California's Vaccine Program
Participation Withdrawal Request Form

CDPH

Instructions: Program locations must submit this completed form to CDPH at least 30 days before withdrawing from any CDPH vaccine program and terminating the Provider Agreement. A waiting period of up to 12 months may apply for VFC re-enrollment requests (and VFA if program enrollment is open and available). Until your request is approved:

- Store vaccines and document temperatures according to the Provider Agreement and Provider Agreement Addendum.
- The Provider of Record is responsible for all CDPH-supplied vaccines. Failure to account for doses or protect vaccine viability may result in a negligent loss leading to vaccine replacement.

For VFC vaccines: Email completed form to MyVFCVaccines@cdph.ca.gov or fax (877) 329-9832**. For VFA/ LHD 317 vaccines:** Email my317vaccines@cdph.ca.gov. **For SGF vaccines:** Email sgfvaccine@cdph.ca.gov.

A CDPH Field Representative will contact you to transfer or retrieve viable CDPH-supplied vaccines.

Program Location Information

Name				PIN
Address		City	ZIP	County
Email			Phone	Fax

Withdrawal Details

Provider of Record Name (print):	Withdrawal Effective Date:
Provider of Record (signature):	Today's Date:

Which CDPH programs will this site withdraw from? ☐ **VFC** ☐ **VFA** ☐ **LHD 317** ☐ **SGF**

- Do you have remaining CDPH-supplied vaccines on hand? ☐ **Yes** or ☐ **No**
  If Yes, complete "Remaining Vaccine Inventory Information."
- Have you notified your CDPH Field Representative about your request and remaining inventory?
  ☐ **Yes** or ☐ **No**
- **For LHD 317/SGF:** Have you notified your Immunization Coordinator about your request to withdraw?
  ☐ **Yes** or ☐ **No**
  Do you have another site with an active PIN (e.g., VFC or Outbreak Program) should you need outbreak doses? ☐ **Yes** or ☐ **No**

Please indicate the reason for withdrawing your participation from the vaccine program.

Program Requirements:

☐ Vaccine program requirements are too burdensome. Specify requirement(s):
_____
_____

☐ Vaccine program participation too time consuming/costly. Specify participation issue(s): _____

☐ Cannot resolve program compliance issues
☐ Other (specify):_____

Comments:

Practice or Clinic:

☐ Closing office
☐ Merged with another facility
☐ Change in practice ownership
☐ No longer seeing eligible patients
☐ Serves too few eligible patients. Specify how you plan to address the immunization needs of eligible patients who are seen at your location.
_____
_____

☐ No longer offering immunization services
☐ No longer enrolled in Medi-Cal

California's Vaccine Program Participation Withdrawal Request Form
Remaining Vaccine Inventory Information

CDPH

Instructions: Complete this section if your practice has CDPH-supplied vaccines on hand. Use a separate sheet for each vaccine program.

Indicate which program vaccines are from: ☐ VFC ☐ VFA ☐ LHD 317 ☐ SGF

CDPH-supplied Vaccines Specify type, such as DTaP.	Number of Doses Used Since Last Order. Enter 0 if None.	Vaccine Inventory			Disposition
		Number of Doses On Hand	Lot Number	Expiration Date	Transaction Code (See below)

Note: You are responsible for all CDPH-supplied vaccines you have received. Therefore, you must account for any missing vaccines by correcting vaccine usage or replacing missing doses.

Transaction Codes: Enter one of these codes in the column above. Provide additional information as necessary.

Code	Description	Additional Information	Notes
1	Request viable vaccines be returned to CDPH	Name	CDPH Field Representative may pick up viable CDPH-supplied vaccines
2	Request viable vaccines be transferred to another program provider	PIN Phone	CDPH approval required prior to vaccine transfer
3	Spoiled vaccines returned to CDPH	Process your return of spoiled/expired vaccine and request a prepaid shipping label on your clinic's myCAvax account.	
4	Expired vaccines returned to CDPH		