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YELLOW FEVER VACCINATION CENTER APPLICATION

Name of Physician, Pharmacist or Advanced Practice Registered Nurse (APRN) _____

Physician, Pharmacist or APRN License Number in Kentucky _____

Name of Facility _____

Address of Facility _____

Phone number _____ Fax number _____

E-mail address _____

Office Hours _____

What is your target group for vaccination? _____

Upon approval as a Yellow Fever Vaccination Center, I agree to the following terms:

- Maintain proper storage and handling of the vaccine at a temperature between 35° – 46° F.
- The Yellow Fever Stamp is only to be used by the assigned physician, pharmacist or APRN and is not transferable to any other physician, pharmacist, APRN, or healthcare facility.
- Adverse Reactions to Yellow Fever Vaccine or other complications should be reported on a VAERS (Vaccine Adverse Event Reporting System) form to the Kentucky Immunization Program.
- Provide a signed copy of Yellow Fever vaccination protocols annually to the Kentucky Immunization Program.
- Report the number of yellow fever doses administered quarterly to the Kentucky Immunization Program (only the number administered and no names please).
- Each physician, pharmacist, APRN, possessing a Yellow Fever stamp vaccine shall complete the CDC Yellow Fever Vaccine Course (http://www.cdc.gov/travel-training/index.html) and submit a copy of their certificate to the Kentucky Immunization Program at the above address or fax number.
    - Each stamp holder who employs or collaborates with physicians, nurses or pharmacists for Yellow Fever vaccine administration shall:
        - Not permit a provider to administer the vaccine until the CDC Yellow Fever Vaccine Course (http://www.cdc.gov/travel-training/index.html) and any training required by the perspective administrative regulations or professional board is completed
        - Maintain training records for each provider permitted to administer the vaccine by proxy
        - Provide evidence of training upon request by the Kentucky Immunization Program

Signature of Applicant _____

FOR STATE OFFICE USE ONLY
DATE APPROVED_____
STAMP NUMBER_____
APPROVING SIGNATURE_____