

SECTION 1 – INSTRUCTIONS

This application form is intended for healthcare providers who wish to set up an account to order publicly funded vaccines from York Region Public Health (YRPH).

1. Complete all fields.
2. Email the completed form to VaccineInventory@York.ca or fax to 905-830-0578 and a member of the Vaccine Inventory Program will contact you with next steps.

The information on the form is collected, used and disclosed under the authority of the Health Protection and Promotion Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act.

SECTION 2 – HEALTHCARE FACILITY INFORMATION

*Legal Business Name:

*Facility Operating Name *(The name used in the day-to-day operations of the healthcare facility):*

Unit Number:

*Street Number:

*Street Name:

*City/Town:

*Postal Code:

*Phone Number:

*Fax:

*Email:

SECTION 3 – DECLARATION OF CHANGE IN FACILITY OWNERSHIP (COMPLETE IF APPLICABLE)

There has been a change in ownership of a healthcare facility with an existing YRPH account and an inspected vaccine refrigerator.

Holding Point Code of previous owner:

Date of ownership change:

SECTION 4 – TYPE OF PRACTICE (SELECT ONE)

Hospital	Long-Term Care Home	Retirement Home	Physician	Pediatrician	Nurse Practitioner
Midwife	Family Health Team	Congregate Living Setting	Nursing Agency	Treatment Centre	

Complete and submit pages 1,2 and 3

SECTION 5 – HEALTHCARE PROVIDER DETAILS

Healthcare Provider Name	Registration Number

I declare on behalf of the practice that all healthcare providers listed above are in good standing with their respective professional regulatory bodies in Canada or any other country.

Yes

No

If you answer “no”, provide details of the issue:

SECTION 6 – VACCINE REFRIGERATOR INFORMATION

Number of vaccine refrigerators at facility:

Refrigerator Type: Purpose Built Domestic Bar

SECTION 7 – PREFERRED PICK UP LOCATION (SELECT ONE)

Newmarket
17150 Yonge Street

Richmond Hill
50 High Tech Road

Georgina
24262 Woodbine Avenue

Vaughan
9060 Jane Street

Markham
4261 Highway 7 East

SECTION 8 – ACCOUNTABILITY STATEMENT

I verify on behalf of the practice that all information provided in this application is accurate. I will review, implement, and comply with the Ministry of Health's [Vaccine Storage and Handling Guidelines](#) and [Protocols](#). I understand that I am required to store publicly funded vaccines in a York Region inspected refrigerator(s) that maintains temperatures between +2.0°C and +8.0°C, monitor and record refrigerator temperatures twice daily, maintain accurate temperature logs onsite for a minimum of two years and make the logs accessible to York Region Public Health upon request. I agree to administer publicly funded vaccines in accordance with the [Publicly Funded Schedules for Ontario](#) and all applicable laws. I agree that I will take due diligence to mitigate wastage of publicly funded vaccines which includes, but not limited to, storing no more than a one-month supply of vaccines, having a contingency plan to manage power outages and electrical disruptions or refrigerator malfunction and reporting adverse storage conditions to York Region Public Health in a timely manner. Furthermore, I understand that it is the responsibility of the facility to arrange for safe vaccine transport from York Region Public Health using a Ministry of Health-approved properly preconditioned insulated container.

Main Facility Contact Name: *(The main contact and lead person responsible for monitoring vaccine storage and handling practices at the facility):*

Main Facility Contact Signature:

Date:

Email:

Phone Number:

Ext:

Owner Name:

Owner Signature:

Date:

FOR OFFICE USE

CCI per FSA:

License Search completed date:

Panorama Profile Created Date:

Holding Point Code:

VOICES Profile Created Date:

Cold Chain Inspection Date:

Versatile File Created Date:

RAVE Profile Created Date:

YOR_NW_:

Comments: