Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

October 23, 2020

Dear Long-Term Care Facility Administrator:

The purpose of this letter is to inform you about how your facility can enroll and participate in the COVID-19 Vaccination Program. New York State long-term care facilities (LTCFs) outside of New York City, interested in administering COVID-19 vaccine to staff, residents, or both, must enroll in the New York State COVID-19 Vaccination Program to order and receive publicly supplied COVID-19 vaccine and ancillary supplies. This enrollment process is separate from a federal initiative led by CDC involving LTCFs and two large chain pharmacies (CVS and Walgreens) which is primarily focused on the vaccination of residents.

NYSDOH's COVID-19 Vaccination Program enrollment will enable LTCFs to order vaccine for both staff and residents. You may also enroll in the federal program if you determine it will meet your needs. We strongly encourage you to enroll in the NYSDOH Program now so that you will have the flexibility to order vaccine for staff and/or residents.

An online enrollment application tool named "COVID-19 Vaccine Program Provider Enrollment" that contains the Provider Agreement and Profile forms outlined below, is now accessible through the Health Commerce System (HCS). To assist you in collecting all enrollment information in advance, we have attached copies of the relevant forms as the online application in HCS must be completed in its entirety in one attempt/sitting. Please review the information in this letter and the attached documents and be ready to complete the enrollment fields in the HCS online application tool by COB, Tuesday, November 3, 2020.

The enrollment forms include the following:

The **CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement** (Section A) specifies the conditions of participation for vaccination provider organizations and their constituent facilities. The chief medical officer (or equivalent) and chief executive officer (or chief fiduciary officer) signing this agreement must be the individuals who will be held accountable for and responsible for compliance with the conditions outlined in the agreement. This section of the form will only be completed once, regardless of the number of location sites you are enrolling. Each location site will be entered under the profile section.

The **CDC COVID-19 Vaccination Program Provider Profile Form and Addendum** (Section B) outlines key minimum data elements required to be collected from every vaccination provider location receiving COVID-19 vaccine and ancillary products, such as receiving site address information, practice type, and patient population size and volume. This information must be completed and signed (electronically) for **each** location covered under the Organization listed in Section A.

Also attached is the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement** which recognizes that for some large healthcare organizations, there are special circumstances in which COVID-19 vaccine would need to be redistributed. For example, a large organization may receive initial COVID-19 vaccine shipments at a central depot and then wish to redistribute vaccine to additional clinic locations/sites. If this applies to your organization, complete a Redistribution Agreement to request prior approval for vaccine redistribution. A Redistribution Agreement is not required and does not guarantee approval. This redistribution agreement is not available in the online application tool. It must completed electronically (it is a fillable PDF) and emailed to COVID19vaccine@health.ny.gov.

New York State Immunization Information System (NYSIIS) accounts:

All COVID-19 Vaccine Program Providers (each site submitting a profile) will need a New York State Immunization Information System (NYSIIS) account. Your organization may currently have a NYSIIS account, but it is important to ensure that the appropriate staff have access. Functions staff perform in NYSIIS include placing vaccine orders; monitoring vaccine inventory; entering doses administered; performing data exchange (uploading and downloading data) between the provider's electronic health system and NYSIIS; entering vaccine returns and wastage; and generating reports for internal review (e.g. doses administered).

Please take the following steps to receive access for new users, if needed:

1. NYSIIS is located on the Health Commerce System. If responsible staff do not yet have an HCS account, they must apply for one. Please refer to the attached instructions for requesting an HCS account.
2. Take the NYSIIS Administrative User training located at https://www.health.ny.gov/prevention/immunization/information_system/status.htm. You must have an HCS ID (step 1 above) to register for the training.

Submission deadline:

Please enter the Provider Agreement and Profile information in the online application tool in HCS and separately complete and email the Redistribution Agreement (if applicable) to COVID19Vaccine@health.ny.gov by COB, Tuesday, November 3, 2020.

Any questions about these forms should be directed to the email above.

