


INSTRUCTIONS

- **Download this form to your computer; please do not fill out the form in the web browser.**
 - Click the Download button  in the top right section of the screen.
 - Save the form to your computer.
 - Open the form on your computer; do not open in your web browser.
 - Start filling out the PDF interactive form—**we will only accept forms if they are in PDF format.**
 - **If you do not have Adobe PDF, you can download a free version of Adobe Acrobat DC by visiting this webpage:** <https://get.adobe.com/reader/>
- **VALID FORMS—must meet the following criteria to be accepted:**
 - Must be in interactive PDF format
 - Must have all required fields completed
 - Must be signed electronically/e-signed (see below for more details)
 - Must be emailed to yf.vaccine@doh.nj.gov
 - Must attach transcript(s) for the CDC Yellow Fever Training Course for Uniform Stamp Holder, Yellow Fever Coordinator, and any other staff with responsibilities associated with the administration and storage and handling of yellow fever vaccine. NOTE: Course completed must be the CDC's current version.
- **INVALID FORMS—if any of the following are received, your form will not be accepted:**
 - Scanned form
 - Hard copy form
 - Hand-written form
 - Unsigned form
 - Form sent via “snail mail”
 - Form sent via fax
 - Form excludes CDC Yellow Fever Training Course transcripts from the current version of the course.
 - Form includes CDC Yellow Fever Training Course transcripts from an outdated version of the course.
- **Instructions for signing form electronically (i.e., e-signing)**
 - E-sign form by clicking on signature field. The Adobe ID / signature process should be automatic. You might have to click on and select the ID you want to use (if you have multiple) or select the option to create one (if you do not have one). Follow the on-screen instructions after clicking on the signature field.
- **Instructions for enrolling multiple Centers**
 - If you wish to enroll multiple Yellow Fever Vaccination Centers, you must complete a separate form for each Center.
- **Instructions for designating Yellow Fever Coordinator**
 - A Yellow Fever Coordinator must be designated for each enrolled Yellow Fever Vaccination Center.
 - Uniform Stamp Holders (responsible physician) may serve as Yellow Fever Coordinator at **no more than two** Yellow Fever Vaccination Centers.
 - Yellow Fever Coordinators who are not the Uniform Stamp Holder (responsible physician) may serve as Coordinator for **only one** Yellow Fever Vaccination Center.

For a complete list of requirements for the NJ Yellow Fever Vaccination Program, click [here](#).

QUESTIONS? You can reach us via email at yf.vaccine@doh.nj.gov or via phone at (609) 826-4866.

| | | | |
|--|-------|---|--|
| Type of Application | | | |
| <input type="checkbox"/> New Applicant | | <input type="checkbox"/> Renewal | |
| <input type="checkbox"/> Information Change for Existing Stamp Holder Facility | | | |
| UNIFORM STAMP HOLDER INFORMATION | | | |
| NOTE: Information supplied in this section must match information that your practice has on file with Sanofi. If this information does not match, Sanofi will not authorize your facility to order vaccine. | | | |
| Full Name of Responsible Physician (Stamp Holder) | | | |
| <i>(first)</i> | | <i>(middle)</i> | <i>(last)</i> |
| Mailing Address | | | Phone |
| City | State | Zip Code | Email Address |
| Current Stamp Number for Recertification | | | New Jersey Medical License Number |
| <input type="checkbox"/> Not Applicable – New Applicant | | | |
| NJ Immunization Information System (NJiIS) Provider Number | | | Physician Credentials |
| <input type="checkbox"/> Not Applicable – New Applicant (click here to enroll in NJiIS) | | | |
| DESIGNATED YELLOW FEVER VACCINATION CENTER | | | |
| NOTE: Information supplied in this section must match information that your practice has on file with Sanofi. If this information does not match, your application will not be approved. | | | |
| Legal Name of Designated Facility | | | Phone |
| <input type="checkbox"/> Click here if Mailing Address is same as Uniform Stamp Holder Mailing Address | | | Fax |
| Mailing Address | | | Facility/Practice Website Address (optional) |
| City | State | Zip Code | County |
| <input type="checkbox"/> Click here if Shipping Address is same as Designated Yellow Fever Vaccination Center Mailing Address | | | |
| Shipping Address | | | |
| City | State | Zip Code | County |
| Facility Type (please select the type that best describes your facility) | | | |
| Do you want your facility/practice to be listed on the on the CDC’s public registry of Yellow Fever vaccination clinics (Link)? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does your facility/practice administer yellow fever vaccine to those under 18 years of age? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is your practice restricted to members or affiliates only? (such as university students/faculty/staff, company employees, member subscribers) | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| DESIGNATED YELLOW FEVER COORDINATOR | | | |
| NOTES: | | | |
| <ul style="list-style-type: none"> • Uniform Stamp Holders may serve as Coordinator at no more than two Yellow Fever Vaccination Centers. • Coordinators who are not the Uniform Stamp Holder may serve as Coordinator for only one Yellow Fever Vaccination Center. | | | |
| <input type="checkbox"/> Click here if Yellow Fever Coordinator and Uniform Stamp Holder are the same person | | | |
| Full Name of Yellow Fever Coordinator | | | |
| <i>(first)</i> | | <i>(middle)</i> | <i>(last)</i> |
| New Jersey Professional Board License/Certificate Number | | Professional License Type | |
| | | <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Nurse <input type="checkbox"/> Physician Assistant | |
| Position | | Phone | Email Address |

