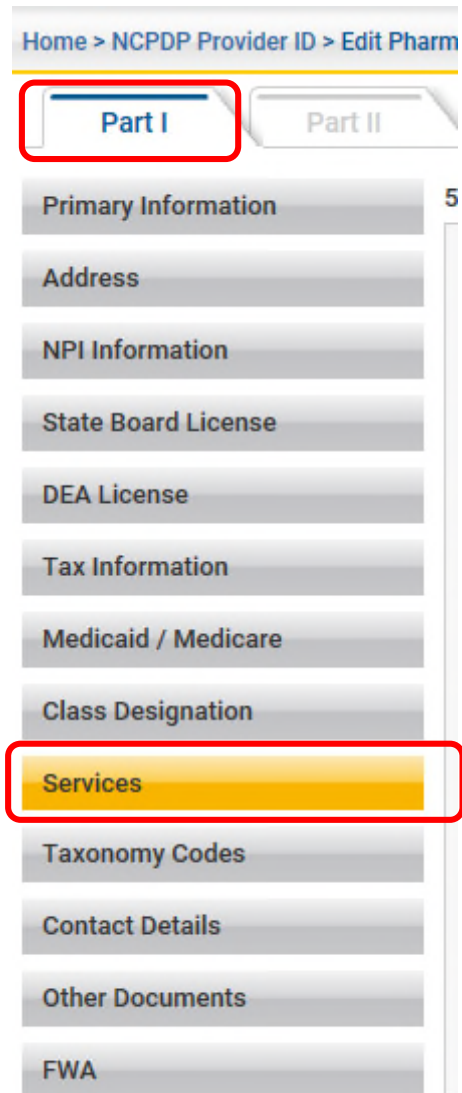


PART 1: Immunizations

In Part I of the pharmacy's NCPDP profile:

1. Go to the "Services" link (found in the links on the left side of the page).



Home > NCPDP Provider ID > Edit Pharm

Part I Part II

- Primary Information 5
- Address
- NPI Information
- State Board License
- DEA License
- Tax Information
- Medicaid / Medicare
- Class Designation
- Services**
- Taxonomy Codes
- Contact Details
- Other Documents
- FWA

2. Click "Next" in the bottom right corner until you get to the "Other Services" page.

Address	Other Services ⓘ	
NPI Information	Physical Location Accepts E-Prescriptions*	Physical location accepts NCPDP SCRIPT Transactions ▼
State Board License	Physical Location Delivery Service*	Physical location offers free prescription delivery service ▼
DEA License	Physical Location Compounding Service*	Physical location does not offer prescription compounding se... ▼
Tax Information	Physical Location Drive-Up Window*	Physical location has one or more drive-up windows for presc... ▼
Medicaid / Medicare	Physical Location Durable Medical Equipment*	Physical location is accredited to provide DME limited to phar... ▼
Class Designation	Pharmacy Location Walk-in Clinic*	Physical location does not have on-site walk-in clinic ▼
Services	Physical Location 24Hr Emergency Service*	Physical location does not offer 24 hour emergency service ▼
Taxonomy Codes	Physical Location Multi-Dose Compliance Packaging*	Physical location offers multi-dose compliance packaging to... ▼
Contact Details	Physical Location Immunizations Provided*	Physical location offers immunization services without appoi... ▼
Other Documents	Physical Location Handicapped Accessible*	-Select- Physical location does not offer on-site immunization services Physical location offers immunization services at select dates/times Physical location offers immunization services without appointment during business hours
FWA	Physical Location 340B Status*	
	Closed Door Facility*	Physical Location has no closed door facility

3. Select the appropriate response to “Physical Location Immunizations Provided” from the drop-down menu.
4. Click “Next” to save any changes and proceed to the next screen.

Then, in Part II of the pharmacy’s NCPDP profile, you will be able to provide additional information regarding the immunizations provided.

