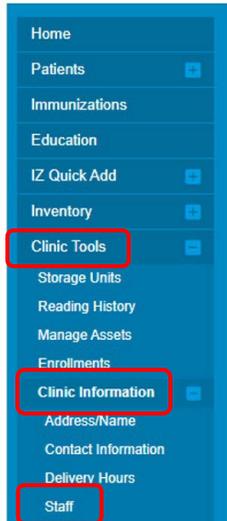


Submit A VFC Primary and Back-Up Change of Contact and Uploading Training Documents

A. REMOVE the former NON-PHYSICIAN CONTACT (PRIMARY) (Z4- VFC/VTRCKS) or NON-PHYSICIAN CONTACT (BACK-UP) (Z5-VFC/VTRCKS)



1. Click on Clinic Tools +
2. Click on Clinic Information +
3. Click on Staff

4. Click on the drop down by the EDIT
5. Click on REMOVE

Name	Type	Phone	Audit	Action
CISNEROS, ELIZABETH	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)	315-679-7727	?	
CISNEROS, ELIZABETH	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)	315-679-7727	?	EDIT REMOVE
MARTINEZ, FELICIA	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)		?	
TEST, ELIZABETH	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)		?	EDIT

The request will be sent for approval the **Status** will state **PENDING**. (See Change Request History below) *Please allow 3-5 business days for approval.*

Change Request History

Submitted On	Name	Clinic	Status	Action
03/11/2021	CISNEROS, ELIZABETH	DR POISON IVY	PENDING	VIEW

B. ADD NEW NON-PHYSICIAN CONTACT (PRIMARY) (Z4-VFC/VTRCKS)

Click on Add New Contact

Clinic Staff Change Request i

Add New Contact

1. **Contact Type** – using drop down select **NON-PHYSICIAN CONTACT (PRIMARY) (Z4-VFC/VTRCKS)**
2. Complete the **RED** Highlighted boxes.
(Email address must be entered)
3. Click **Create**

Contact Type *

- CHOOSE
- CHOOSE
- NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS)
- PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)
- PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)
- NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)**
- NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)
- PHYSICIAN CONTACT (PRIMARY) (Z6 - VFC/VTRCKS)
- PHYSICIAN CONTACT (BACK-UP) (Z7 - VFC/VTRCKS)
- HOSPITAL CONTACT (Z8 - VFC/VTRCKS)
- MAILING CONTACT (Z9 - VFC/VTRCKS)

Clinic Staff Change Request i

Cancel **Create**

Contact Type *
CHOOSE

Alternate Contact Type
CHOOSE

First Name *
[Red Box]

Middle Name
[Empty]

Last Name *
[Red Box]

E-mail
EMAIL@DOMAIN.COM

NPI
[Empty]

Telephone
999-999-9999

Ext.
99999

Fax Number
999-999-9999

License Number
[Empty]

Comments
[Empty]

Medicaid Provider ID
[Empty]

Employer ID Number
[Empty]

Specialty
CHOOSE

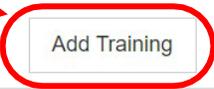
Title
CHOOSE

Edit Clinic

- Address / Name
- Contact Information
- Delivery Hours
- Staff

- 5. Scroll down to **Training Section**
- 6. Click on **Add Trainings**

Training Section

Course Name	CE Number	Completion Date	Upload Certificate	
CHIL-E		09/20/2020	ABREU_CHLOE_213,214,240.PDF	

The Add Training Box will pop up

Add Training

Course Name
CHOOSE

CE Number

Completion Date
MM/DD/YYYY

Upload Certificate
CHOOSE FILE

Cancel Save

- 7. On **Course Name** click on the drop down
- 8. Click on **CHIL-E**

Add Training

Course Name
CHOOSE

CHOOSE

CALL YOUR SHOES

CHIL-E

MM/DD/YYYY

CHOOSE FILE

Cancel Save

- 9. Enter **Completion Date** on Chil-e Certificate
- 10. Click on **CHOOSE FILE**

