Accessing the Survey

1) Go to MDImmuNet.org and log in.
2) Click on **VFC Inventory/Orders** or in the sidebar click on **Inventory and Ordering** then **Create and View Orders**.
3) On the right side of the page, click on **VFC Enrollment Survey**.

**General Information**

1) It is recommended that you print the survey and complete it on paper first so that you can be sure that you have all the correct answers for your organization.
2) While you complete the survey you may be prompted with a pop up notice which says, “Your session will be ending. Do you want to continue?” Click “OK” to continue without being logged out.
3) 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.
4) Fields colored blue and marked with an asterisk (*) are required. Fields colored black are optional.

**Section 1**

1) Ensure the Type of Practice/Facility section is correct. You should 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, or 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. You only need to complete the mailing address section if that is different than the section above.
4) The Alternative Phone Number (AKA Back-End Number) is a number that bypasses the office phone tree.

**Section 2**

1) Complete the Responsible Medical Provider section.
2) The Responsible Medical Provider’s email must be different from that of the Vaccine Supply Contact or the Backup Vaccine Supply Contact.
Section 3

1) Complete the Vaccine Supply Contact section.
2) The Vaccine Supply Contact’s email must be different from that of the Responsible Medical Provider or the Backup Vaccine Supply Contact.

Section 4

1) Complete the 18 parts of the VFC Provider Agreement.
2) For parts 12 and 13, you should only select “I acknowledge”, only if you are a one of the specific facility types noted for each part.

Section 5

1) Complete the Additional Medical Providers section, if necessary.

Section 6

1) Please review the Suggested Immunization Schedule Using Combination Vaccines Chart at http://www.MarylandVFC.org before completing this section.
2) Select your facility’s vaccine brand preferences.
3) You do not select a preference for MMR, PCV13, HPV, IPOL, or Varicella. These will be automatically added to your preferences.

Section 7

1) Enter the shipping address for your site. This is where your VFC vaccines will be shipped.

Section 8

1) The first question is about whether your office has Digital Data Loggers (DDLs) for your vaccine storage units. 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 for up to nine DDLs. 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, you should select “No.” If you do select “No”, a text box will open up for you to explain when you will purchase DDLs for your vaccine storage units. Please note: your office will not receive VFC vaccine until receipt of proof of DDL purchase.
2) If you do not have at least two (2) active users for ImmuNet, click on the link provided under Question 2, fill out the Organization/Provider Enrollment form, and fax or mail it to ImmuNet. Please note: your office will not receive VFC vaccine until two (2) active ImmuNet user accounts have been established.

3) Question 3 asks if your office uses electronic health records.
   a. If you select “Yes,” you will be asked to provide the name of the electronic health record vendor you use.
   b. 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 return it to the VFC program.

**Final Step**

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 Complete, Survey Submitted.’

Thank you for submitting the VFC Re-Enrollment Survey.

*You will receive an e-mail verification from the Maryland VFC Program that your survey information has been received.*