

New Jersey Department of Health
VACCINE PREVENTABLE DISEASE PROGRAM
P.O. Box 369
Trenton, NJ 08625-0369

**APPLICATION FOR
CERTIFIED YELLOW FEVER UNIFORM STAMP**

This form is used for a new Certified Yellow Fever Uniform Stamp or to reapply for certification following the three (3) year expiration of current certification. Please type or print all information.

Type of Application			
<input type="checkbox"/> New Applicant		<input type="checkbox"/> Renewal-No Changes	
<input type="checkbox"/> Renewal-With Changes (<i>Attach Change Notification Form</i>)			
UNIFORM STAMP HOLDER INFORMATION			
Full Name of Responsible Physician (Stamp Holder)			
Mailing Address			Medical License Number
City	State	Zip Code	Phone
Physical Address			Email Address
City	State	Zip Code	
Current Stamp Number for Recertification		NJ Immunization Information System (NJIS) Provider Number	
DESIGNATED YELLOW FEVER VACCINATION CENTER			
Legal Name of Designated Facility			
Mailing Address			
City		State	Zip Code
Phone	Fax	Email Address	
Shipping Address			
City		State	Zip Code
Phone	Fax	Email Address	
DESIGNATED YELLOW FEVER COORDINATOR			
Name of Coordinator			
<input type="checkbox"/> Physician <input type="checkbox"/> Nurse		<input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician Assistant	
			New Jersey Professional Board License/Certificate
Position			
Mailing Address			
City		State	Zip Code
Phone	Fax	Email Address	

** To designate additional facilities that are under the jurisdiction of the responsible Physician (Uniform Stamp Holder) to administer Yellow Fever Vaccine, please complete the Designation of Additional Yellow Fever Vaccination Centers form located on the Yellow Fever Program webpage at: <http://nj.gov/health/cd/topics/yfever.shtml>.*

SIGNATURE OF RESPONSIBLE PHYSICIAN	
Signature of Responsible Physician	Date

New applicants should reference the Yellow Fever Program Manual to ensure all required forms are submitted. Forms must be mailed to the New Jersey Department of Health, Vaccine Preventable Disease Program at the address above, faxed to the Vaccine Preventable Disease Program, ATTN: Yellow Fever Vaccine Program at 609-826-4866, or emailed to yf.vaccine@doh.nj.gov.