



Step Right Up to VFC Compliance!

2026

Arizona Immunization Conference

Name: Rose Ann Beans, MCPIP VFC Provider Representative
Date: April 14th – 15th, 2026

Financial Disclosures

- Rose Ann Beans, faculty for this CE activity, has no relevant financial relationship(s) with ineligible companies to disclose.
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- The Arizona Alliance for Community Health Centers is accredited by the Arizona Medical Association to provide medical education for physicians.
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Today's Main Event



1. What to Expect During a VFC Compliance Visit
2. Common Pitfalls and How to Avoid Them
3. Tools and Tips to Stay in Tip-Top Shape Year-Round
4. Most Common Real-World Scenarios and How to Handle Them



What to Expect During a VFC Compliance Visit

Purpose of a VFC Compliance Visit

- Ensures vaccines are stored, handled, and administered safely
- Verify adherence to CDC and Maricopa County Phoenix Immunization Program (MCPIP)/Bureau of Immunizations Services (BIZS) requirements
- Support provider success – not punish mistakes
- Identify training or resource needs



Before the Visit

- Advance notification
- Key staff available
- Access to cold storage units
- Access to EHR/paper charts for record review



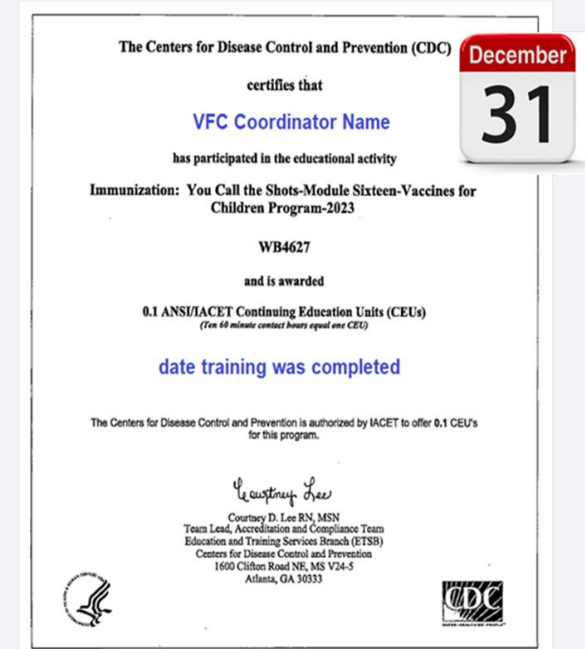


Arizona VFC Compliance Readiness Requirements & Common Pitfalls and How to Avoid Them

VFC Coordinator Training

Primary and Back-up VFC Coordinators:

- Completed annual training AIPO Train within the last 12 months
- Annual CDC You Call the Shots (Vaccine for Children (VFC) or Vaccine Storage and Handling modules) – Please note that all CDC You Call the Shots modules expire on 12/31 or every year.



Pitfall#1 – VFC Coordinator Training

During the opening interview, the reviewer asks for the training certificates.

- Primary coordinator completed YCTS (You Call the Shots) last year
- Backup Coordinator has not completed training in 18 months
- No documentation available

Vaccine Accountability and Management Plan

VAMP

- Reviewed, updated, and signed annually
- Updated when staff occurs
- New cold storage unit(s) and new data logger calibration certificates
- The VAMP must be always displayed on the VFC refrigerator or freezer
- The VAMP is available on MCP/IP/BIZS website

VFC Vaccine Accountability and Management Plan (VAMP)

Office Name:	Phone:
Address:	
Facility Pin#:	

By signing this form, I certify on behalf of myself and all immunization staff in this facility as listed on the VFC Provider Agreement and below, that I have read and agree to the Vaccine Accountability & Management Plan items listed and understand I am accountable (and each listed person is individually accountable) for compliance with these requirements.

All signatures from the signing physician, primary and backup coordinators, and the office manager (if applicable) are required. Electronic Signatures are acceptable.

