

Vaccines for Children (VFC) Program Re-Enrollment Instructions

July 2026

This document provides instructions for completing the Vaccines for Children (VFC) Program’s annual re-enrollment. **All VFC Program providers are required to complete the re-enrollment in IRIS.** The Iowa VFC Program does not accept any paper forms for re-enrollment. VFC Providers should not fax or email re-enrollment forms to the Iowa VFC Program. VFC Program providers must use the IRIS instructions provided and complete the items in the following order:

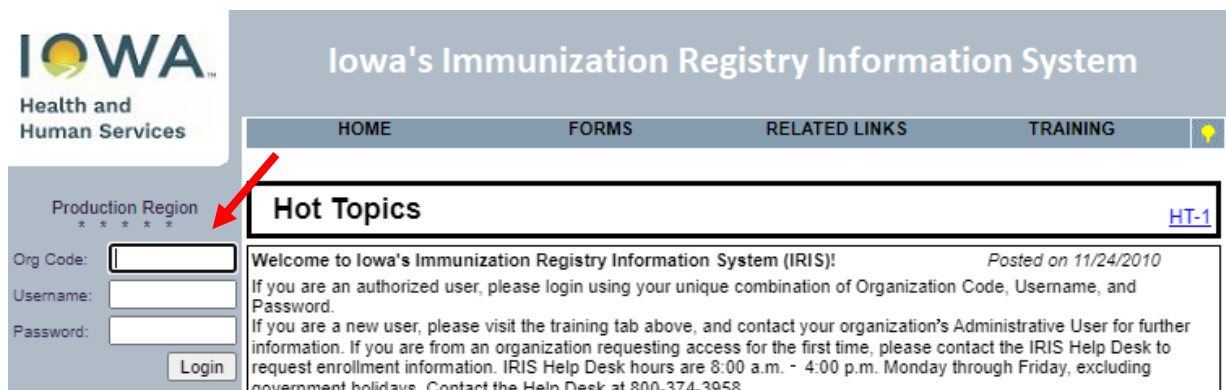
1. Primary vaccine and backup vaccine coordinators complete required provider training,
2. Review and update the organization’s contacts and providers practicing at facility in IRIS, and
3. Complete the VFC Program Re-Enrollment Form in IRIS as the final step (*no paper forms to be completed*).

IRIS Admin User Access Required

Only IRIS Admin users have access to complete VFC Program re-enrollment. To add additional Admin Users, complete the [IRIS Site Enrollment Form - Administrative User](#), which can be found under the Forms tab of IRIS. Send the completed form to the Iowa Immunization Program as indicated on the form. **Current IRIS Admin Users do not need to submit a new form.**

VFC Program Re-Enrollment Form Completion

1. Log into IRIS at <https://iris.iowa.gov> using your Org Code, Username, and Password.



IOWA
Health and
Human Services

Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

Production Region

Org Code:

Username:

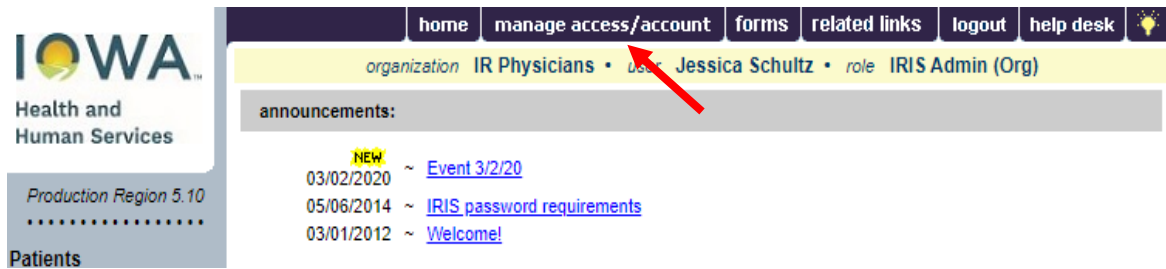
Password:

Login

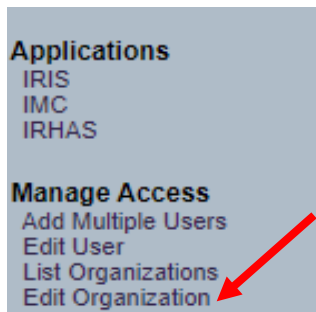
Hot Topics [HT-1](#)

Welcome to Iowa's Immunization Registry Information System (IRIS)! Posted on 11/24/2010
 If you are an authorized user, please login using your unique combination of Organization Code, Username, and Password.
 If you are a new user, please visit the training tab above, and contact your organization's Administrative User for further information. If you are from an organization requesting access for the first time, please contact the IRIS Help Desk to request enrollment information. IRIS Help Desk hours are 8:00 a.m. - 4:00 p.m. Monday through Friday, excluding government holidays. Contact the Help Desk at 800-374-3958

2. Select the “Manage Access/Account” link on the menu panel.

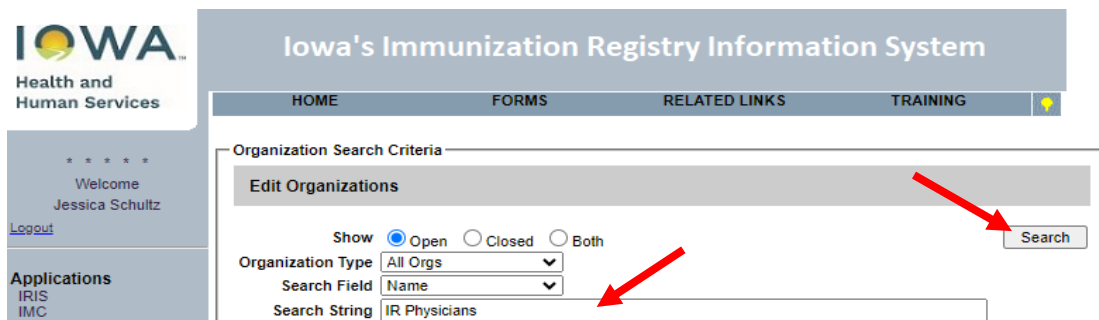


3. Select “Edit Organization.”



4. Enter the organization name in the search string, and then select “Search.” Type either the full name or part of the organization name.

Note: “IR Physicians” is the example clinic in this instruction guide. Please use your organization’s name to complete re-enrollment steps.



- Select the organization hyperlink in the “Name” column of the search results section.

Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

Organization Search Criteria

Edit Organizations

Show Open Closed Both

Organization Type: All Orgs

Search Field: Name

Search String: IR Physicians

Search Result

Name	Org Code	VFC Pin	City	County	Open
IR PHYSICIANS	IRPH	Z90090	DES MOINES	Polk	Y

- Review the organization’s VFC Patient Activity chart, displayed under the State Supplied Vaccine Profile. IRIS populates the chart through vaccine administrations entered into the registry. **Upon review, VFC Providers can proceed to Step 7.**

VFC Patient Activity

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	8	29	104	139
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	2	6	18	26
No Health Insurance	6	23	75	102
American Indian/Alaska Native	0	0	0	0
Underinsured (only for FQHC, RHC, or local public health agencies)	0	0	7	7
Total VFC Eligible Patients	8	29	100	135

Begin Date

End Date

- Review and update the organization’s main contact information, including **phone number, email address** and **vaccine delivery address**. If changes to the address are required, complete the [IRIS Authorized Site Agreement – Organization / Administrative User](#), which can be found under the “Forms” tab of [IRIS](#). Email the completed form to irisprogram@hhs.iowa.gov. Changes to the address in IRIS can only be made by the Iowa Immunization Program staff.

