

## Accessing the Survey

1. Google Chrome is the recommended browser to access ImmuNet.
2. Before completing the survey, clear your internet browser cache/browsing history. In the top-right corner, click **Customize and Control Google Chrome, Clear browsing data**, under the **Basic** tab under **Time range**, click **All time**, click all checkbox options - - **Browsing history**, **Cookies and other site data**, and **Cached images and files**, and finally click **Clear Data**.
3. Please go to <https://www.mdimmunet.org/prd-IR/portallInfoManager.do> and log in (Please do not have any other tabs open).
4. Click on **VFC Inventory/Orders** or on the left navigator, click **Inventory and Ordering** then **Create and View Orders**.
5. On the right side of the page, click **VFC Enrollment Survey**.

## General Information

1. We ***strongly encourage*** you to print the survey and complete it on paper first, to ensure that you have all the correct answers for your organization. On the right, click the **Print** button, a print dialog box will open that says **Save As PDF**, navigate to the directory location where you want to save your survey, and click **Save**.
2. While you complete the survey you may be prompted with a pop-up notice:

**Your session will be ending. Do you want to continue?**

3. Click **OK** to continue without being logged out/timed out (if you are timed out and have not previously saved, your entries will NOT be saved).
4. Click **Save** at the top of the screen, after completing each section, or before you leave the computer. ImmuNet will show validation errors in **red** for all incomplete fields, but your progress will still be saved.
5. Fields colored in **blue** and marked with an asterisk (\*) are **required**. Fields colored in **black** are optional.

6. You may go back into the survey to make changes until the survey status is **Submitted**.
7. Your VFC Enrollment Survey's status will appear at the top-right corner. **Please check that screen periodically.**
8. You will receive an e-mail notification from the Maryland VFC Program once your survey has been approved.

## Section 1: VFC Provider Practice/Facility Information

1. Ensure the Type of Practice/Facility is correct. VFC organization types are:

Pediatric Practice	Local Health Department	School-Based Health Clinic	Family Practice	OB/GYN	College Based Health Clinic
Internal Medicine	Urgent Care Center	Juvenile Justice/Corrections	Hospital	FQHC/RHC	Pharmacy

If the organization type, organization sub-type and/or practice/facility address displayed is incorrect, please contact the VFC Contact Center at [mdh.izinfo@maryland.gov](mailto:mdh.izinfo@maryland.gov).

2. Enter the number of Medicaid children and privately insured children in your practice.
3. Check the listed Practice/Facility Address and other contact information. Only complete the mailing address section, if that is different than the section above.
4. The Alternative Phone Number (Back-Line Telephone Number) is a number that bypasses the office phone tree.
5. Complete the 'Vaccine Shipping Address' (place a check mark on the checkbox below if 'Vaccine Shipping Address' is the same as 'Practice/Facility Address').

## Section 2: Responsible Medical Provider Information

1. Complete the Responsible Medical Provider section.
2. **The medical license must be validated.** Enter the license number (for a physician license, include zeros after the letter, to equal eight (8) characters in length).  
**Example: D0012345** For all other license types, please enter the license number, as is. If the license number is not validated, please contact ImmuNet Support at [mdh.mdimmunet@maryland.gov](mailto:mdh.mdimmunet@maryland.gov).
3. The Responsible Medical Provider's e-mail ***must be different than that of the*** Practice/Facility Vaccine Supply Primary Contact.
4. Certificate of VFC Training – upload a copy of the certificate of training completion that is **applicable to the Responsible Medical Provider only**. Acceptable file formats are PDF, JPG, and PNG. Click **Choose File**, navigate to the training certificate file location, click on the file, click **Open**, and click **Upload**.

## Section 3a: Practice/Facility Vaccine Supply Primary Contact Information

1. The Practice/Facility Vaccine Supply Primary Contact's e-mail (35-character limit) ***must be different than that of the*** Responsible Medical Provider.
2. Certificate of VFC Training – upload a copy of the certificate of training completion that is **applicable to the Practice/Facility Vaccine Supply Primary Contact only**. Acceptable file formats are PDF, JPG, and PNG. Click **Choose File**, navigate to the training certificate file location, click on the file, click **Open**, and click **Upload**.

## Section 3b: Practice/Facility Vaccine Supply 1<sup>st</sup> Backup Contact Information

1. The Practice/Facility Vaccine Supply 1<sup>st</sup> Backup Contact's e-mail (35-character limit) ***must be different than that of the*** Practice/Facility Vaccine Supply Primary Contact.
2. Certificate of VFC Training – upload a copy of the certificate of training completion that is **applicable to the Vaccine Supply 1<sup>st</sup> Backup Contact only**. Acceptable file

formats are PDF, JPG, and PNG. Click Choose **File**, navigate to the training certificate file location, click on the file, click **Open**, and click **Upload**.