Signing Provider signature:	Date:
Print Name:	
Signing Provider email:	Signing Provider phone:
VFC Coordinator signature:	Date:
Print Name:	
VFC Coordinator email:	VFC Coordinator phone:
VFC Backup Coordinator signature:	Date:
Print Name:	
VFC Backup Coordinator email:	VFC Backup Coordinator phone:
Office Manager signature:	
Print Name:	
Office Manager email:	Office Manager phone:

Submit a revised Vaccine Accountability and Management Plan to the BIZS (Bureau of Immunization Services) **EVERY TIME** facility changes occur (including changes in staff).

Vaccines must be maintained within the manufacturers' temperature requirements in order to remain viable to administer to patients. Below, list the emergency vaccine storage location that staff will transport vaccines to in the event of a storage unit malfunction, extended power failure, natural disaster, or other emergency that might compromise the appropriate vaccine storage. ([Module 6](#)).

Emergency storage facility information (less than 10 miles from your facility)

Name:	Pin#:
Address:	
Phone number:	
Contact at facility:	
Major cross streets:	

Useful Contacts	Name	Phone Number
Electricity company		
Building maintenance		
Building security company		
Storage unit maintenance & repair		
Data Logger company		
County Health Department		

Pitfall #2 – VAMP

During the visit, the reviewer asks to see the Vaccine Accountability and Management Plan (VAMP).

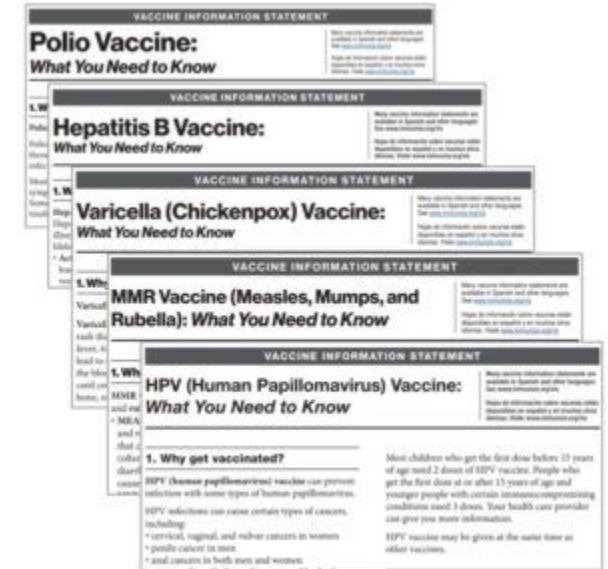
The plan:

- Was last signed 2 years ago
- Lists a coordinator who no longer works at the clinic
- Is not dated

Vaccine Information Statements (VIS)

All VIS:

- If using VIS QR codes, the QR sheet must be available in every exam room
- A current VIS must be available for patients who cannot access QR codes
- Keep a binder a binder with current VIS copies in each room as a backup
- Binders should be readily available in case CDC, Immunize.org, or clinic systems are down
- All VISs must be up to date; only current versions may be provided.
- VIS must be given before vaccine administration at every visit



Vaccine Information Statements (VIS)

Ensure your facility consistently has the latest VISs available, including those in other languages when necessary

Get the latest immunization information, news, and updates with IZ Express.

Join more than 50,000 subscribers and stay on top of all you need to know about new CDC vaccine recommendations, FDA vaccine approvals, newly released VISs, immunization resources, notable publications, upcoming events, and more.

Email address

[Subscribe now](#)

<https://immunize.org/subscribe/>

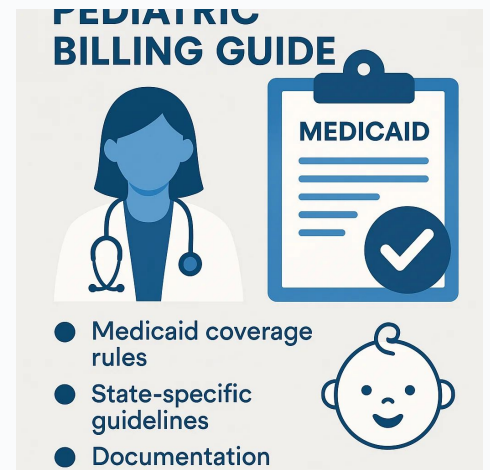
Pitfall #3 – VIS

During review of VIS, the reviewer finds

- VIS publication date listed: 2019
- Clinic still using old printed VIS copies

The Billing Requirements

- Clinic's vaccine administration fee for VFC-eligible children: \$21.33
- Administration fee must be billed to Medicaid/AHCCCS when applicable
- If the patient has no insurance, administration fee may be charged to the parent guardian
 - If the parent/guardian cannot afford the fee, it must be waived
- Provider **cannot** charge for the vaccine itself – VFC vaccine is free
- Staff understand proper billing for:
 - Vaccine (no charge)
 - Administration fee (may NOT exceed \$21.33)