Sincerely,

Debra S. Blog, MD, MPH
Director, Division of Epidemiology

Attachments:
COVID-19 Vaccination Program Provider Agreement and Profile Form
NYS COVID-19 Vaccine Provider Profile Addendum
Supplemental COVID-19 Vaccine Redistribution Agreement
Instructions for Requesting a HCS Account
Accessing the Enrollment Application Tool in HCS

CDC COVID-19 Vaccination Program Provider Agreement

Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the *CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A)*. In addition, the *CDC COVID-19 Vaccination Program Provider Profile Information (Section B)* must be completed for each vaccination location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

Organization identification

Organization's legal name:

Number of affiliated vaccination locations covered by this agreement:

Organization telephone:

Email: *(must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)*

Street address 1: Street address 2:

City: County: State: ZIP:

Responsible officers

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signatures after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information

Last name: First name: Middle initial:

Title: Licensure state: Licensure number:

Telephone: Email:

Street address 1: Street address 2:

City: County: State: ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name: First name: Middle initial:

Telephone: Email:

Street address 1: Street address 2:

City: County: State: ZIP:

Agreement requirements

I understand this is an agreement between Organization and CDC. This program is part of a collaboration under the relevant state, local, or territorial immunization program's cooperative agreement with CDC.

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 vaccine), constituent products, and ancillary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1. Organization must administer COVID-19 vaccine in accordance with all requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices (ACIP).[1]

2. Within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine Administration Data) for reporting can be found on CDC's website.[2]

Organization must submit Vaccine Administration Data through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements.[2]

Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.

3. Organization must not sell or seek reimbursement for COVID-19 vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to Organization.

4. Organization must administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay COVID-19 vaccine administration fees.

5. Before administering COVID-19 vaccine, Organization must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.

6. Organization's COVID-19 vaccination services must be conducted in compliance with *CDC's Guidance for Immunization Services During the COVID-19 Pandemic* for safe delivery of vaccines.[3]

7. Organization must comply with CDC requirements for COVID-19 vaccine management. Those requirements include the following:

a) Organization must store and handle COVID-19 vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine;

b) Organization must monitor vaccine storage unit temperatures at all times using equipment and practices that comply with guidance in CDC's *Vaccine Storage and Handling Toolkit*[4];

c) Organization must comply with each relevant jurisdiction's immunization program guidance for dealing with temperature excursions;

d) Organization must monitor and comply with COVID-19 vaccine expiration dates; and

e) Organization must preserve all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by state, local, or territorial law.

8. Organization must report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.

9. Organization must comply with all federal instructions and timelines for disposing of COVID-19 vaccine and adjuvant, including unused doses.[5]

10. Organization must report any adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS) (1-800-822-7967 or http://vaers.hhs.gov/contact.html).

11. Organization must provide a completed COVID-19 vaccination record card to every COVID-19 vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 vaccine shipment will include COVID-19 vaccination record cards.

12. a) Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 vaccine.

b) Organization must administer COVID-19 vaccine in compliance with all applicable state and territorial vaccination laws.

This agreement expressly incorporates all recommendations, requirements, and other guidance that this agreement specifically identifies. Organization must monitor such identified guidance for updates. Organization must comply with such updates.

[1] www.cdc.gov/vaccines/hcp/acip-recs/index.html
[2] www.cdc.gov/vaccines/programs/iis/index.html
[3] www.cdc.gov/vaccines/pandemic-guidance/index.html
[4] www.cdc.gov/vaccines/hcp/admin/storage-handling.html
[5] The disposal process for remaining unused COVID-19 vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under storage and handling conditions noted in Item 7 until CDC provides disposal instructions; website URL will be made available.
[6] See Pub. L. No. 109-148, Public Health Service Act § 319F-3, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020).

By signing this form, I certify that all relevant officers, directors, employees, and agents of Organization involved in handling COVID-19 vaccine understand and will comply with the agreement requirements listed above and that the information provided in sections A and B is true.

The above requirements are material conditions of payment for COVID-19 vaccine administration claims submitted by Organization to any federal healthcare benefit program, including but not limited to Medicare, Medicaid, and the Health Resources and Services Administration COVID-19 Uninsured Program. Reimbursement for administering COVID-19 vaccine is not available under any federal healthcare benefit program if Organization fails to comply with these requirements with respect to the administered COVID-19 vaccine dose. Each time Organization submits a reimbursement claim for COVID-19 vaccine administration to any federal healthcare benefit program, Organization expressly certifies that it has complied with these requirements with respect to that administered dose.

Non-compliance with the terms of Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

By entering Agreement, Organization does not become a government contractor under the Federal Acquisition Regulation.

