

## Vaccines for Children (VFC) Program Re-Enrollment Instructions July 2025

This document provides instructions for completing the Vaccines for Children (VFC) Program's annual re-enrollment. **All VFC 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 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 Re-Enrollment Form in IRIS as the final step (*no paper forms to be completed*).

### IRIS Admin User Access Required

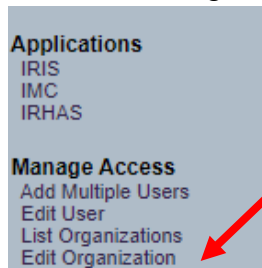
Only IRIS Admin users have access to complete VFC re-enrollment. To add additional Admin Users, complete the [IRIS Site Enrollment Form](#), which can be found under the Forms tab of IRIS. Send the completed form to the Iowa Immunization Program as indicated on the form. Current IRIS Admin Users do not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

### VFC Re-Enrollment Form Completion

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

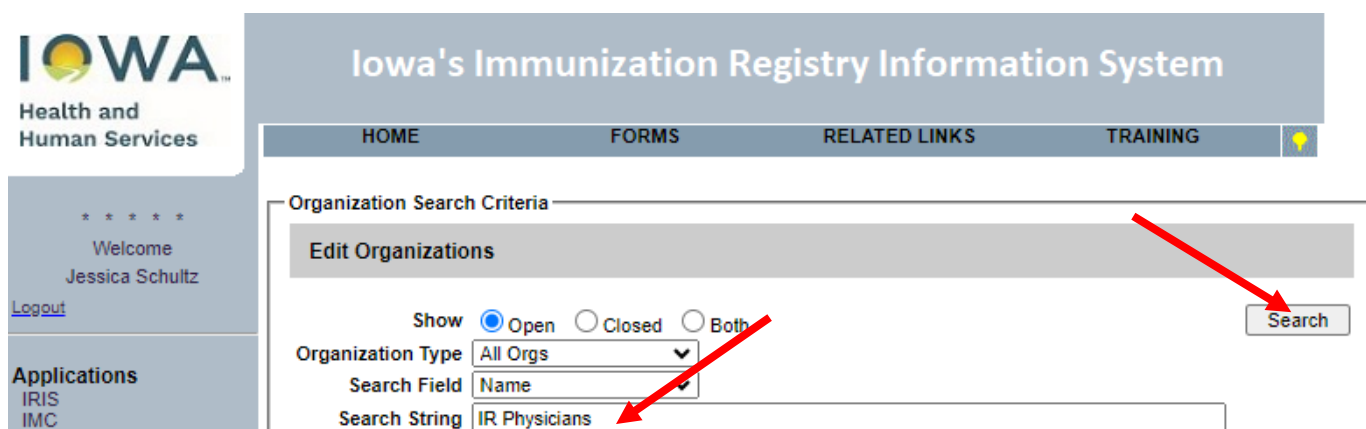
- 2) Select the Manage Access/Account link on the menu panel.

3) Select Edit Organization.