Pitfall #4 – Billing Non-Compliance

- During the compliance visit, staff could not explain proper VFC billing procedures
- Staff were unsure when to bill the administration fee to AHCCCS
- Staff believed the clinic could charge for the vaccine itself
- Staff did not understand billing rules for uninsured patients
- Staff were unaware that the administration fee must be waived if the family cannot afford it

Eligibility Screening Requirements

○ Staff can clearly describe all VFC eligibility categories

- Medicaid/AHCCCS
- Uninsured
- American Indian/Alaska Native
- Underinsured*
 - Doesn't cover **any** ACIP-recommended vaccines
 - Doesn't cover **all** ACIP-recommended vaccines
 - Does cover ACIP-recommended vaccines but has a fixed dollar limit or cap for vaccines. The child is considered underinsured once the fixed dollar amount is reached

Date of Immunization visit	Eligible for VFC Vaccine				Not eligible for VFC Vaccine		
	A	B	C	D	E	F	G
	Medicaid Enrolled (VFC stock)	No Health Insurance (VFC stock)	American Indian or Alaska Native (VFC stock)	VFC Underinsured served by FQHC, RHC or deputized provider (VFC stock)	Has health insurance that covers vaccines (Private stock)	² SC State Underinsured, Served by Non-FQHC/RHC (State stock)	³ SC State Insured, Insured Hardship (State stock)

○ Staff can clearly describe how the clinic screens and documents VFC eligibility

* Underinsured children can receive VFC vaccines **ONLY** Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHCs), or under an approved deputized provider

Pitfall #5 – Eligibility Screening

The reviewer asks the staff:

“How do you determine VFC eligibility?”

Staff response:

“I think the nurse/MA handles that.”

Staff cannot describe categories or screening process.

Required Documentation in EHR or Paper Charts

Each immunization record must document:

- Provider office name and address
- VFC eligibility category
- Date vaccine(s) given
- Type of vaccine(s) administered
- Site and route of administration
- Manufacturer name(s)
- Lot number(s) from the box
- VIS publication date
- Date VIS was provided
- Full name and title of person administered vaccine(s)

The screenshot shows an EHR interface for a patient named James Patient. The patient's information includes PRN: PJ246704, 3 yrs M, Patient Portal: Enrolled, Aetna, DOB: 02/29/2015, and M: (666) 123-4567. The interface is in the 'Immunizations' tab, with options to Print, Download, Transmit to registry, and Search in registry. The main section is titled 'Patient Immunization Record' and contains a form for adding a new immunization. The form includes radio buttons for 'Administered', 'Historical', and 'Refused'. The 'VACCINE' field is set to 'DTaP-IPV'. There is a checkbox for 'PARTIALLY ADMINISTERED'. The 'DATE ADMINISTERED' is 11/20/2018, 'TIME ADMINISTERED' is 09:00 AM, 'ORDERED BY' is Stephanie Provider, 'ADMINISTERED BY' is Stephanie Provider, and 'ADMINISTERED FACILITY' is North office. The 'MANUFACTURER' is Sanofi Pasteur, 'NDC CODE' is 49281-0547-58, 'LOT' is 234567, 'QTY' is 1, 'DOSE' is 1, 'UNITS' is ML, and 'EXPIRATION DATE' is 10/12/2019. The 'ROUTE' is Intramuscular, 'BODY SITE' is Left Arm, and 'VIS EDITION' is 08/24/2018 - DTaP (Diphtheria, Tetanus, Pertussis) Vaccine. The 'FUNDING SOURCE' is 'Select a funding source' and 'VFC FINANCIAL CLASS' is 'Class selection'. The 'SPECIAL INDICATION' is 'Select indication' and 'REACTION' is 'Select reaction'. There is a 'COMMENT' field with the text 'Add a comment'. At the bottom right, there are 'Cancel' and 'Save' buttons.

