22 NotA	MD (Doctor of Medicine)	M2347	1234567893
<input checked="" type="radio"/>	2	Jack Doe	MD (Doctor of Medicine)	M7856	1346429677

Pending Signature

- Once the signing clinician receives the signature link email, the re-enrollment will enter the “Pending Signature” status.
 - Providers cannot edit the re-enrollment while in “Pending Signature” status.
- The signing clinician will receive an email to sign and submit the “TVFC/ASN Provider Agreement.”
 - Providers should contact their RE if their signing clinicians do not receive an email notification.

Get Started . . . [Click below to complete tasks to finish setting up your clinic's account.](#)

  Approved Approved on: 06/15/2023  View Agreement  View Archived Agreements  Renew <ul style="list-style-type: none">• Submit Name Change• Submit Change of Address• Designate a new Responsible Medical Professional (RMP)	 Texas Vaccines for Children and Adult Safety Net Program <div style="border: 2px solid red; padding: 5px;">Enrollment Status Started On: 10 20 2024 By: YDemo test1234  Pending Signature Signature request sent to Jack Doe on 10 20 2024</div>	 PANDEMIC PROVIDER ENROLLMENT Enroll as Pandemic Provider to request COVID-19 Vaccine Click to Start Pandemic Provider Enrollment
--	--	---

Pending Signature

Signing Clinician

Texas Vaccines for Children and Adult Safety Net Program Electronic Signature Portal

Instructions for electronic signature.

1. Enter your signature code in the Signature Code field.
2. Review the enrollment form.
3. Apply your electronic Signature.

*Enter the Signature Code from your Request to Signature email.:

A2C467F482

Validate Code

Welcome Jack Doe

You have been identified as the authorized individual from to sign Texas Vaccines for Children and Adult Safety Net Program agreement for the below site.

06152023 Demo Test (Organization Code: DEMO0001)
36528 DEMO TEST BLVD, 23
Austin, TX, 73301
TRAVIS

Continue

Cancel

Texas Vaccines for Children and Adult Safety Net Program Electronic Signature Portal

Welcome Jack Doe

Sign & Submit VFC Agreement

Provider VFC Agreement was submitted successfully!

CLOSE

Electronic Signature Agreement

By selecting the "I Accept" button you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your mutual signature on this Agreement.

I Accept

Cancel

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Texas Vaccines for Children and Adult Safety Net enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Facility Name: 06152023 Demo Test

TVFC/ASN PIN #: 000000

Signature

I agree to the above terms and conditions as set forth by the Texas Immunization Program.

Date: 09/19/2023

Signed electronically by: Jack Doe

Texas Department of State Health Services | Vaccine Operations Group | Immunization Unit
1100 W. 49th Street, Austin, TX 78759

CLOSE

PRINT

SUBMIT

Pending Review or Approval

- Once the signing clinician signs and submits the “TVFC/ASN Program Provider Agreement,” the re-enrollment will enter the “Pending Review/Pending Approval” status for DSHS to review.
 - Providers cannot edit the re-enrollment while in the “Pending Review/Pending Approval” status.
- Providers can view their “TVFC/ASN Program Provider Agreement” by selecting “View Agreement.”



Texas Vaccines for Children and Adult Safety Net Program

Enrollment Status

Completed On: 10/20/2024

By: YDemo test1234

Agreement Submitted On: 10/20/2024



Pending Approval



View Agreement

Unlocked for Corrections

- If DSHS determines that the re-enrollment needs additional information or corrections, the re-enrollment will be “Unlocked for Corrections.”
- The primary or backup vaccine coordinators and signing clinician will receive a notification via email.
 - The email notification will explain the needed information or corrections.
 - After completing updates, the signing clinician **must** re-sign and resubmit the re-enrollment.



Texas Vaccines for Children and Adult Safety Net Program

Enrollment Status

Agreement Submitted On: 10/20/2024

By: YDemo test1234

 Unlocked for Corrections

[Click to Update VFC Enrollment](#)

Approved

- The re-enrollment will be approved if both of the following apply:
 - DSHS determines that no additional information or corrections are necessary.
 - The provider has submitted their "2025 TVFC/ASN Provider Satisfaction Survey."
- The primary or backup vaccine coordinators and signing clinician will receive a notification of approval via email.
- Providers can view their "TVFC/ASN Program Provider Agreement" by selecting "View Agreement."