### Section 3c: Practice/Facility Vaccine Supply 2nd Backup Contact Information (OPTIONAL)

1. **This section is optional. You do not have to have a Practice/Facility Vaccine Supply 2<sup>nd</sup> Backup Contact.** The Practice/Facility Vaccine Supply 2<sup>nd</sup> Backup Contact's e-mail (35-character limit) ***must be different than that of the*** Practice/Facility Vaccine Supply Primary Contact, if applicable.
2. Certificate of VFC Training – upload a copy of the certificate of training completion that is **applicable to the Practice/Facility Vaccine Supply 2<sup>nd</sup> Backup Contact only, if applicable**. Acceptable file formats are PDF, JPG, and PNG. Click Choose **File**, navigate to the training certificate file location, click on the file, click **Open**, and click **Upload**.

### Section 4: VFC Provider Enrollment Agreement

1. Complete the VFC Provider Enrollment Agreement - Questions 1-18.
2. For question 12 (Local Health Departments), select '**I acknowledge**', **ONLY** if your organization is the specified facility type noted for the question. Otherwise, select '**I am not a local health department**'.
3. For question 13 (Pharmacies, Urgent Care, or School Located Vaccine Clinics), select '**I acknowledge**', **ONLY** if your organization is the specified facility type noted for the question. Otherwise, select '**I am not a pharmacy, urgent care, or school located vaccine clinic**'.
4. Enter the Responsible Medical Provider Name and Date.

## Section 5: Additional Medical Providers within the Practice (OPTIONAL)

1. This section is optional. You do not have to list all providers in your practice.  
Complete the Additional Medical Providers section, if applicable.

## Section 6: Vaccine Preferences

Vaccine brand preferences will remain in effect for 2026, unless you change them during reenrollment. Requests to change your vaccine preferences *after* re-enrollment will require a written justification to the VFC program.

**NOTE: THE VACCINES YOU SELECT WILL SUPERCEDE ANY VACCINE BRAND SELECTIONS CURRENTLY ON FILE.**

1. Please review the [Suggested Immunization Schedule Using Combination Vaccines](#) before completing this section. Select your facility's vaccine brand preferences.
2. Click '**Acknowledge**' to confirm that you reviewed your organization's vaccine preferences which will be applied once your re-enrollment survey has been approved.

**Do NOT select a preference for MMR, HPV, IPOL, or Varicella. These will be automatically added to your preferences.**

## Section 7: Operation Hours

1. Office Hours - Enter your organization's office hours. Place a checkmark on '**Closed**' for days that your office/clinic is closed (if applicable).
2. Delivery Window #1 – The delivery window must be **between 8 AM to 7 PM** and the time interval for any specified day **must be at least 4 hours**.

## Section 8: Programmatic Questions

1. [Digital Data Loggers \(DDLs\)](#) for your vaccine storage units. Question 1 - Choose **Yes** or **No**.
  - a. If you choose **Yes**, a new section will open up and appear with fields for you to enter the make, model, serial number, and calibration expiration dates for your DDLs. **You must enter the make, model, serial number, and calibration expiration date for at least two DDLs and your backup DDL.** There are sections to add three (3) DDLs. You may add more, if necessary. VFC providers **must have at least one backup DDL with a valid and current Certificate of Calibration** readily available to ensure that temperature assessment and recordings can be performed.
  - b. If you do not have any DDLs or only have one (1), select **No**. If you select **No**, a text box will display for you to explain when you will purchase DDLs for your vaccine storage units. **NOTE: Your office will NOT receive VFC vaccines until receipt of proof of DDL purchase.**
2. [Vaccine Storage Units](#) – Refrigerator/Freezer Information – Question 2 - enter the make, model and serial number of each applicable vaccine storage unit(s). You may add more, if necessary.
3. [Storage and Handling](#) – Questions 3 and 4.
4. [Temperature Excursions](#) – Questions 5 and 7
5. [Vaccine Emergency Relocation Plan](#) – Questions 6 and 8.
6. [Expired and Wastage Vaccine Practices](#) – Question 9.
7. [Non-Routine VFC-Recommended Vaccines](#) – Question 10.
8. [ImmuNet Users](#) – Question 11 - If you do not have at least two (2) active users for ImmuNet, complete and submit the [ImmuNet Enrollment Form](#). **NOTE: Your office will NOT receive VFC vaccines until two (2) active ImmuNet user accounts have been established.**
9. [Electronic Health Record \(EHR\)](#)

- a. Question 12 - If you select **Yes**, you will be asked to provide the name of the electronic health record (EHR) vendor you use.
- b. Question 12 - If you select **No**, you are required to complete and e-mail the [ImmuNet Manual Data Agreement](#) to [mdh.izinfo@maryland.gov](mailto:mdh.izinfo@maryland.gov).

10. Name of person completing this survey – Question 13

## Section 9: VFC Provider Satisfaction

1. Answer questions 1 through 11 based on your organization's satisfaction with the Maryland VFC program.

## Final Step

1. When you have completed all the sections of the survey, at the top of the screen, click **Save**. If there are no errors with your survey, the following message will display:

**Entries are Completed. Survey is Submitted.**

Thank you for submitting the VFC Enrollment Survey.

***Your VFC Enrollment Survey status will appear at the top of the survey, please check that screen periodically to check for updates. You will receive an e-mail notification from the Maryland VFC Program once your survey has been approved.***