



**State of Louisiana**  
Louisiana Department of Health  
Office of Public Health

DATE: April 17, 2026

TO: Vaccines for Children (VFC) Providers

FROM: Dionka C. Pierce, MPH *ADP*  
Immunization Program Director  
Adrienne Mercadel Whitney, MPH *AWW*  
Vaccine for Children Distribution & Procurement Manager

SUBJECT: **VFC Provider 2026 Recertification Due May 29, 2026**

Thank you for your continued participation as a Vaccines for Children (VFC) provider in 2025. Your commitment ensures that uninsured and underinsured children across Louisiana receive vaccines at no cost.

To remain an active VFC provider, you must complete the 2026 annual recertification process in LINKS **by May 29, 2026**. Failure to meet this deadline will result in suspension of vaccine ordering privileges in LINKS until recertification is completed and approved.

Recertification has two required steps:

1. Complete the Provider Agreement in LINKS; and
2. Submit a signed copy of the Provider Agreement Signature Page, along with documentation of the completed annual training requirement, to the Immunization Program. Attachment 1 includes a copy of the Provider Agreement for your reference.

**Recertification Process**

Before completing the Provider Agreement in LINKS, review the following documents:

- **VFC Provider Recertification Cover Letter and Instructions** (located in the *VFC/VOMS* section of LINKS); and
- The [VFC Program Manual](#) (available in LINKS or online).

The recertification process takes approximately 20 minutes, depending on the size of your practice. To ensure a smooth process, gather the following information in advance.

**1. Facility & Contact Information**

- Verify all practice addresses (physical, immunization delivery, mailing).
- Confirm contact details for:

- Signatory
- Primary Coordinator
- Backup Coordinator
- Ensure all emails, phone numbers, and fax numbers are accurate
- Complete training fields for relevant staff

## 2. Shipping Information

- Confirm delivery days and business hours when staff are available to receive immunizations.
- Requirements include:
  - At least 2 delivery days/week
  - 4-hour delivery windows
  - Any lunch closures

## 3. Immunization Offerings

- Most providers should select “*All ACIP Recommended Immunizations*”
- Specialty provider (e.g., flu-only clinics) approved by the Immunization Program or those who only serve adolescents should select according to defined population, age group, or vaccines offered.

## 4. Required Provider Information

- Verify physician/vaccinator details, including:
  - Name and designation
  - Louisiana state professional medical license number
  - Medicaid number
  - National Provider ID (NPI)

All required fields in each section of the agreement must be completed to proceed to the next section. If you need to exit before completing a section, be sure to save your progress so you can return later.

After submitting the Provider Agreement in LINKS, you must:

- Print the Provider Agreement
- Obtain the required signature **of the Louisiana-licensed provider responsible for clinic operations; signatures from other staff will not be accepted.**
- Maintain the original agreement on file at your clinic

You must then mail or fax the following to the Immunization Program, including your VFC PIN on all submitted documents:

- The signed Signature Page (Page 5); and
- Documentation of the completed annual training requirement listed below.

**Recertification is not complete until both the online submission and required documentation is received and approved.**

**Annual Training Requirements**

- All primary and backup coordinators must complete the Centers for Disease Control and Prevention (CDC) “You Call the Shots” Modules 10 & 16 VFC training (2026 versions) by visiting:  
<https://www.cdc.gov/vaccines/ed/youcalltheshots.html>.
- *Attendance by both VFC Coordinators at a recent compliance site visit satisfies the annual training requirement.*

**Mailing address:**

Louisiana Department of Health, Office of Public Health  
Immunization Program  
1450 Poydras Street, Suite 1938  
New Orleans, LA 70112  
ATTN: Adrienne Mercadel

**Fax Number:** (504) 568-2659

If you have any questions regarding the completion of recertification, please contact your Regional Immunization Consultant.

Attachment 1

<b>Page 1: Provider Agreement</b>		
<b>FIELD</b>	<b>DESCRIPTION</b>	<b>Information for each facility</b>
<b>VFCPIN</b>	<b>PIN pre-populates based on user login. New providers will have a temporary PIN assigned</b>	
<b>FACILITY NAME</b>	<b>Required</b>	
<b>Agreement signatory</b>	<b>Required</b> <b>Name of the medical director or equivalent that will be signing the agreement</b>	
<b>Agreement signatory title</b>	<b>Required</b> <b>Title of the medical director or equivalent that will be signing the agreement (MD, APN, FNP, etc.)</b>	
<b>FACILITY ADDRESS</b>		
<b>street address</b>	<b>Required</b> <b>street address of facility</b>	
<b>street address 2</b>	additional address information: e.g., suite number	
<b>City</b>	<b>Skip to Zip Code</b>	
<b>State</b>	<b>Skip to Zip Code</b>	
<b>Parish</b>	<b>Skip to Zip Code</b>	
<b>zip code</b>	<b>Required</b> <b>Entering a zip code will populate city, state, and county.</b>	
<b>Vaccine Delivery Address</b>		
<b>Check if vaccine delivery address is the same as facility address</b>	Select check box if delivery address is same as FACILITY address	
<b>street address</b>	<b>Required</b> <b>street address of facility</b>	
<b>street address 2</b>	additional address information: e.g., suite number	
<b>City</b>	<b>Skip to Zip Code</b>	
<b>VFCPIN</b>	<b>PIN pre-populates based on user login. New providers will have a temporary PIN assigned</b>	
<b>FACILITY NAME</b>	<b>Required</b>	
<b>Agreement signatory</b>	<b>Required</b> <b>Name of the medical director or equivalent that will be signing the agreement</b>	
<b>Agreement signatory title</b>	<b>Required</b> <b>Title of the medical director or equivalent that will be signing the agreement (MD, APN, FNP, etc.)</b>	