Pitfall #6 – Required Documentation

During the 10-record review, the following are incorrect from several charts:

- Incorrect VIS publication date
- Title of person who administered the vaccine(s)
- The vaccine record from EHR is missing the facility/provider office name and address

Pitfall #7 – Borrowing Findings

During the visit, the reviewer finds:

- 12-borrowing reports submitted in the past 6-months
- Most involve privately insured patients
- Replacement doses delayed
- Staff state: *“We borrow when we run out of private stock.”*

Inventory Practices

- VFC vaccines clearly labeled and separated from private stock
- VFC vaccines organized first-to-expire, first-out (FEFO) with shortest expiration dates in front



Pitfall #8 – Inventory Practices Non-Compliance

- VFC and private vaccines found mixed in the same storage area
- Vaccines were not clearly labeled by funding source
- First-to-expire, first-out process not being followed
- Practices increases risk of administration errors and wasted doses

ACIP-Recommended Vaccines

All routine ACIP-recommended vaccines must be offered

- DTaP
- Hepatitis A
- Hepatitis B
- Hib
- Polio (IPV)
- Pneumococcal (PCV)
- Rotavirus
- MMR
- Varicella
- Tdap/Td
- Meningococcal (MCV)
- HPV
- RSV monoclonal antibody products (e.g., nirsevimab)
- Influenza (Flu)

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	19-25 mo	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Respiratory syncytial virus (RSV-mAb) [nirsevimab]	1 dose (depending on maternal RSV vaccination status, See Notes)		1 dose (8 through 19 months), See Notes														
Hepatitis B (HepB)	1 st dose	← 2 nd dose →	← 3 rd dose →														
Rotavirus (RV): RV1 (2-dose series), RV2 (3-dose series)	1 st dose		2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)	1 st dose		2 nd dose	3 rd dose	← 4 th dose →			5 th dose									
Novartis/Novartis influenza type b (flub) [flub]	1 st dose		2 nd dose	See Notes													
Pneumococcal conjugate (PCV13, PCV20)	1 st dose		2 nd dose	3 rd dose	← 4 th dose →												
Inactivated poliovirus (IPV <18 yrs)	1 st dose		2 nd dose	← 3 rd dose →										4 th dose	See Notes		
COVID-19 (1vCOVID mRNA, 1vCOVID-19)	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)																
Influenza (IFV)	Annual vaccination 1 or 2 doses																
Influenza (IAIV4)	Annual vaccination 1 or 2 doses																
Measles, mumps, rubella (MMR)	See Notes					← 1 st dose →		2 nd dose									
Varicella (VAR)	See Notes					← 1 st dose →		2 nd dose									
Hepatitis A (HepA)	See Notes					2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap >7 yrs)	See Notes														1 dose	See Notes	
Human papillomavirus (HPV)	See Notes														1 st dose	2 nd dose	
Meningococcal (MenACWY-CRM >2 yrs, MenACWY-TT <2 years)	See Notes																