Main Contact Information

Contact Information

Phone Telephone: 800 - 374 - 3958 Extension:

Facsimile Telephone: 800 - 831 - 6292 Extension:

Email:

Address Information

Physical

Address 1: Address 2: PO Box:

City: State: Zip: +4: Geocoded: No

Mailing
Populate With Physical Address:

Address 1: Address 2: PO Box:

City: State: Zip: +4: Geocoded: No

Vaccine Delivery
Populate With Physical Address:

Address 1: Address 2: PO Box:

City: State: Zip: +4: Geocoded: No

8. Review the organization’s individual contacts. The following roles are required when completing the re-enrollment process: **Medical Director, Primary Vaccine Coordinator, Back-Up Vaccine Coordinator, and Vaccine Delivery**. The role of Medical Director requires Title, Email address, Medicaid/NPI, and Medical License. If a role is no longer relevant, please delete the contact.

Individual Contacts


Contact Listing

Role	Title	Name	E-Mail	Edit	Del
Medical Director	MD	DOLPHINS WALES	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded:		
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI: 123421277			Medical License: 769329377		
Primary VFC Vaccine Coordinator		Michael Miller	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded:		
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI:			Medical License:		
Back-Up VFC Vaccine Coordinator	NP	Michelle Moore	Michelle@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded:		
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI:			Medical License:		
Vaccine Delivery		Michael Miller	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST DES MOINES IA 50319 -			Geocoded:		
Phone: (800)374-3958			Facsimile: (800)831-6292		
Medicaid/NPI:			Medical License:		

- a. To update or change the contact information for a role, select the “Edit” icon for the entry.

Individual Contacts

Contact Listing

Role	Title	Name	E-Mail	Edit	Del
Medical Director	MD	DOLPHINS WALES	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -		Geocoded:			
Phone: (800)374-3958		Facsimile:			
Medicaid/NPI: 123421277		Medical License: 769329377			

- b. The contact's details will display in the Edit Contact section. Make necessary changes, then select "Apply." Repeat as necessary for all contacts.

Edit Contact

* Role:

Title:

* Last Name:

* First Name:

Middle Name:

Email:

Telephone: - -

Ext:

Medicaid/NPI:

Address 1:

Address 2:

PO Box:

City:

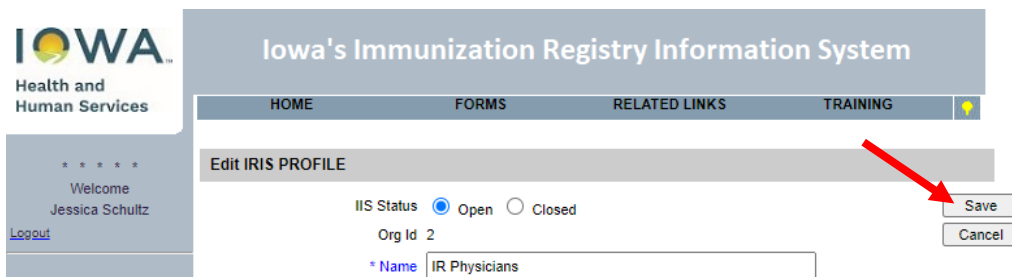
State: Zip: +4

Facsimile: - -

Ext:

Medical License:

- c. Once the necessary updates have been made, select the "Save" button at the top of the Edit Organization page. A red message will display at the top of the page to confirm the update.



Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

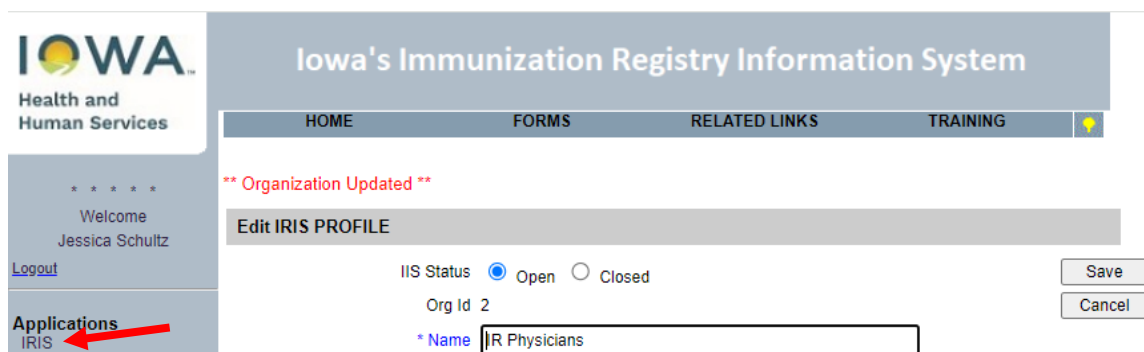
Edit IRIS PROFILE

IIS Status: Open Closed

Org Id: 2

* Name:

9. Return to the IRIS application by selecting the word "IRIS" from the left menu panel.



Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

** Organization Updated **

Edit IRIS PROFILE

IIS Status: Open Closed

Org Id: 2

* Name:

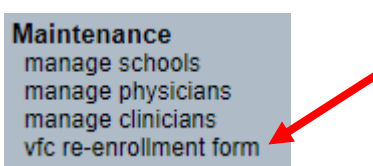
Applications
IRIS

10. Select the blue hyperlink for the organization to return to the IRIS home page.

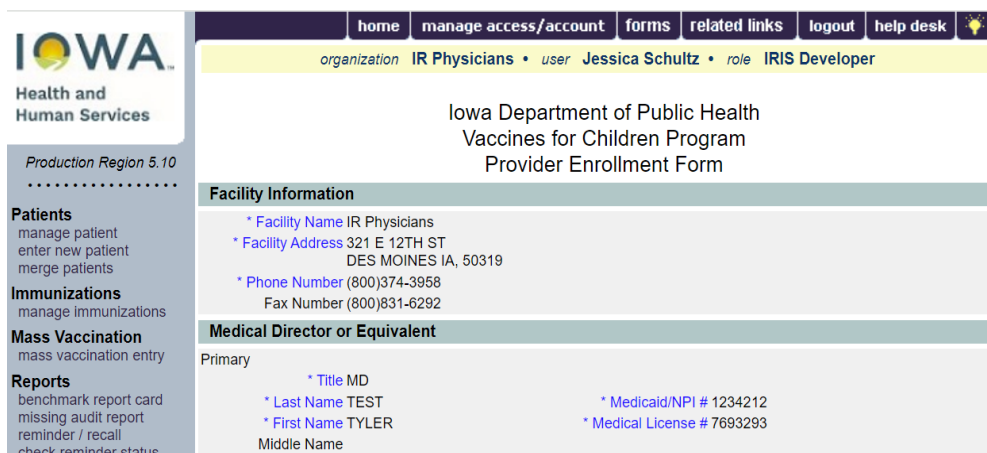


- From the IRIS home page, select the “VFC Re-Enrollment Form” link from the left menu panel, under the “Maintenance” menu.

Note: VFC Providers should only move to this step once the VFC contacts and VFC Patient Activity chart have been reviewed and updated.



- Confirm the data saved on the “Edit Organization” page appears on the VFC Provider Enrollment Form. If changes are necessary in the sections labeled “Facility Information,” “Medical Director or Equivalent,” “VFC Vaccine Coordinator” or “Backup Vaccine Coordinator,” return to step 2 and make the necessary corrections.



Note: Completion of this form for the first time may require adding all participating providers (physicians, physician associates and nurse practitioners). See below for more details.

- Review the section for Providers Practicing at this Facility and edit as needed (see steps a-e below for more details). Confirm all providers within the organization are present, including Title, Last Name, First Name, Medicaid/NPI number, and Medical License number. These fields are required for all providers. Use the navigation buttons at the bottom of the chart to review the entire provider list.

