64DER21-5 COVID-19 Vaccine Redistribution Requirements

(1) Prior to any redistribution of COVID-19 vaccines between COVID-19 vaccine provider sites, all COVID-19 vaccine redistributions require approval from the Florida Vaccines for Children and Adults (VFC/VFA) Program.

(2) All COVID-19 vaccine redistributions must be to providers who are fully enrolled in the Florida State Health Online Tracking System (Florida SHOTS) and the VFC/VFA Program. In addition, all providers must have completed both sections A and B of the "CDC COVID-19 Vaccination Program Provider Agreement" (09/14/2020) which is available through the provider's Florida SHOTS account at http://www.flshotsusers.com/.

(3) In order to redistribute any COVID-19 vaccine product to an enrolled COVID-19 Vaccine Program outside of the provider's organization, a provider must complete a "CDC Supplemental COVID-19 Vaccine Redistribution Agreement" (09/29/20) which is incorporated by reference and available at http://www.floridahealth.gov/programs-and-services/immunization/COVID-19VaccineInfo/index.html. A copy of the completed redistribution agreement must be sent to the VFC/VFA program at FloridaVFC@flhealth.gov no less than 24 hours before the anticipated redistribution.

(4) A redistribution agreement is not required if the redistribution will occur between enrolled COVID-19 Vaccine Program providers within the same organization.

(5) A Florida SHOTS Vaccine Transfer form (09/15) must be completed and signed by both the redistributing provider and the receiving provider for all vaccine redistributions. The transfer form is available through the provider's Florida SHOTS account at http://www.flshotsusers.com/. The completed form must be sent to the VFC/VFA program at FloridaVFC@flhealth.gov no less than 24 hours before the anticipated redistribution.

Rulemaking Authority 381.003(2), 381.0031(8), 381.005(3) FS. Law Implemented 381.0011(3), (4), 381.003(1), 381.0031, 381.005(1) FS. History–New .

CERTIFICATION OF MATERIALS INCORPORATED

BY REFERENCE IN EMERGENCY RULES FILED WITH THE DEPARTMENT OF STATE

I hereby certify pursuant to Rule 1-1.013, Florida Administrative Code:

[X] (1) That materials incorporated by reference in Rule(s) 64DER21-5 have been filed with the Department of State and a true and complete paper copy of the incorporated materials are attached to this certification for filing.

- "CDC COVID-19 Vaccination Program Provider Agreement" (09/14/2020)
- "CDC Supplemental COVID-19 Vaccine Redistribution Agreement" (09/29/20)
- Florida SHOTS Vaccine Transfer form (09/15)

[ ] (2) That because there would be a violation of federal copyright laws if the submitting agency filed the incorporated materials described below electronically, a true and complete paper copy of the incorporated materials are attached to this certification for filing.

Under the provisions of Section 120.54(4)(d), F.S., the attached materials take effect upon filing unless a later time and date less than 20 days from filing is set out below.

Effective: _____ ____ _____

(month) (day) (year)

SCOTT A. RIVKEES, MD

State Surgeon General, Florida Department of Health
Title

FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM

Vaccine Transfer Packing Slip

To preserve the vaccine viability, it is important to maintain the "cold-chain" when transporting vaccines. Providers must handle, store, and transport vaccines properly. NOTE: Do not transfer open vials.

Provider Transferring the vaccine(s)

VFC PIN: Provider Name:
Telephone #: Date:

Print Name

Provider Receiving the vaccine(s)

VFC PIN: Provider Name:

When receiving the vaccines listed below, please verify the vaccines are in viable condition and the cold-chain has not been compromised.

Name of the Vaccine/Mfg	Lot Number	NDC	Expiration Date	Number of Doses
COVID-19 PFIZER - COVID-19 Pfizer PFR-PFIZER, INC				

To avoid vaccines becoming unserviceable, the provider will ensure:

- all vaccines are immediately and properly stored.
- the refrigerator temperature for storage is within the range.
- to use the vaccines with the shortest expiration date first.

------ This is a packing slip. Please do not fax this form to the VFC program ------

Revision date: 9/15

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

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 signature after reviewing the agreement requirements.		
Chief Medical Officer (or Equivalent) Information		
Last name	First name	Middle initial
Title	Licensure (state and number)	
Telephone number:	Email:	
Address:		
Chief Executive Officer (or Chief Fiduciary) Information		
Last name	First name	Middle initial
Telephone number:	Email:	
Address:		

CDC COVID-19 Vaccination Program Provider Agreement

AGREEMENT REQUIREMENTS	
I understand this is an agreement between Organization and CDC. This program is a part of collaboration under the relevant state, local, or territorial immunization'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[4], 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 located 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;

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

[1] https://www.cdc.gov/vaccines/hcp/acip-recs/index.html
[2] https://www.cdc.gov/vaccines/programs/iis/index.html
[3] https://www.cdc.gov/vaccines/pandemic-guidance/index.html
[4] https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html

	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 COVID-19 vaccine and adjuvant, including unused doses.[5]
10.	Organization must report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).[6]
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.

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 and Medicaid, or submitted to any HHS-sponsored COVID-19 relief program, including the Health Resources & Services Administration COVID-19 Uninsured Program. Reimbursement for administering COVID-19 Vaccine is not available under any federal healthcare 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 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.[7]

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[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] https://vaers.hhs.gov/reportevent.html

[7] *See* Pub. L. No. 109-148, Public Health Service Act §§ 319F-3 and 319F-4, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020).

CDC COVID-19 Vaccination Program Provider Agreement

Chief Medical Officer (or Equivalent)		
Last name	First name	Middle initial
Signature:		Date:
Chief Executive Officer (or Chief Fiduciary)		
Last name	First name	Middle initial
Signature:		Date:

For official use only:

VTrckS ID for this Organization, if applicable: _____

Vaccines for Children (VFC) PIN, if applicable: _____ *Other PIN (e.g., state, 317):* _____

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). These unique identifiers are 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? ☐ Yes; provide Organization name: _____ ☐ No

CONTACT INFORMATION FOR LOCATION'S PRIMARY COVID-19 VACCINE COORDINATOR		
Last name:	First name:	Middle initial:
Telephone:	Email:	

CONTACT INFORMATION FOR LOCATION'S BACK-UP 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 will 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.*

CDC COVID-19 Vaccination Program Provider Profile Information

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)

- ☐ Childcare or daycare 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:
_____ *(Enter "0" if no influenza vaccine doses were administered by this location in 2019-20)*
☐ Unknown

CDC COVID-19 Vaccination Program Provider Profile Information

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 under-insured 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)?

- ☐ Yes [List IIS Identifier: _____]
- ☐ No
- ☐ Not applicable

If "No," 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 VACCINE SEASON) AT THE FOLLOWING TEMPERATURES:

Refrigerated (2°C to 8°C):	☐ No capacity	☐ Approximately _____ additional 10-dose MDVs
Frozen (-15° to -25°C):	☐ No capacity	☐ Approximately _____ additional 10-dose MDVs
Ultra-frozen (-60° to -80°C):	☐ No capacity	☐ 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:	I attest that each unit listed will maintain the appropriate temperature range indicated above: (*please sign and date*)
1. *Example: CDC & Co/Red series two-door/refrigerator*	_____
2.	Medical/pharmacy director or location's vaccine coordinator signature
3.	
4.	_____
5.	Date

* https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html

CDC COVID-19 Vaccination Program Provider Profile Information

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.

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.

SUBMIT FORM