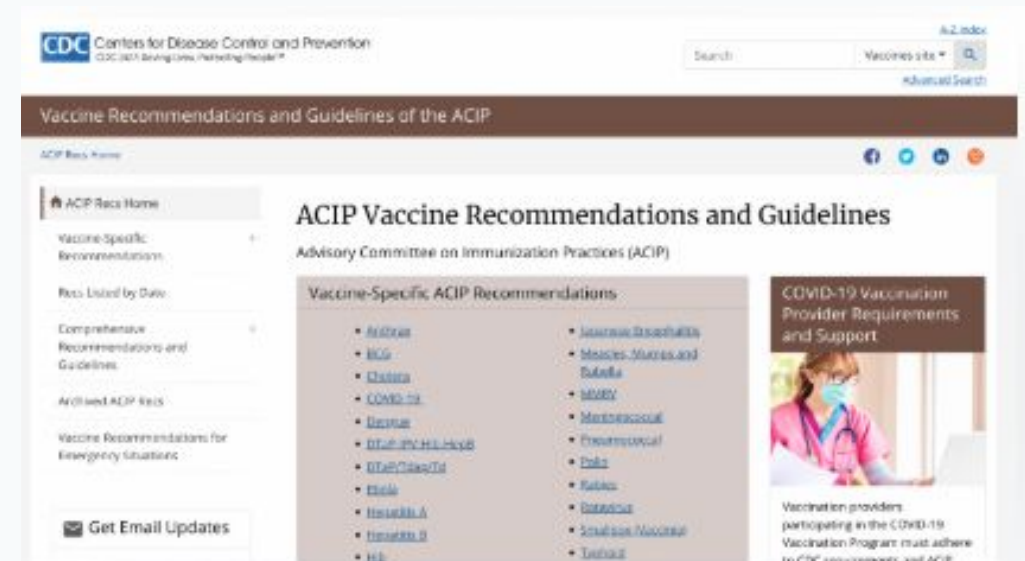
Pitfall #9 – ACIP-Recommended Vaccines

- Not all ACIP-recommended vaccines available
- Missing or out-of-stock vaccines
- Age-appropriate vaccines not consistently offered
- RSV monoclonal antibody products not stocked or not administered
- Flu vaccine not available during influenza

Non-Routine ACIP-Recommended Vaccines

Provider must offer all applicable and currently available NON-ROUTINE ACIP-recommended vaccines to eligible patients

- COVID-19
- Meningococcal Group B (MenB)
- Maternal RSV
- Pneumococcal Polysaccharide Vaccine (PPSV23)



Pitfall #10 – Non-Routine ACIP-Recommended Vaccines

Non-routine vaccines not stocked or accessible

- COVID-19 vaccine unavailable or not offered to eligible VFC patients
- Maternal RSV vaccine not available
- PPSV23 not available
- Staff unaware of criteria for non-routine vaccines

Pitfall #11 – Data Logger Non-Compliance During Compliance Visit

- Calibration certificate for one of more data loggers is expired or missing
- Data logger placed incorrectly (top shelf, door, back of unit)
- Staff cannot locate the back-up data logger

Data Logger Reports & Temperature Logs

- All data logger reports for each VFC storage unit are available for review
- All temperature logs available for review
- Logs completed once every morning:
 - ✓ Minimum and maximum temperatures
 - ✓ Exact time recorded (example: 8:04 AM)
 - ✓ Temperature to the tenth place (example: 40.2°F)
 - ✓ Fahrenheit or Celsius circled/highlighted
 - ✓ Initials of staff taking temperatures
- All documentation of temperature excursions or incidents must also be available

VFC Refrigerator Temperature Log



Month/Year:	VFC Pin #:
Provider Name:	Units/Rooms:
Contact Person:	<i>(Identify which units you are recording temps for)</i>

The refrigerated vaccine safety zone is between 36.0° and 46.0° F (2.0° and 8.0° C), with 40.0° F being ideal. The Frozen vaccine safety zone is 5.0°F (-15.0°C) or lower. 0.0° F or colder is ideal.

Exact time, min/max temperature to the tenth place for past 24hrs, circle F or C and initials are REQUIRED for each entry

DATE	TIME	(RG) MIN	(RG) MAX	INITIALS	DATE	TIME	(RG) MIN	(RG) MAX	INITIALS
1 st	AM	°F °C	°F °C		17 th	AM	°F °C	°F °C	
2 nd	AM	°F °C	°F °C		18 th	AM	°F °C	°F °C	
3 rd	AM	°F °C	°F °C		19 th	AM	°F °C	°F °C	
4 th	AM	°F °C	°F °C		20 th	AM	°F °C	°F °C	
5 th	AM	°F °C	°F °C		21 st	AM	°F °C	°F °C	
6 th	AM	°F °C	°F °C		22 nd	AM	°F °C	°F °C	
7 th	AM	°F °C	°F °C		23 rd	AM	°F °C	°F °C	
8 th	AM	°F °C	°F °C		24 th	AM	°F °C	°F °C	

Pitfall #12 – Data Logger Report & Temperature Log Non-Compliance

- Data logger reports missing for one or more VFC storage units
- Temperature logs incomplete or missing required fields
- Logs missing min/max temperatures or exact time
- Temperatures not recorded to the tenths place
- Fahrenheit/Celsius not circled or highlighted
- Missing staff initials
- No documentation available for past temperature excursions