Providers Practicing at this Facility

Add/Edit Provider

* Title

* Last Name * Medicaid/NPI #

* First Name * Medical License #

Middle Name

Save Delete Cancel

#	Last Name	First Name	Middle Name	Title	Medicaid/NPI #	Medical License #	
1	Adams	Andrew		DO	1234567	1234567	Edit
2	Barnes	Benjamin		DO	777777	777777	Edit
3	Crane	Caroline		NP	9999	123456789	Edit
4	Doe	Dara		PA	123455678	33333	Edit
5	Fox	Francis		MD	12342	12345678	Edit
6	Greene	Gary		NP	98765	56789	Edit
7	Hero	Henry		PA	7654321	7654321	Edit
8	Jones	Jennifer		MD	123456789	12345	Edit
9	Lemon	Linda		NP	1233334	433321	Edit
10	Smith	Samuel		DO	5555	55555	Edit

Page 1 of 2 << < > >>

- a. To add a new provider to the list, enter the information in the Add/Edit Provider section and select “Save.” The data will be added to the display with the other providers, and the Add/Edit Provider section will clear.

Providers Practicing at this Facility

Add/Edit Provider

* Title

* Last Name * Medicaid/NPI #

* First Name * Medical License #

Middle Name

Save Delete Cancel

- b. To update or change provider data, select the “Edit” button for the entry.

Providers Practicing at this Facility

Add/Edit Provider

* Title

* Last Name * Medicaid/NPI #

* First Name * Medical License #

Middle Name

Save Delete Cancel

#	Last Name	First Name	Middle Name	Title	Medicaid/NPI #	Medical License #	
1	Adams	Andrew		DO	1234567	1234567	Edit
2	Barnes	Benjamin		DO	777777	777777	Edit
3	Crane	Caroline		NP	9999	123456789	Edit
4	Doe	Dara		PA	123455678	33333	Edit
5	Fox	Francis		MD	12342	12345678	Edit

- c. The Edit Physician page will display. The physician can be edited or deleted on this page. Any updates can be made and select “Save” to save the changes. If the physician needs to be deleted, select the “Delete” button.

Edit Physician

Prefix/Title: DO

First Name: Andrew NPI Number: 1234567

Middle Name: Medical License: 1234567

Last Name: Adams

Suffix:

Street Address:

Other Address: P.O. Box:

City: State: IA Zip: -

Email:

Provider Activity Status: Active

d. Confirm the provider will be deleted by selecting “OK.”

Message from webpage

Are you sure you want to permanently delete this Physician from your organization?

Note: Organizations can manage the physician dropdown menu within IRIS, which is available under the Manage Physicians link on the left menu panel. Physicians entered in the VFC Re-Enrollment Form are added automatically to an organization’s physician dropdown menu.

Maintenance

- manage schools
- manage physicians
- manage clinicians

e. The screen will confirm any changes in red at the top of the page. To return to the re-enrollment process, select the VFC Re-Enrollment Form link from the left menu panel, under the Maintenance menu.

Select a Physician to Edit **Physician Deleted**

Physician Name:

Physician Listing				
Name	Street	City/State/ZIP	Email	Physician Activity Status
Barnes, Benjamin				Active
Crane, Caroline				Active
Doe, Dara				Active

14. Complete the VFC Vaccine Coordinator section. The VFC Vaccine Coordinator and Back-Up Vaccine Coordinator are required to complete annual training. The training is available at <https://cdc.gov/immunization-training/hcp/you-call-the-shots/>. The following training modules are required for continued participation in the VFC Program:

- a. Vaccine Storage and Handling Jan 2026
- b. Vaccines for Children (VFC) Jan 2026

15. After completing the training, check the box confirming completion of the required VFC training modules. Additional staff may also complete the training but are not required for the purposes of re-enrollment.