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.[6]

Organization Medical Director *(or equivalent)*

Last name: First name: Middle initial:

Signature: Date:

Chief Executive Officer *(chief fiduciary role)*

Last name: First name: Middle initial:

Signature: Date:

For official use only:

IIS ID, if applicable:

Unique COVID-19 Organization ID (Section A)*:

**The jurisdiction's immunization program is required to create a unique COVID-19 ID for the organization named in Section A that includes the awardee jurisdiction abbreviation (e.g., an organization located in Georgia could be assigned "GA123456A." This ID is needed for CDC to match Organizations (Section A) with one or more Locations (Section B). This unique identifier is required even if there is only one location associated with an organization.*

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. If you are enrolling on behalf of one or more other affiliated Organization vaccination locations, complete and sign this form for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

Organization identification for individual locations

Organization location name:

Will another Organization location order COVID-19 vaccine for this site?

☐ *If YES; provide Organization name:*

Contact information for location's primary COVID-19 vaccine coordinator

Last name: First name: Middle initial:

Telephone: Email:

Contact information for location's backup COVID-19 vaccine coordinator

Last name: First name: Middle initial:

Telephone: Email:

Organization location address for receipt of COVID-19 vaccine shipments

Street address 1: Street address 2:

City: County: State: ZIP:

Telephone: Fax:

Organization address of location where COVID-19 vaccine will be administered *(if different from receiving location)*

Street address 1: Street address 2:

City: County: State: ZIP:

Telephone: Fax:

Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments

Monday	Tuesday	Wednesday	Thursday	Friday
AM:	AM:	AM:	AM:	AM:
PM:	PM:	PM:	PM:	PM:

For official use only:

VTrckS ID for this location, if applicable: *Vaccines for Children (VFC) PIN, if applicable:* *IIS ID, if applicable:*

Unique COVID-19 Organization ID (from Section A): *Unique Location ID**:*

***The jurisdiction's immunization program is required to create an additional unique Location ID for each location completing Section B. The number should include the awardee jurisdiction abbreviation. For example, if an organization (Section A) in Georgia (e.g., GA123456A) has three locations (main location plus two additional) completing section B, they could be numbered as GA123456B1, GA123456B2, and GA123456B3).*

COVID-19 vaccination provider type for this location *(select one)*

- ☐ Commercial vaccination service provider
- ☐ Corrections/detention health services
- ☐ Health center – community (non-Federally Qualified Health Center/ non-Rural Health Clinic)
- ☐ Health center – migrant or refugee
- ☐ Health center – occupational
- ☐ Health center – STD/HIV clinic
- ☐ Health center – student
- ☐ Home health care provider
- ☐ Hospital
- ☐ Indian Health Service
- ☐ Tribal health
- ☐ Medical practice – family medicine
- ☐ Medical practice – pediatrics
- ☐ Medical practice – internal medicine
- ☐ Medical practice – OB/GYN
- ☐ Medical practice – other specialty
- ☐ Pharmacy – chain
- ☐ Pharmacy – independent
- ☐ Public health provider – public health clinic
- ☐ Public health provider – Federally Qualified Health Center
- ☐ Public health provider – Rural Health Clinic
- ☐ Long-term care – nursing home, skilled nursing facility, federally certified
- ☐ Long-term care – nursing home, skilled nursing facility, non-federally certified
- ☐ Long-term care – assisted living
- ☐ Long-term care – intellectual or developmental disability
- ☐ Long-term care – combination (e.g., assisted living and nursing home in same facility)
- ☐ Urgent care
- ☐ Other *(Specify:)*

Setting(s) where this location will administer COVID-19 vaccine *(select all that apply)*

Child care or day care facility
College, technical school, or university
Community center
Correctional/detention facility
Health care provider office, health center, medical practice, or outpatient clinic
Hospital (i.e., inpatient facility)
In home
Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing)
Pharmacy
Public health clinic (e.g., local health department)
School (K – grade 12)
Shelter
Temporary or off-site vaccination clinic – point of dispensing (POD)
Temporary location – mobile clinic
Urgent care facility
Workplace
Other *(Specify:)*

Approximate number of patients/clients routinely served by this location

Number of children 18 years of age and younger: *(Enter "0" if the location does not serve this age group.)* Unknown

Number of adults 19 – 64 years of age: *(Enter "0" if the location does not serve this age group.)* Unknown

Number of adults 65 years of age and older: *(Enter "0" if the location does not serve this age group.)* Unknown

Number of unique patients/clients seen per week on average: Unknown

Not applicable (e.g., for commercial vaccination service providers)

Influenza vaccination capacity for this location

Number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season: Unknown

(Enter "0" if no influenza vaccine doses were administered by this location in 2019-20.)