Add Training

Course Name
CHIL-E

CE Number

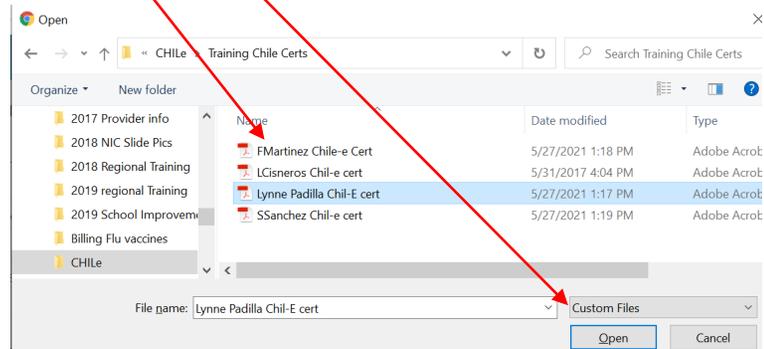
Completion Date
10/20/2020

Upload Certificate
CHOOSE FILE

Cancel Save

This will prompt you to your files

- 11. Locate and click on file
- 12. Click on Open



- The selected Chil-e certificate will be populate on the file name.
- 13. Click Save

Add Training

Course Name
CHIL-E

CE Number

Completion Date
10/20/2020

Upload Certificate
Lynne Padilla Chil-E cert.pdf

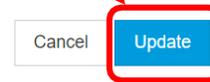
Cancel Save

The certificate will populate on the Training Section

Training Section

Course Name	CE Number	Completion Date	Upload Certificate	Add Training
CHIL-E		10/20/2020	LYNNE PADILLA CHIL-E CERT.PDF	

14. Click on **Update** at the top of the page.



The Change will be PENDING under the Change Request History

Change Request History

Submitted On	Name	Clinic	Status	Action
05/27/2021	CISNEROS, ELIZABETH	POISON IVY CLINIC	PENDING	VIEW

Note: This process may take up to 4 to 5 business days to be approved.

****Please updated these changes on the Routine Management Plan and Emergency Management Plan for your facility.***

C. ADD NEW NON-PHYSICIAN CONTACT (BACK-UP) (Z5-VFC/VTRCKS)

First, **REMOVE** the former NON-PHYSICIAN CONTACT (BACK-UP) (Z5-VFC/VTRCKS) using **STEP A**

Click on Add New Contact

Clinic Staff Change Request 

Add New Contact

1. **Contact Type** using drop down select **NON-PHYSICIAN CONTACT (BACK-UP) (Z5-VFC/VTRCKS)**
2. Complete the remaining **RED** highlighted boxes
(Email Address must be completed)
3. Click **Create**

Contact Type * 

CHOOSE

- CHOOSE
- NON-PHYSICIAN CONTACT (Z1 - VFC/VTRCKS)
- PHYSICIAN CONTACT (Z2 - VFC/VTRCKS)
- PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)
- NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)
- NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)**
- PHYSICIAN CONTACT (PRIMARY) (Z6 - VFC/VTRCKS)
- PHYSICIAN CONTACT (BACK-UP) (Z7 - VFC/VTRCKS)
- HOSPITAL CONTACT (Z8 - VFC/VTRCKS)
- MAILING CONTACT (Z9 - VFC/VTRCKS)

Clinic Staff Change Request 

Cancel **Create**

Contact Type * **CHOOSE**

Alternate Contact Type **CHOOSE**

First Name *

Middle Name

Last Name *

E-mail

NPI

Telephone Ext. Fax Number

License Number

Comments

Medicaid Provider ID

Employer ID Number

Specialty

Title

Edit Clinic

- Address / Name
- Contact Information
- Delivery Hours
- Staff

Complete Steps 5 through 14.

The Change will be PENDING under the Change Request History

Change Request History

Submitted On	Name	Clinic	Status	Action
05/27/2021	CISNEROS, ELIZABETH	POISON IVY CLINIC	PENDING	VIEW

****Please updated these changes on the Routine Management Plan and Emergency Management Plan for your facility.***

