



Michigan Department of Health & Human Services

GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

## CDC COVID-19 Vaccination Program Provider Agreement

Register to provide the COVID-19 Vaccine, please complete this section (Section A):

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's participation in the CDC COVID-19 Vaccination Program.

Organization's responsible officers, Chief Medical Officer (or equivalent) **and** Chief Executive Officer (or chief fiduciary) **must both complete and sign** the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A).

In addition, the CDC COVID-19 Vaccination Site - Provider Registration (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 Information

**Organization's Legal Name:**

\* must provide value

100 characters remaining

**Number of affiliated vaccination locations covered by this agreement: (record the answer as an integer)**

\* must provide value

**Organization telephone number:**

\* must provide value

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

\* must provide value

50 characters remaining

**Organization street address:**

100 characters remaining

**Organization street address line 2:**

100 characters remaining

**Organizations address city:**

100 characters remaining

**Organization address county:**

\* must provide value

**Organizations address state:**

\* must provide value

**Organization address zip code:**

\* must provide value

## RESPONSIBLE OFFICERS

For the purposes of this agreement, Responsible Officers named below will be accountable for compliance conditions specified in this agreement. The individuals listed below must provide their signature after review agreement requirements.

### Chief Medical Officer (or Equivalent) Information

**Last name:**

\* must provide value

50 characters remaining

**First name:**

\* must provide value

50 characters remaining

**Middle Initial**

50 characters remaining

**Title:**

\* must provide value

50 characters remaining

**Licensure state:**

\* must provide value

**Licensure number:**

\* must provide value

50 characters remaining

**Telephone:**

**Email:**

50 characters remaining

**Street address:**

100 characters remaining

**Street address line2:**

100 characters remaining

**City:**

100 characters remaining

**County:**

**State:**

**Zip code:**

**Chief Executive Officer (or Chief Fiduciary) Information**

**Last name:**

\* must provide value

50 characters remaining

**First name:**

\* must provide value

50 characters remaining

**Middle Initial**

50 characters remaining

**Telephone:**

**Email:**

50 characters remaining

**Street address:**

100 characters remaining

**Street address line2:**

100 characters remaining

**City:**

100 characters remaining

**County:**

**State:**

**Zip code:**

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