FACILITY ADDRESS		
street address	<b>Required</b> street address of facility	
street address 2	additional address information: e.g., suite number	
City	<b>Skip to Zip Code</b>	
State	<b>Skip to Zip Code</b>	
parish	<b>Skip to Zip Code</b>	
zip code	<b>Required</b> Entering a zip code will populate city, state, and county.	
Vaccines Offered		
All ACIP recommended vaccines, or offers selected vaccines	<b>Required</b> Select the appropriate radio button based on the vaccine offered by your facility	Choose "All ACIP Recommended Vaccines" unless you have been approved by the Immunization Program as a specialty provider or only serve adolescents.
A defined population due to practice specialty	Question is available only if "offers select vaccines" is chosen. Select if your facility only serves a specialty group of patients. Enter specifics in comment box, e.g., Ob/Gyn.	
A specific age group within the general population of children aged 0-18 years.	Question is available only if "offers select vaccines" is chosen. Select this if your facility only serves a specific age group and enter the age group served in comment box.	
Select vaccines offered by a specialty provider	Question available if selected "offers select vaccines". Select check boxes of vaccines offered by the clinic.	
Shipping Information (refer to user guide for illustrations)		
Days of operation	<b>Required</b>	
HOURS OF OPERATION	<b>Required</b> Adjust hours based on available to receive shipments as needed <u>Please include if closed for lunch</u>	
FACILITY TYPE	<b>Required</b> - select from dropdown list.	

Page2:AuthorizedProvidersAdd/Editfielddescriptions

List all the authorized providers within the practice (providers with prescribing privileges).

FIELD	DESCRIPTION
Last name <b>Name must be entered exactly as it appears on the provider's license.</b>	<b>Required</b> Enter last name as it appears on the provider's license.

<b>FIRST NAME</b> <b>Name must be entered exactly as it appears on the provider's license.</b>	<b>Required</b> <b>Enter first name as it appears on the provider license.</b>	
<b>TITLE</b>	<b>Required</b> <b>Select title from dropdown list</b>	
<b>SPECIALITY</b>	<b>Required</b> <b>Select specialty from drop down:</b>	
<b>ACTIVE WITH THIS PRACTICE</b>	<b>Required - Select appropriate radio button</b>	
<b>MEDICAL LICENSE NUMBER</b>	<b>Required</b> <b>ENTER MEDICAL LICENSE NUMBER OF PROVIDER</b>	
<b>Provider Medicaid Number</b>	<b>Required</b>	
<b>NPI NUMBER</b>	<b>Required</b> <b>ENTER NPI NUMBER OF PROVIDER</b>	
<b>MEDICAL DIRECTOR OR EQUIVILANT</b>	SELECT RADIO BUTTON - <b>Required</b> The selected provider will be listed as the signatory party for the provider agreement.	
<b>Page 3: Provider/Practice Profile field description</b>		
<b>VFC VACCINE ELIGIBLE CATEGORY</b> Children who receive VFC vaccine in past 12 months by age group		
<b>Enrolled in Medicaid</b>	<b>Required</b> <b>Enter number of children in this category who received VFC vaccine in your practice by age group.</b>	
<b>NO HEALTH INSURANCE</b>	<b>Required</b> <b>Enter number of children in this category who received VFC vaccine in your practice by age group.</b>	
<b>AMERICAN INDIAN/ALASKA NATIVE</b>	<b>Required</b> <b>Enter number of children in this category who received VFC vaccine in your practice by age group.</b>	
<b>UNDERINSURED INFQHC/RHC</b>	<b>Required</b> <b>Enter number of children in this category who received VFC vaccine in your practice by age group.</b>	
<b>TOTAL (COLUMN)</b>	AUTOMATICALLY CALCULATES	
<b>TOTAL VFC (ROW)</b>	AUTOMATICALLY CALCULATES	
<b>NON -VFC ELIGIBLE CATEGORY</b> Children who receive non-VFC vaccine, by age		
<b>INSURED (health insurance)</b>	Enter number of children in this category who received non-VFC vaccine in your practice by age group.	

<b>CHILDRENS HEALTH INSURANCE PROGRAM</b>	Enter number of children in this category who received non-VFC vaccine in your practice by age group.	
<b>TOTAL (COLUMN</b>	AUTOMATICALLY CALCULATES	
<b>TOTAL NON-VFC ROW)</b>	AUTOMATICALLY CALCULATES	
<b>TOTAL PATIENTS</b>	AUTOMATICALLY CALCULATES	
<b>WHAT DATA SOURCE WAS USED?</b>	<b>Required</b> <b>Select data source(s) for the numbers of children you provided in each eligibility category (select all that apply)</b>	