

## LOUISIANA DEPARTMENT OF HEALTH COVID-19 VACCINATION PROGRAM PROVIDER AGREEMENT COMMON MISTAKES

Prior to submitting your COVID-19 Vaccination Program Provider Agreement, review the common mistakes below. Forms that are missing information or incorrectly completed **WILL NOT** be processed.

### General

- Sign and date your form
- Complete and submit your forms digitally. Forms that are scanned and/or completed by hand **WILL NOT** be processed.

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#### Days and times vaccine coordinators are available

- Time should be entered in the following format: XX:XX-XX:XX (e.g. 08:30-11:59).

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#### COVID-19 vaccination provider type for this location

- Select the location type from the dropdown menu on the right. "Other" should only be specified if "Other" is chosen from the dropdown menu.

#### Number of patients/clients routinely served by this location

- Check "Unknown" if the number of patients/clients seen is unknown.

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#### Population(s) served by this location

- Check the box(es) next to the populations that will be served.

### **Reporting Vaccine Administration**

- Check "Yes" if your organization is currently reporting vaccine administration data in the IIS (LINKS). When you login to LINKS, at the top of the page, it will show your organization name and number. This number is your IIS identifier.

### **Estimated number of MDVs**

- Check "No capacity" if your organization is unable to store MDVs during peak vaccination periods at ultra-frozen temperatures.

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### **Providers practicing at this facility**

- Include the name, title, and license number of providers who will be administering COVID-19 vaccine.