PART 2: Immunizations

On the first page of Immunizations tab, the question “Does this pharmacy provide vaccinations and/or immunizations?” is asked.

Part I | **Part II** | Verify And Submit

1234567 My Pharmacy

Immunizations

Does this pharmacy provide vaccinations and/or immunizations? *

Yes

No

Cancel

Next

Pend Submit

[Click here, to Submit without completing Part II.](#)

Check either “Yes” or “No” as applicable to your pharmacy.

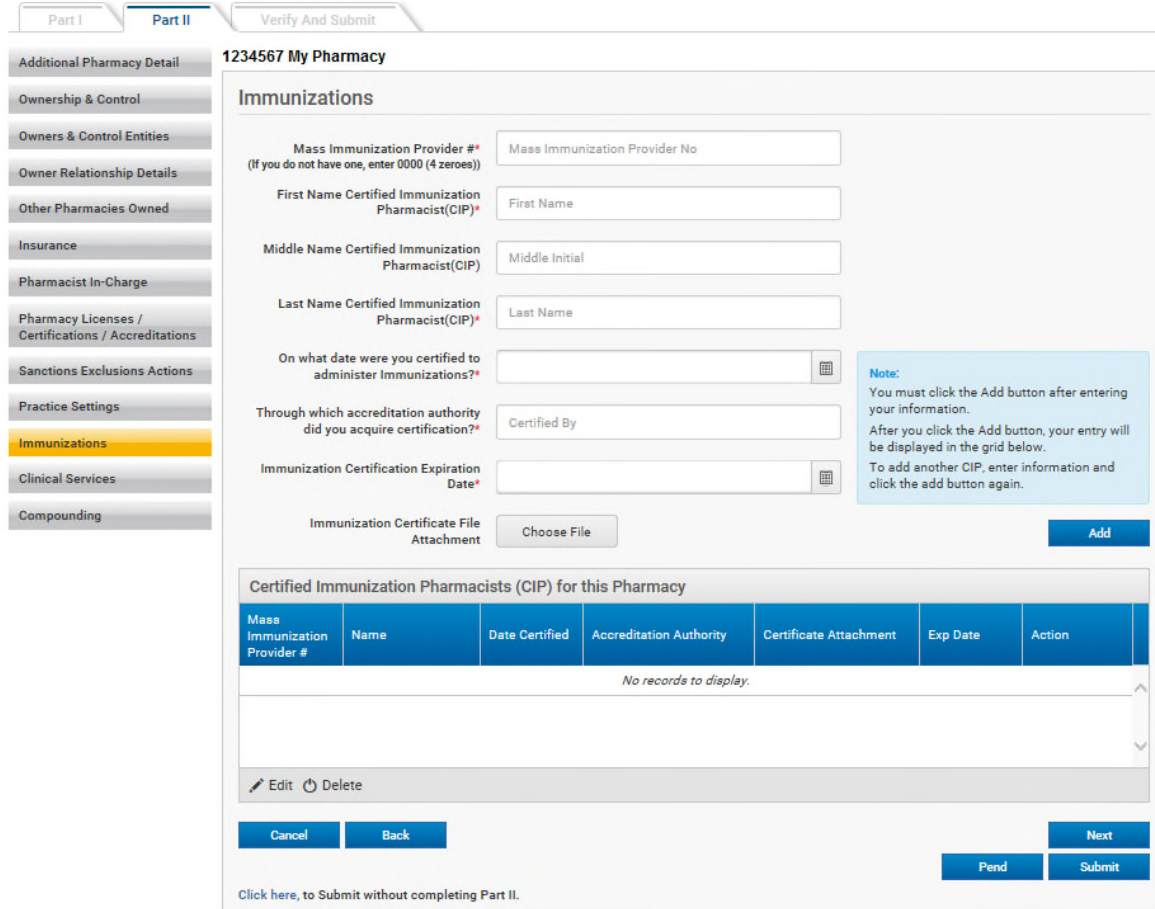
Click the “Next” button.

