

**New Jersey Department of Health
Vaccine Preventable Disease Program
Vaccines for Children Program
PO Box 369
Trenton, NJ 08625-0369
Phone: 609-826-4862 Fax: 609-826-4868**

REQUEST TO UPDATE PROVIDER INFORMATION

This form is to be used by participating Vaccines for Children (VFC) and 317 Program Providers to have your office information updated in the New Jersey Inventory Management, Order and Distribution System (NJIMODS). Please email the form to vfc@doh.nj.gov.

CHANGE IN OFFICE INFORMATION				
Provider PIN		Effective Date of Address Change		
Office Name				
Address				
City		County		Zip Code
Phone Number		Fax Number		Office Email Address
Office Delivery Hours:	Tuesday:	Wednesday:	Thursday:	Friday:

CHANGE OF VACCINE COORDINATORS	
PRIMARY VACCINE COORDINATOR <i>(Vaccine Coordinator must have taken NJIIS and IMODS training in the past two years.)</i>	
First Name	Last Name
Email Address	Phone Number
NJIIS Training Date	NJIMODS Training Date
BACKUP VACCINE COORDINATOR <i>(Vaccine Coordinator must have taken NJIIS and IMODS training in the past two years.)</i>	
First Name	Last Name
Email Address	Phone Number
NJIIS Training Date	NJIMODS Training Date

CHANGES REQUESTED BY		
Requested by <i>(Print or Type Name)</i>	Signature	Date