**YELLOW FEVER VACCINE PROGRAM
ACKNOWLEDGEMENT OF PROGRAM REQUIREMENTS**

The responsible physician should review and initial each of the following items:

Initials

Advisory Committee of Immunization Practices (ACIP) Statement

I acknowledge that I have read and understand the recommendations outlined by the ACIP regarding the administration of yellow fever vaccine. _____

Yellow Fever Vaccine Storage Statement

I acknowledge that I have read and understand the requirements outlined by the manufacturer, ACIP, and New Jersey Department of Health, Vaccine Preventable Disease Program regarding proper storage of yellow fever vaccine and will be compliant with the recommendations. _____

Vaccine Information Sheet (VIS) Statement

I acknowledge that I understand that the most recent version of the VIS on yellow fever vaccine must be provided to a person prior to the administration of the yellow fever vaccine. _____

New Jersey Immunization Information System (NJIS)

I acknowledge that I understand that I am required to enter all yellow fever vaccines administered into NJIS and follow all NJIS requirements. **Failure to enter all doses into NJIS could result in the revocation of the Uniform Stamp.** _____

Protocol Development Statement

I acknowledge that I understand that I am required to create Standing Orders for Yellow Fever Vaccine and Vaccine Management Plan to be shared with Yellow Fever Vaccine Coordinators and all other pertinent personnel. Both documents will be available at all approved Vaccination Centers. _____

Audit Statement

I acknowledge that I understand that the New Jersey Department of Health, Vaccine Preventable Disease Program may conduct an audit, announced or unannounced, of records, documents, protocols, and any other aspect of the Yellow Fever Vaccine Program at any approved Vaccination Center. _____

CDC Yellow Fever Training Course Completion

If Applying for a New Stamp or to Renew an Existing Stamp: I acknowledge that myself, the Yellow Fever Vaccine Coordinator, and any other staff with responsibilities associated with the administration and storage and handling of yellow fever vaccine have completed the current version of the CDC Yellow Fever Training Course ([click here to access course](#)).

If Changing Information for an Existing Stamp Holder Facility: I acknowledge that any new staff mentioned on the form have completed the current version of the CDC Yellow Fever Training Course ([click here to access course](#)). _____

If Applying for a New Stamp or to Renew an Existing Stamp: *Please attach the transcripts for the Uniform Stamp Holder, Yellow Fever Coordinator, and any other staff with responsibilities associated with the administration and storage and handling of yellow fever vaccine.*

If Changing Information for an Existing Stamp Holder & Facility: *Please attach the transcripts for any new staff mentioned on the form.*

Attach Transcripts Here

SIGNATURE OF RESPONSIBLE PHYSICIAN

| | |
|------------------------------------|------|
| Signature of Responsible Physician | Date |
|------------------------------------|------|