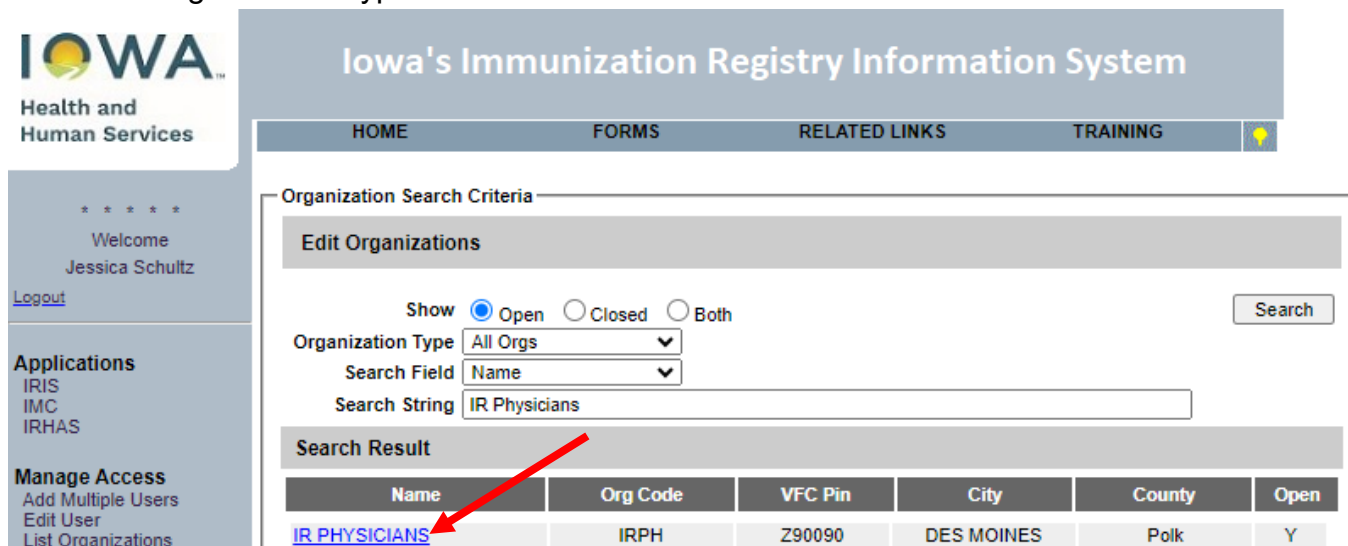


4) Enter the organization name in the search string, and then select "Search". Type either the full name or part of the organization name.

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




5) Select the organization hyperlink in the Name column of the search results section.




- 6) 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  

- 7) 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 Site Enrollment Form](#), which can be found under the Forms tab of [IRIS](#). Send the completed form to the Iowa Immunization Program as indicated on the form. Changes to the address in IRIS can only be made by the Iowa Immunization Program staff.

#### Main Contact Information

##### – Contact Information –

Telephone Extension  
Phone  -  -

Telephone Extension  
Facsimile  -  -

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	<a href="mailto:ADMIN@IRPHYSICIANS.ORG">ADMIN@IRPHYSICIANS.ORG</a>		
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	<a href="mailto:ADMIN@IRPHYSICIANS.ORG">ADMIN@IRPHYSICIANS.ORG</a>		
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	<a href="mailto:Michelle@IRPHYSICIANS.ORG">Michelle@IRPHYSICIANS.ORG</a>		
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	<a href="mailto:ADMIN@IRPHYSICIANS.ORG">ADMIN@IRPHYSICIANS.ORG</a>		
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	<a href="mailto:ADMIN@IRPHYSICIANS.ORG">ADMIN@IRPHYSICIANS.ORG</a>		
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: Medical Director 

Title: MD 

\* Last Name: TEST

\* First Name: TYLER


Middle Name:


Email: DRTYLER@IRPHYSICIANS.ORG

Telephone: 800 - 374 - 3958

Ext:


Medicaid/NPI: 1234212

Address 1: 321 E 12TH ST 

Address 2: SUITE 400 

PO Box:

City: DES MOINES

State: IA  Zip: 50319 +4

Facsimile:  -  -

Ext:

Medical License: 7693293

- 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 Health and Human Services

Welcome Jessica Schultz  
[Logout](#)

Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

Edit IRIS PROFILE

IIS Status ☒ Open ☐ Closed

Org Id 2

\* Name

Save Cancel

- 9) Return to the IRIS application by selecting the word “IRIS” from the left menu panel.