The VFC Vaccine Coordinator and Back-Up Vaccine Coordinator have completed the annual training requirements. The training is available at <http://www.cdc.gov/vaccines/ed/youcalltheshots.htm>. The following modules are required:
[Vaccine Storage and Handling](#)
[Vaccines for Children Program](#)

16. Read the VFC enrollment requirements. Read and scroll through the entire agreement prior to selecting the “I accept” checkbox.

Agreement

to make an appointment to receive immunizations then the policy would apply to VFC patients as well.

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.

15. I understand this facility or the Iowa Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Iowa Immunization Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

I accept

17. Select the check box to accept the VFC enrollment requirements for the organization.

Agreement

to make an appointment to receive immunizations then the policy would apply to VFC patients as well.

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.

15. I understand this facility or the Iowa Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Iowa Immunization Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

I accept

18. Type the medical director or equivalent signature.

Note: VFC Providers may sign their name as the person completing the form or as the Medical Director if they have the approval to do so. This permission may differ across provider organizations.

Agreement

to make an appointment to receive immunizations then the policy would apply to VFC patients as well.

14. I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.

15. I understand this facility or the Iowa Immunization Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Iowa Immunization Program.

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

I accept

Medical Director or Equivalent Signature

Date

19. Select the “Submit” button. If any alert messages appear at the top of the page, make the necessary corrections, scroll through and sign the agreement again, and select “Submit” again.
 - a. Depending on the alert messages, some edits will be required on the Edit Organization screen (Step 3).

I accept

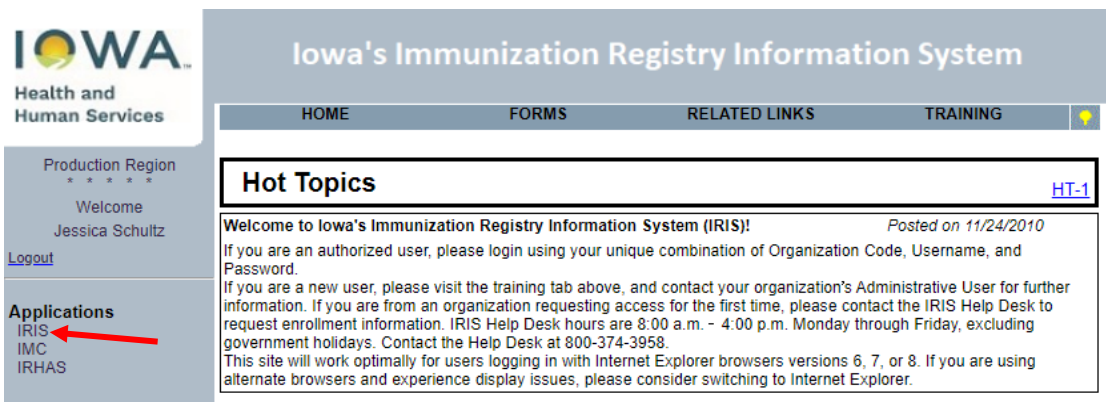
Medical Director or Equivalent Signature

Date

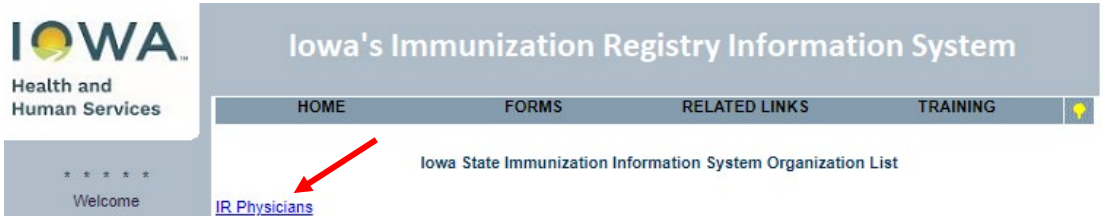
20. After selecting submit, “VFC Enrollment Form has been submitted” will display to confirm submission of the VFC Enrollment Form.

