

Accessing the Survey

1. Before completing the survey, clear your internet browser cache/browsing history.
2. Please go to <http://www.mdimmunet.org> and log in (Please do not have any other tabs open). Chrome is the recommended browser to access ImmuNet.
3. Click on **VFC Inventory/Orders** or on the left navigator, click **Inventory and Ordering** then **Create and View Orders**.
4. On the right side of the page, click **VFC Enrollment Survey**.

General Information

1. We **strongly encourage** you to print the survey and complete it on paper first, to ensure that you have all the correct answers for your organization. On the right, click the **Print** button, a print dialog box will open that says **Save As PDF**, click Save, navigate to the directory location where you want to save your survey, and click **Save**.
2. While you complete the survey you may be prompted with a pop-up notice:

Your session will be ending. Do you want to continue?

3. Click **OK** to continue without being logged out/timed out.
4. Click **Save** at the top of the screen, after completing each section, or before you leave the computer. ImmuNet will show validation errors in **red** for all incomplete fields, but your progress will still be saved.
5. Fields colored in **blue** and marked with an asterisk (*) are **required**. Fields colored in **black** are optional.
6. You may go back into the survey to make changes until the survey status is **Submitted**.
7. Your VFC Enrollment Survey's status will appear at the top-right corner. **Please check that screen periodically.**
8. You will receive an e-mail notification from the Maryland VFC Program once your survey has been approved.

Section 1 – VFC Provider Practice/Facility Information

1. Ensure the Type of Practice/Facility is correct. Select from:

| | | | | | |
|--------------------|-------------------------|------------------------------|-----------------|----------|-----------------------------|
| Pediatric Practice | Local Health Department | School-Based Health Clinic | Family Practice | OB/GYN | College-Based Health Clinic |
| Internal Medicine | Urgent Care Center | Juvenile Justice/Corrections | Hospital | FQHC/RHC | Pharmacy |

2. Enter the number of Medicaid children and privately insured children in your practice.
3. Complete the Practice/Facility Address and other contact information. Only complete the mailing address section, if that is different than the section above.
4. The Alternative Phone Number (Back-Line Telephone Number) is a number that bypasses the office phone tree.

Section 2 – Responsible Medical Provider Information

1. Complete the Responsible Medical Provider section.
2. The medical license must be validated. Enter the license number (for a physician license, include zeros after the letter, to equal 8 characters in length). **Example: D0012345**
For all other license types, please enter as is. If the license number does not validate, please send an e-mail to: mdh.mdimmunet@maryland.gov, so we can help resolve the issue.
3. The Responsible Medical Provider's email **must be different than that of the** Vaccine Supply Contact.

Section 3 – Practice/Facility Vaccine Supply Contact Information

1. Complete the Vaccine Supply Contact section.

Section 3a – Vaccine Supply Primary Contact Information

1. The Vaccine Supply Contact's email **must be different than that of the** Responsible Medical Provider.
2. E-mail address must be verified. Please check Junk/Spam folder for the ImmuNet VFC Enrollment Survey - Email Address Verification link from the VFC Program (mdh.IZinfo@maryland.gov), if not in the Inbox.

Section 3b – Vaccine Supply 1st Backup Contact Information

1. The Vaccine Supply 1st Backup Contact's email ***must be different than that of the*** Vaccine Supply Contact.

Section 3c – Vaccine Supply 2nd Backup Contact Information (Optional)

1. The Vaccine Supply 2nd Backup Contact's email ***must be different than that of the*** Vaccine Supply Contact, **if applicable.**

Section 4 – VFC Provider Enrollment Agreement

1. Complete the VFC Provider Agreement.
2. For parts 12 (Local Health Departments) and 13 (Pharmacies, Urgent Care, or School Located Vaccine Clinics), only select **I acknowledge**, *ONLY* if your organization is one of the specific facility types noted for each part.

Section 5 – Additional Medical Providers within the Practice (Optional)

1. Complete the Additional Medical Providers section, **if applicable.**

Section 6 – Vaccine Preferences

Vaccine brand preferences will remain in effect for 2022, unless you change them during reenrollment. Requests to change your vaccine preferences after reenrollment will require a written justification to the VFC program.

NOTE: THE VACCINES YOU SELECT WILL SUPERCEDE ANY VACCINE BRAND SELECTIONS CURRENTLY ON FILE.

1. Please review the Suggested Immunization Schedule Using Combination Vaccines Chart at <http://www.marylandvfc.org> before completing this section. Select your facility's vaccine brand preferences.

Do NOT select a preference for MMR, PCV13, HPV, IPOL, or Varicella. These will be automatically added to your preferences.

Section 7 – Vaccine Shipping Address

1. Enter the shipping address for your site - - the location where your VFC vaccines will be shipped.

Section 8 – Programmatic Questions

1. [Digital Data Loggers \(DDLs\)](#) for your vaccine storage units. Question 1 - Choose **Yes** or **No**.
 - a. If you choose **Yes**, a new section will open up with fields for you to enter the make, model, serial number, and calibration expiration dates for your DDLs. **You must enter the make, model, serial number, and calibration expiration date for at least two DDLs and your backup DDL.** There are sections to add three DDLs. You may add more, if necessary. VFC providers **must have at least one backup DDL with a valid and current Certificate of Calibration** readily available to ensure that temperature assessment and recordings can be performed. Please describe your plan/location for your backup DDL in the text box provided.
 - b. If you do not have any DDLs or only have one, select **No**. If you select **No**, a text box will open up for you to explain when you will purchase DDLs for your vaccine storage units.
NOTE: Your office will NOT receive VFC vaccines until receipt of proof of DDL purchase.
2. [Vaccine Storage Units](#) – Refrigerator/Freezer Information – Question 2 - enter the make and serial number.
3. [Storage and Handling](#) – Answer questions 3 and 4.
4. [Vaccine Emergency Relocation Plan](#) – Answer question 5 through 6.
5. [Expired and Wastage Vaccine Practices](#) – Answer question 7.
6. [Non-Routine VFC-Recommended Vaccines](#) – Answer question 8.
7. [ImmuNet Users](#) – Question 9 - If you do not have at least two (2) active users for ImmuNet, click on the link provided, complete and submit the [ImmuNet Enrollment Form](#). **NOTE: your office will NOT receive VFC vaccines until two (2) active ImmuNet user accounts have been established.**
8. [Electronic health record \(EHR\)](#)

- a. Question 10 - If you select **Yes**, you will be asked to provide the name of the electronic health record (EHR) vendor you use.
- b. Question 10 - If you select **No**, you are required to click on the link to open the [ImmuNet Manual Data Agreement](#), print it, read it, sign it, and e-mail it to the VFC program at mdh.izinfo@maryland.gov

Section 9 – VFC Provider Satisfaction

1. Complete questions 1 through 4.

Final Step

1. When you have completed all the sections of the survey, at the top of the screen, click **Save**. If there are no errors with your survey, the following message will display:

Entries are Completed, Survey Submitted.

Thank you for submitting the VFC Enrollment Survey.

Your VFC Enrollment Survey status will appear at the top of the survey, so please check that screen periodically. You will receive an e-mail notification from the Maryland VFC Program once your survey has been approved.