Population(s) served by this location (select all that apply)

- General pediatric population
- General adult population
- Adults 65 years of age and older
- Long-term care facility residents (nursing home, assisted living, or independent living facility)
- Health care workers
- Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)
- Military – active duty/reserves
- Military – veteran
- People experiencing homelessness
- Pregnant women
- Racial and ethnic minority groups
- Tribal communities
- People who are incarcerated/detained
- People living in rural communities
- People who are underinsured or uninsured
- People with disabilities
- People with underlying medical conditions* that are risk factors for severe COVID-19 illness
- *Other people at higher risk for COVID-19 (Specify:)*

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?

If **YES** [List IIS Identifier:]

If **NOT**, please explain planned method for reporting vaccine administration data to the jurisdiction's IIS or other designated system as required:

If **NOT APPLICABLE**, please explain:

Estimated number of 10-dose multidose vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures:

Refrigerated (2°C to 8°C): No capacity **OR** Approximately additional 10-dose MDVs

Frozen (-15°C to -25°C): No capacity **OR** Approximately additional 10-dose MDVs

Ultra-frozen (-60°C to -80°C): No capacity **OR** Approximately additional 10-dose MDVs

Storage unit details for this location

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

1.

2.

3.

4.

5.

I attest that each unit listed will maintain the appropriate temperature range indicated above *(please sign and date):*

Medical/pharmacy director or location's vaccine coordinator signature:

Date:

Providers practicing at this facility *(additional spaces for providers at end of form)*

Instructions: *List below all licensed healthcare providers at this location who have* ***prescribing*** *authority (i.e., MD, DO, NP, PA, RPh).*

Provider Name	**Title**	**License No.**

NYS COVID-19 Vaccine Provider Profile Addendum

Is your facility willing to vaccinate individuals that are not established patients (walk-in clinics, mass vaccination clinics, employee clinics, etc.)? ☐ **YES** ☐ **NO**

IF YES, please estimate number of individuals that are not established patients you may be able to vaccinate through additional clinics:

	Age 0-18	Age 19-64	Age 65+	Total
Health Care Worker Estimates				
ICU Personnel				
Emergency Department Personnel				
High-risk Personnel, not listed above				
Other (non high-risk) Health Care Workers				
EMT/First Responders				
Total Health Care Workers				
Employee clinics for essential workers				
Clinics for medically high-risk				
Clinics for general population				

Health Care Workers are **paid and unpaid** persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious material.

High-risk personnel may include those caring for COVID-19 patients, cleaning areas where COVID-19 patients are admitted and treated, and performing procedures with high risk of aerosolization such as endotracheal intubation, bronchoscopy, suctioning, turning the patient to the prone position, disconnecting the patient from the ventilator, invasive dental procedures and exams, invasive specimen collection, and cardiopulmonary resuscitation.

Essential workers: https://esd.ny.gov/guidance-executive-order-2026

Medically high-risk conditions:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

If you are not intending to hold targeted clinics for specific groups listed above, please enter your estimates in the Clinics for General Population category.

Can your facility administer 1,000 doses of COVID-19 vaccine over the course of 10 days?

☐ YES
☐ NO
☐ UNKNOWN

How many health care workers/personnel could your facility vaccinate within 10 days? ______________

Format of distribution (point-of-dispensing)?

Closed POD: ☐ YES ☐ NO ☐ UNKNOWN
Open POD: ☐ YES ☐ NO ☐ UNKNOWN

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

The Centers for Disease Control and Prevention (CDC) plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain the vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed to redistribute vaccine, if approved by the jurisdiction's immunization program and if validated cold chain procedures are in place in accordance with the manufacturer's instructions and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed *CDC Supplemental COVID-19 Vaccine Redistribution Agreement* for the facility/organization conducting redistribution and a fully completed *CDC COVID-19 Vaccination Provider Profile Information* form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location.

The parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine. CDC cannot reimburse costs of redistribution beyond the initial designated primary CDC ship-to site(s), or for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

Organization information

Organization/facility name:

FOR OFFICIAL USE ONLY *VTrckS ID:*

Unique COVID-19 Organization ID (from Section A):

Primary address and contact information of COVID-19 vaccination organization

Street address 1: Street address 2:

City: County: State: ZIP:

Telephone: Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: First name: Middle initial:

Title: Licensure state: Licensure number:

Telephone: Email:

Street address 1: Street address 2:

City: County: State: ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name: First name: Middle initial:

Telephone number: Email:

Street address 1: Street address 2:

City: County: State: ZIP:

Primary point of contact responsible for receipt of COVID-19 vaccine
(if different than medical director listed above)

Last name: First name: Middle initial:

Telephone number: Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name: First name: Middle initial:

Telephone number: Email:

COVID-19 vaccination organization redistribution agreement requirements

To redistribute COVID-19 vaccine, constituent products, and ancillary supplies to secondary sites, this organization agrees to:

1. Sign and comply with all conditions as outlined in the CDC COVID-19 Vaccination Program Provider Agreement.
2. Ensure secondary locations receiving redistributed COVID-19 vaccine, constituent products, or ancillary supplies also sign and comply with all conditions in the CDC COVID-19 Vaccination Program Provider Agreement.
3. Comply with vaccine manufacturer instructions on cold chain management and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine, for any redistribution of COVID-19 vaccine to secondary locations.
4. Document and make available any rrecords of COVID-19 vaccine redistribution to secondary sites to jurisdiction's immunization program as requested, including dates and times of redistribution, sending and receiving locations, lot numbers, expiration dates, and numbers of doses.
   Neither CDC nor state, local, or territorial health departments are responsible for any costs of redistribution or equipment to support redistribution efforts.

By signing this form, I understand this is an agreement between my Organization and CDC, implemented and maintained by my jurisdiction's immunization program. I also certify on behalf of myself, my medical practice, or other legal entity with staff authorized to administer vaccines, and all the practitioners, nurses, and others associated with this Organization that I have read and agree to the COVID-19 vaccine redistribution agreement requirements listed above and understand my Organization and I are accountable for compliance with these requirements. Non-compliance with the terms of this Redistribution Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

Organization Medical Director (or equivalent)

Last name: First name: Middle initial:

Signature: Date:

Chief Executive Officer (chief fiduciary role)

Last name: First name: Middle initial:

Signature: Date:

[1] *Requirements incorporated by reference; refer to* www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

Paperless HCS Medical Professions Account

The Health Commerce System (HCS) Medical Professions account request has gone paperless! No more signatures and notary. Applying for an HCS account is as simple as filling out an online form and having a NYS DMV Driver License or NYS DMV Non-driver Photo ID. Medical Professionals that do not have a NYS DMV Driver License or NYS DMV Non-driver Photo ID can still apply for an HCS medical professions account using the existing process which requires signatures and a notary.

Important information!

To enroll using the paperless process you must have a:

- NYS DMV Driver License or NYS DMV Non-driver Photo ID
- NYS Education Department registered medical professional license

Where do I go to apply for an HCS account?

1. Open your web browser and enter this website in the address bar

https://apps.health.ny.gov/pub/top.html

How do I apply for an account?

1. Click '**Apply** for an HCS Medical Professions account'
2. Click **'I have a NYS DMV driver license or NYS DMV Non-driver Photo ID'**

    NOTE: If you do not have a NYS driver license, you can still apply by clicking 'I do not have a NYS DMV driver license or NYS DMV Non-driver Photo ID'

3. Enter your medical profession information, click **Submit**

    Important! Your first and last name, license type. Professional license number, and SSN must match what is in the NYSED Office of the Professions

4. Enter your DMV information from your driver license or non-driver photo ID exactly as it appears on your driver's license, click **Submit**

    Important! Your first and last name, license number, date of birth, gender, and zip code must match what is on your NYS driver license or NYS Non-driver photo ID

5. Enter your contact information (fields marked with an asterisk are required)
6. Agree to the terms outlined in the Security and Use Policy (SAUP), check the box, and **Submit**
7. Create your new password, confirm the password, click **Submit**
8. Congratulations, you have an HCS account. Keep your userid as it will be required for all HCS access

How do I sign on the HCS?

1. Click the HCS website link in your congratulations page when applying OR your congratulations email that you received

    https://commerce.health.state.ny.us

2. Enter your **User ID** in the appropriate field
3. Enter your **Password** in the appropriate field
4. Click **Sign in**

* If you have issues logging in to the HCS with your userid and password, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 option 1 (M-F 8am-4:45pm)

ANDREW M. CUOMO
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Executive Deputy Commissioner

Adding COVID-19 Vaccine Program Provider Enrollment Application in the Health Commerce System

- Log into HCS portal (https://commerce.health.state.ny.us/hcs/index.html)
- At top of page, click "My Content"
- Select "All Applications"
- Browse by the letter "C"
- Select "COVID-19 Vaccine Program Provider Enrollment"
- Click the green "+" button to the right
- The application is now added and available in "My Applications"