VFC Storage & Handling Requirements

- Proper vaccine placement:
 - ✓ Center of unit
 - ✓ Away from vents and walls
 - ✓ Not in door, not on top shelf, not on floor, not in crisper drawers
- Water bottles placed near vents, on top shelf, bottom shelf, and in doors to prevent vaccine storage in those areas
- Water bottles in freezer surround VFC vaccines for temperature stability
- Circuit Breaker with “Do Not Disconnect” Sign
- “Do Not Unplug” Stickers on Outlets



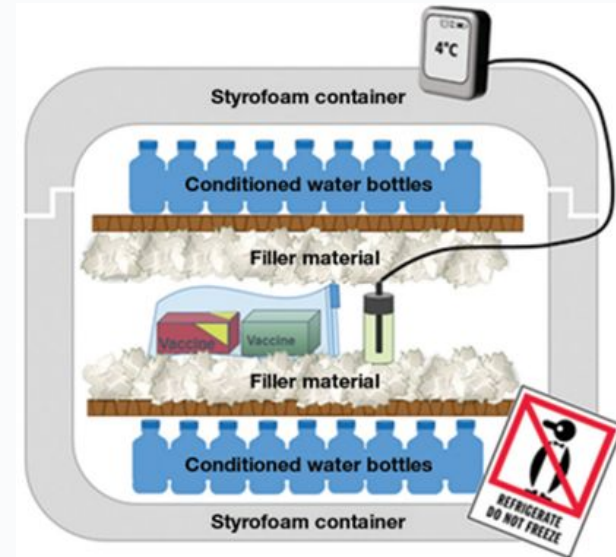
Pitfall #13 – VFC Storage & Handling Requirements

- Vaccines stored improperly inside units
 - ✓ Not centered in the unit
 - ✓ Placed too close to vents or walls
 - ✓ Found in doors, top shelf, bottom of unit, or crisper drawers
- Water bottles missing from required areas in refrigerator
 - ✓ Missing near vents, top shelf, bottom shelf, doors
- Water bottles not fully surrounding VFC vaccines in freezer
- No verification of circuit breaker location with “Do Not Disconnect” signage
- Outlets used for VFC units missing required “Do Not Unplug” stickers

Emergency Transport of Vaccines – Required Supplies

CDC recommends providers keep on hand or have ready access to emergency transport supplies:

- ✓ Portable vaccine refrigerator/freezer units (preferred)
- ✓ Qualified containers/pack outs
- ✓ Hard-sided insulated containers or Styrofoam
- ✓ Coolant materials: phase change materials (PCMs) or frozen water bottles conditioned to 4°C–5°C
- ✓ Insulating materials: bubble wrap, corrugated cardboard (two layers per container)



Pitfall #14 – Emergency Transport of Vaccines

- Emergency transport supplies not readily available when needed
- Qualified containers/pack outs not assembled ahead of time
- Hard-sided insulated containers/Styrofoam missing or insufficient
- Coolant materials not conditioned to 4°C–5°C before transport
- Insulating materials (bubble wrap, corrugated cardboard) not stocked
- Containers missing required two layers insulation

After the Visit

- Exit Interview
- Discussion of annual cost and number doses distributed
- Summary of findings
- Action items/Corrective Action Plan(s) (if needed)
- Follow-up timeline

The goal is improvement - not punishment

VACCINES FOR CHILDREN PROGRAM (VFC)

VFC Site Visit Follow-Up Plan

Site Visit #:02042025AZA 0008

Provider PIN:AZA 0008

Doses Distributed in 2024: 39,010

Cost of Doses Distributed in 2024: \$2,900,376.50

Nick Staab, MD
MARICOPA COUNTY HD - ROOSEVELT
1645 E ROOSEVELT St
Phoenix, AZ 85006

3/16/2026

Dear Nick Staab, MD,

Thank you for taking time to participate in the Vaccines for Children (VFC) Program VFC Site Visit on 02/04/2025. We hope you found the visit to be informative and educational.

Please take a few minutes to review the attached site visit summary, which contains important information on follow-up actions and timelines for completion. Also included is a list of the remaining VFC Program requirements and recommendations assessed during your visit.

