



## Rhode Island State-Supplied Vaccine Program Enrollment Form

Thank you for your interest in enrolling in the State-Supplied Vaccine Program. Please complete this form and email it to [Nicole.Selema@health.ri.gov](mailto:Nicole.Selema@health.ri.gov). See links to *Terms & Conditions* at the end of this form. The Office of Immunization will contact you after reviewing your submitted enrollment form.

**Date:** \_\_\_\_\_

### Facility/Practice Information (Rhode Island ONLY)

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Facility/Practice Type (e.g., Adult, Internist, Pediatrician, Community Immunizer, Pharmacy, Nursing Home, Health Center, OBGYN): \_\_\_\_\_

### Lead Physician/Lead Prescriber Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credentials (e.g., MD, DO, RPH, NPP, APRN, MW, PA, CNM): \_\_\_\_\_

Rhode Island Professional License Number: \_\_\_\_\_

### Requested Vaccines (Select all that apply):

Routine/Monthly     Flu     COVID-19     Pediatric (<19 years old)     Adult (>19 years old)

### Electronic Health System (EHR) Information

EHR System Type: \_\_\_\_\_

EHR Administrator/IT Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

#### *Terms and Conditions*

[Rhode Island State-Supplied Vaccine \(SSV\) Program Terms & Conditions](#)  
[Vaccines for Children \(VFC\) Program Terms & Conditions](#)