IOWA Health and Human Services

Welcome Jessica Schultz  
[Logout](#)

Applications  
IRIS

Iowa's Immunization Registry Information System

HOME FORMS RELATED LINKS TRAINING

\*\* Organization Updated \*\*

Edit IRIS PROFILE

IIS Status ☒ Open ☐ Closed

Org Id 2

\* Name

Save Cancel

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

IOWA Health and Human Services

Welcome Jessica Schultz  
[Logout](#)

Iowa State Immunization Information System Organization List

HOME FORMS RELATED LINKS TRAINING

[IR Physicians](#)

- 11) 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.**

Maintenance  
manage schools  
manage physicians  
manage clinicians  
vfc re-enrollment form

- 12) 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.

**Iowa**  
Health and Human Services

Production Region 5.10

**Patients**  
manage patient  
enter new patient  
merge patients

**Immunizations**  
manage immunizations

**Mass Vaccination**  
mass vaccination entry

**Reports**  
benchmark report card  
missing audit report  
reminder / recall  
check reminder status

home manage access/account forms related links logout help desk

organization IR Physicians • user Jessica Schultz • role IRIS Developer

Iowa Department of Public Health  
Vaccines for Children Program  
Provider Enrollment Form

**Facility Information**

\* Facility Name IR Physicians  
\* Facility Address 321 E 12TH ST  
DES MOINES IA, 50319  
\* Phone Number (800)374-3958  
Fax Number (800)831-6292

**Medical Director or Equivalent**

Primary

\* Title MD  
\* Last Name TEST \* Medicaid/NPI # 1234212  
\* First Name TYLER \* Medical License # 7693293  
Middle Name

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

- 13) 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

\* First Name

Middle Name

\* Medicaid/NPI #

\* Medical License #

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	12345678	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

- 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

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

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

**Edit Physician**

Prefix/Title

First Name  NPI Number

Middle Name  Medical License

Last Name

Suffix

Street Address

Other Address  P.O. Box

City  State  Zip  -

Email

Provider Activity Status

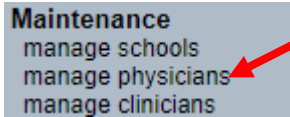
- d) Confirm the provider will be deleted by selecting "OK".

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.



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

The screenshot shows a web interface for managing physicians. At the top, there's a header 'Select a Physician to Edit' with a red box around the text '\*\*Physician Deleted\*\*'. Below this is a dropdown menu labeled 'Physician Name' with the option 'Pick a Physician'. To the right are buttons for 'Add Physician' and 'List All'. Below the header is a table titled 'Physician Listing' with columns: Name, Street, City/State/ZIP, Email, and Physician Activity Status. The table contains three rows of data:

Name	Street	City/State/ZIP	Email	Physician Activity Status
<a href="#">Barnes, Benjamin</a>				Active
<a href="#">Crane, Caroline</a>				Active
<a href="#">Doe, Dara</a>				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://www.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 2025
  - b. Vaccines for Children (VFC) Jan 2025

- 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.

A screenshot of a checkbox with the following text: ☒ 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.

A screenshot of a web form titled 'Agreement'. It contains several paragraphs of text, including a statement about immunization policy and two numbered items (14 and 15) regarding vaccine replacement and agreement termination. At the bottom, there is a checkbox labeled 'I accept' which is highlighted by a red arrow.



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 locations.

**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 2).

☒ 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.

