

New Jersey Department of Health  
 Vaccines for Children (NJVFC) Program  
 PO Box 369  
 Trenton, NJ 08625-0369  
 Phone: 609-826-4862 Fax: 609-826-4868

## PROVIDER DISENROLLMENT REQUEST

Medicaid ID No. <b>(Mandatory)</b>
PIN Number
Tax ID Number
NPI Number

**Instructions:** Email this form to the NJVFC Program at [VFC@doh.nj.gov](mailto:VFC@doh.nj.gov), 2 months BEFORE the date of your disenrollment. A NJVFC Program Representative will contact you regarding the disposition of NJVFC vaccine.

Site Name		Date	
Street Address		City	Zip Code
Name of Contact Person		Telephone Number (    )	Fax Number (    )
Reason for Disenrollment <input type="checkbox"/> Closing Office <input type="checkbox"/> No longer seeing VFC-eligible children <input type="checkbox"/> Other (specify): _____		Effective Date	

Vaccine (Specify Type, e.g., DTaP, etc.)	Vaccine Inventory				Disposition Transaction Code (See below)
	Number of Doses on Hand (VFC Only)	Manufacturer	Lot Number	Expiration Date	

Additional Information:
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**NJVFC MUST** be called to obtain permission for vaccine transfer.

Transfer Approved by: \_\_\_\_\_ to PIN Number: \_\_\_\_\_

**Note:** You are responsible for the VFC vaccine you have received. Therefore, you will need to account for any missing doses of NJVFC vaccines by entering vaccinations into NJIS, providing copies of Eligibility/Vaccine Encounter screening forms or replacing the missing NJVFC vaccines.

**Transaction Codes** (Enter one of these codes into the column above. Provide additional information as required.)  
 1 - Viable Vaccine / Transferred to Another NJVFC Provider.  
 2 - Expired or Wasted Vaccine / Returned to NJVFC Program

Signature	Date
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