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MDHHS
Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ELIZABETH HERTEL, DIRECTOR

CDC COVID-19 Vaccination Program Provider Agreement

Please register to provide the COVID-19 Vaccine. Complete each field and submit.

The Centers for Disease Control and Prevention (CDC) appreciates your organization's participation in the CDC COVID-19 Vaccination Program. We ask you to complete the following three steps:

1. Complete this data collection tool with information about the Corporate/Organization entity and submit.
2. Ensure the Corporate/Organization CMO and CEO are aware of their responsibility to sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement they will receive after this tool is submitted.
3. Direct locations or sites where vaccine will be administered to complete the Vaccination Site – Provider Registration in MCIR. (Your organization must be enrolled in the Michigan Care Improvement Registry (MCIR) to administer vaccine.

   All organizations must be enrolled in the Michigan Care Improvement Registry (MCIR) to administer COVID-19 Vaccine.

   If the organization is not enrolled in MCIR please enroll by completing the MCIR Provider Site Usage Agreement Fillable Form, email or fax the form to your MCIR Regional Office.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

Are you already registered in the Michigan Care Improvement Registry (MCIR)?
* must provide value

(●) Yes
( ) No

reset

Organization Information

Organization's Legal Name:
* must provide value
SAMPLE Health Care Organization
100 characters remaining

Number of affiliated vaccination locations covered by this agreement: (record the answer as an integer)
* must provide value
5

Organization telephone number:
* must provide value
517-555-5555

Email (must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program):
* must provide value
RealPerson@SAMPLEHC.com
50 characters remaining

Please re-enter your email address:
* must provide value
RealPerson@SAMPLEHC.com
50 characters remaining

Please add the email address of the person completing this form:
* must provide value
LiveAdmin@SAMPLEHC.com
50 characters remaining

Please confirm the email address of the person completing this form. MDHHS will contact this person if more information or clarification is needed.
* must provide value
LiveAdmin@SAMPLEHC.com
50 characters remaining

Organization street address:
2929 SAMPLE Health Care Rd.
100 characters remaining

Organization street address line 2:
100 characters remaining

Organizations address city:
Lansing
100 characters remaining

Organization address county:
* must provide value
Ingham

Organizations address state:
* must provide value
Michigan

Organization address zip code:
* must provide value
48915

RESPONSIBLE OFFICERS

For the purposes of this agreement, Responsible Officers named below will 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
Must be DO, MD, DPH, or NP

Last name:
* must provide value
Smith
50 characters remaining

First name:
* must provide value
Susan
50 characters remaining

Middle Initial
50 characters remaining

Title:
* must provide value
MD
50 characters remaining

Licensure state:
* must provide value
Michigan

Licensure number:
* must provide value
98765432111
50 characters remaining

Telephone:
517-999-9999

Email:
* must provide value
SSmith@SAMPLEHC.com
50 characters remaining

Street address:
2929 SAMPLE
100 characters remaining

Street address line2:
100 characters remaining

City:
Lansing
100 characters remaining

County:
Ingham

State:
Michigan

Zip code:
48915

Chief Executive Officer (or Chief Fiduciary) Information

Last name:
* must provide value
Jones
50 characters remaining

First name:
* must provide value
Jake
50 characters remaining

Middle Initial
50 characters remaining

Telephone:
517-555-9999

Email:
* must provide value
JJones@SAMPLEHC.com
50 characters remaining

Street address:
2929 SAMPLE
100 characters remaining

Street address line2:
100 characters remaining

City:
Lansing
100 characters remaining

County:
Ingham

State:
Michigan

Zip code:
48915

Submit