The screenshot shows the Iowa Health and Human Services website header with navigation links: home, manage access/account, forms, related links, logout, help desk. Below the header, the user information is displayed: organization IR Physicians • user Jessica Schultz • role IRIS Admin (Org). The main content area displays the message: VFC Enrollment Form has been submitted.

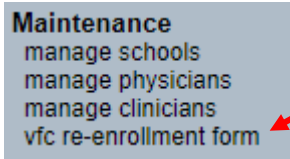
21. Once successfully submitted, the VFC Enrollment Form is locked until the next renewal period. If edits are necessary after submission, contact the Vaccines for Children Program at 800-831-6293 or email at iowaVFC@hhs.iowa.gov.
22. To confirm submission, navigate to the IRIS home page by selecting the word “IRIS” from the left menu panel.



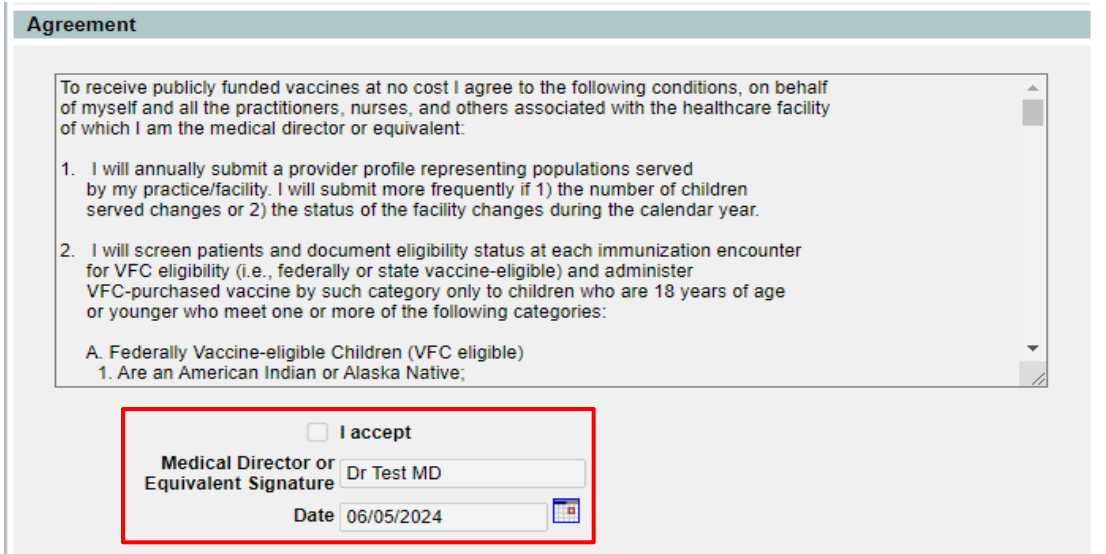
23. Select the blue hyperlink for the organization to return to the IRIS home page.



24. Select the "VFC Re-Enrollment Form" link from the left menu panel, under the "Maintenance" menu.



25. Scroll to the bottom of the VFC Re-enrollment Form and confirm the "Medical Director or Equivalent Signature" and "Date" fields are populated.



26. The VFC Re-enrollment is now complete. **Please do not fax or email copies of VFC Enrollment forms to the Iowa VFC Program.**

Note: The VFC Re-Enrollment is required annually. Providers do **not** need to submit a new VFC Re-enrollment form in IRIS when staff changes occur throughout the year. To change the organization's details, follow steps 2-9. To modify providers practicing with the organization, use the "Manage Physician" link as noted in step 13c.

For questions regarding the VFC Program re-enrollment process, please contact iowaVFC@hhs.iowa.gov or 1-800-831-6293.