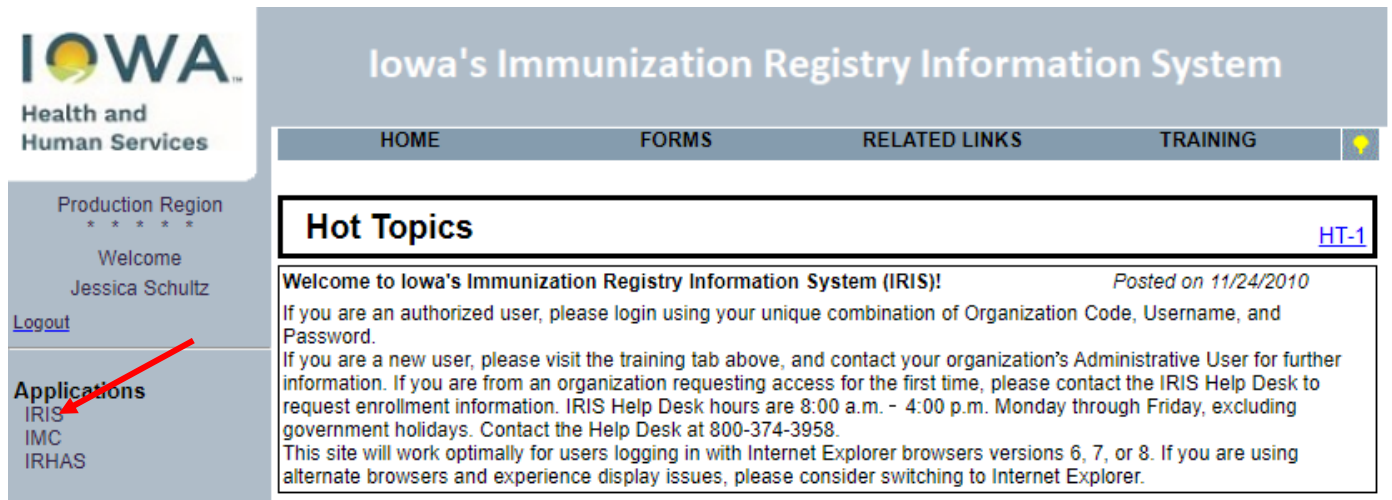
**IOWA**  
Health and Human Services

[home](#) [manage access/account](#) [forms](#) [related links](#) [logout](#) [help desk](#)

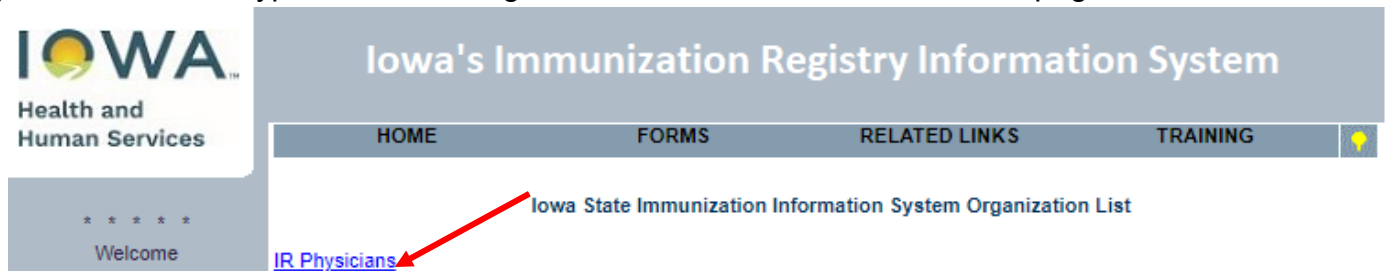
organization IR Physicians • user Jessica Schultz • role IRIS Admin (Org)

VFC Enrollment Form has been submitted

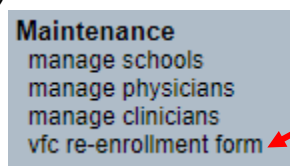
- 21) Once successfully submitted, the VFC Enrollment Form is locked until the next renewal period. If edits are necessary after submission, contact the Vaccines for Children Program at 800-831-6293 or by email at [iowaVFC@hhs.iowa.gov](mailto:iowaVFC@hhs.iowa.gov).
- 22) To confirm submission, navigate 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. The "I Accept" box will no longer appear checked but was checked for the submission.


**Agreement**

To receive publicly funded vaccines at no cost I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the healthcare facility of which I am the medical director or equivalent:

1. I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2. I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:
  - A. Federally Vaccine-eligible Children (VFC eligible)
    1. Are an American Indian or Alaska Native;

☐ I accept

Medical Director or  
Equivalent Signature

Date  

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.