Texas Vaccines for Children and Adult Safety Net Program

Enrollment Status



Agreement Submitted On:

10 20 2024

By: YDemo test1234

Approved On: 10 31 2024

By: Stephen White



[View Agreement](#)

Changes To Enrollment

ImmTrac2 Renewal

- Facility Name Change
- Facility Address Change
- Designating a new RMP, POC, PRC
- Adding/Removing ImmTrac2 Users
- Updating/Adding/Removing Prescribing Providers

DSHS Changes To Enrollment Form

- Facility Shipping Address
- Facility Shipping Hours
- Signing Clinician
- Primary and/or Back-up Vaccine Coordinator
- TVFC Patient Population Data Change
- ASN Patient Population Data Change

Contact Information

VacCallCenter: Vaccallcenter@dshs.texas.gov

ASN: ASNinfo@dshs.texas.gov

VAOS: TXVaccineOrders@dshs.texas.gov

ImmTrac2: ImmTrac2@dshs.texas.gov

Contact Information (Programs)

Email Topic	Inbox
RE access requests: Syntropi, RE VAOS, SAMS, PEAR, RedCap	TVFC Consultant
Supply order requests (ex:data loggers, storage bins, quarantine bags, etc.)	
TVFC Changes to Enrollment Forms (not including coordinator changes)	
TVFC Enrollments	
TVFC Suspension request	
TVFC Unsuspension request (not related to IQIP/PEAR)	
TVFC Withdrawals	
Other programmatic requests not listed below	
Coordinator Changes to Enrollment Forms	VacCallCenter@dshs.texas.gov
Data Logger Certificates of Calibration	
Provider VAOS access (missing the link to VAOS, SSO Errors, unable to see their facility in VAOS)	
ASN Acknowledgement of Receipt (AR's)	ASNInfo@dshs.texas.gov
ASN Changes to Enrollment Forms (not including coordinator changes)	
ASN Enrollments	
ASN Suspension request	
ASN Unsuspension request	
ASN Withdrawals	IQIP@dshs.texas.gov
IQIP questions	
PEAR TVFC suspensions	
PEAR TVFC unsuspensions	
TVFC Acknowledgement of Receipt (AR's)	
PEAR questions	ImmunizationNurses@dshs.texas.gov
Clinical Nurse Inquiries	

Contact Information (Vaccine Orders)

Email Topic	Inbox
TVFC/ASN vaccine ordering questions/issues	TXVaccineOrders@dshs.texas.gov
TVFC/ASN vaccine shipment questions	
TVFC/ASN VAOS monthly reporting questions (doses administered, vaccine inventory, vaccine loss, etc.)	
Flu Pre-book/Allocation questions	
Questions about MSLs/MSL adjustments	
Requesting a return label	
Placing a TVFC/ASN vaccine order in VAOS	
Locating an account in VAOS	
TVFC/ASN Provider troubleshooting in VAOS	
TVFC vaccine shipping errors	

Contact Information (Immtrac)

Email Topic	Inbox
Client or Provider merges	ImmTrac2@dshs.texas.gov
EIAM issues	
IIS agreement issues	
ImmTrac2 Ad Hoc reports	
ImmTrac2 user access	
Managing Prescribing Authority Roles	
Data exchange/EHR issues (client level reporting via unidirectional or bidirectional)	ImmTracMU@dshs.texas.gov
Parent/Child organization relationship	

Immunizations Call Tree

Main Immunizations phone line (800-252-9152):

- If you are calling on behalf of a health care provider, press 1.
 - Consolidate Provider Support Line (877-835-7750)
- To speak to someone regarding shot records or ImmTrac2 Registry consent, press 2.
 - ImmTrac2 Help Desk (800-348-9158)
- For all other general questions, press 3.
 - Public Information, Education, and Training (PIET) branch customer service

Thank you!

Questions?

VacCallCenter@dshs.texas.gov