If you checked “No” you will proceed to the **Clinical Services** tab.

If you checked “Yes” you will proceed to page 2 of the **Immunizations** tab.

Immunizations (page 2)

The purpose of the page is to collect all the Certified Immunization Pharmacists (CIP) certification information for each CIP at the pharmacy.



1. Enter the Immunization Provider #.
2. Enter the first and last name of the Certified Immunization Pharmacists (CIP). Enter middle name if there is one.
3. Enter the date the CIP was certified. Date cannot be a future date.
4. Enter the accreditation authority under which the certification was acquired.
5. Enter the expiration date as shown on the immunization certificate. (Date must be in the future. Certificate cannot be expired.)
6. Upload a copy of the immunization certificate. Click the “Choose File” button to navigate to the certification file and upload it.
7. Click the “Add” button.
8. When added, the CIP information will appear in the grid below the “Add” button.
9. Repeat these steps as necessary to add any additional CIPs.
10. Click the “Next” button to proceed to Page 3 of the **Immunizations** tab.

Immunizations (page 3)

Part I
Part II
Verify And Submit

Additional Pharmacy Detail

Ownership & Control

Owners & Control Entities

Owner Relationship Details

Other Pharmacies Owned

Insurance

Pharmacist In-Charge

Pharmacy Licenses / Certifications / Accreditations

Sanctions Exclusions Actions

Practice Settings

Immunizations

Clinical Services

Compounding

1234567 My Pharmacy

Immunizations

This pharmacy administers:

On Site	Off Site	Both	Does Not Administer	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Influenza-TAIV (Flu Shot) vaccines*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Influenza-LAIV (Intranasal Flu) vaccines*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pneumococcal (PPV, PCV) vaccine(s)*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Zoster (Shingles) vaccine*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Polio (IPV) vaccine*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Human Papillomavirus (HPV) vaccine*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tetanus, Diphtheria, Pertussis (Td, Tdap) vaccine(s)*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Varicella (Chickenpox) vaccine*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis A & B vaccine(s)*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Measles, Mumps, Rubella (MMR) vaccine*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Meningococcal vaccines*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Travelers vaccines*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ACTHIB*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ATTENUVAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	COMVAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ENGERIX-B*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GARDASIL*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HAVRIX*
<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	HIBTITER*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IMOVAX RABIES*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IPOL*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	JE-VAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MENACTRA*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MENOMUNE-A/C/Y/W-135 VIAL*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MERUVAX II VACCINE/DILUENT*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	M-M-R II*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	M-R-VAX II*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MUMPSVAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PEDVAXHIB*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PROQUAD VIAL*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	RABAVERT RABIES*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	RECOMBIVAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ROTATEQ VACCINE*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TWINRIX VACCINE*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TYPHIM*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TYPHOID*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VAQTA*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VARIVAX VACCINE W/DILUENT*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VIVOTIF BERNA*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	YF VAX*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ZOSTAVAX VIAL*

Do you roster bill for the administration of Influenza and Pneumococcal vaccines? Yes No

If Yes, Explain the billing software and protocol used to obtain reimbursement for the administration of immunizations

If yes, explain.

Cancel
Back
Next

Pend
Submit

Click here, to Submit without completing Part II.

1. For each of the vaccinations/immunization listed on this page, you must indicate if it is administered:
 - a. On Site
 - b. Off Site
 - c. Both On Site and Off Site
 - d. Not administered at all

Click the radio button (little circle) in the appropriate column.

Note: You must indicate that you administer at least one immunization on this page.

2. Answer the question at the bottom of the page regarding roster billing by clicking either “Yes” or “No”.
3. If you answer “Yes” to indicate you roster bill, you will be required to enter an explanation of the billing software and protocol used to obtain reimbursement.
4. Click the “Next” button to proceed to the **Clinical Services** tab.