All requested documentation should be submitted by Email to Rose Ann Beans at Rose.Beans@azdhs.gov.

On behalf of the , I thank you for your participation in the VFC Program and your continued efforts to ensure that all children are fully immunized. Please do not hesitate to contact me if you have any questions.



Tools & Tips to Stay in Tip-Top Shape Year-Round

Tool #1 – Monthly Compliance Huddle

- 15-20 minute structured meeting
- Review temperature logs
- Check expiration dates
- Ensure reconciliation of inventory is done every 2 weeks
- Assign action items & document



Tool #2 – Temperature Monitoring Oversight System

- Designate primary & backup coordinator
- Daily min/max review
- Weekly secondary review
- Immediate excursions reporting
- Maintain organized temperature records



Tool #3 – Quarterly Self-Audit Cycle

- Month 1: Storage & handling review
- Month 2: Chart & eligibility audit
- Month 3: Policy & training review
- Repeat every 90 days
- Document findings & corrections





Most Common Real-World Scenarios & How to Handle Them

Coordinator Documentation & VAMP Not Current

What Reviewers Commonly Find:

- Primary or back-up coordinator training certificate expired
- No annual VFC training certificate
- Vaccine Accountability and Management Plan (VAMP) not updated annually
- VAMP lists incorrect or outdated coordinators
- Signature missing or incomplete



How to Handle

- Immediately verify current primary and backup coordinators
- Ensure both complete required training
- Obtain and file updated training certificates
- Review and update the VAMP
- Ensure plan reflects current staff and procedures
- Implement an annual review reminder system



Outdated or Incorrect Vaccine Information Provided (VIS)

What Reviewers Commonly Find:

- Outdated VIS being used
- COVID-19 VIS provided for all ages instead of manufacturer insert for children under 12 (when applicable)
- RSV VIS provided instead of RSV Immunization Information Statement (IIS)
- VIS not documented correctly in patient chart (edition date & date given missing)
- Staff unsure which document is required



How to Handle

- Remove outdated VIS/EUA documents immediately
- Verify the correct document for each vaccine product and age group
- Use manufacturer package insert for COVID-19 vaccines under 12 when required
- Provide the RSV IIS for infant RSV
- Document VIS/IIS edition date and date given in patient chart
- Retrain staff on document requirements
- Conduct quarterly VIS/IIS review



Improper Storage Unit Setup

What Reviewers Commonly Find:

- Overcrowded shelves
- VFC vaccines stored on top shelf or floor of cold storage unit
- Expiration dates not visible
- Soon-to-expire vaccines placed behind the most recent shipment
- Missing water bottles



How to Handle

- Reduce overcrowding to allow proper airflow
- Move VFC vaccines off top shelf and floor onto stable middle shelving
- Position VFC vaccines so expiration dates are clearly visible
- Rotate inventory: place soon-to-expire vaccines in front
- Replace and maintain required water bottles
- Provide refresher training for staff



Missing VFC Eligibility Documentation & EMR Entry Errors

What Reviewers Commonly Find:

- Eligibility status not documented
- Improper screening resulting in privately insured patients receiving VFC vaccine
- Front desk and clinical workflow not aligned
- Incorrect lot numbers entered (e.g., 0 entered as O, 8 as B, 1 as I)
- Incorrect manufacturer listed in EMR (e.g., PCV is Pfizer, not Wyeth or Vaxelis is Merck, not Sanofi)
- Incorrect funding selected (e.g., uninsured marked as underinsured)



How to Handle

- Conduct a focused internal chart audit
- Reinforce eligibility screening at check-in
- Retrain staff on documentation requirements
- Add eligibility and EMR verification checkpoints
- Monitor compliance with follow-up audits





Bringing It All Together – Staying Compliance-Ready Year-Round

What to Expect During a Compliance Visit:

- Review of storage & handling practices
- Temperature monitoring verification
- Eligibility & documentation review
- Inventory reconciliation check
- Staff knowledge & workflow assessment



Common Pitfalls and How to Avoid Them:

- Missing eligibility documentation
- Incorrect EMR entries
- Outdated VIS/Manufacturer Package Insert/RSV documents
- Improper storage organization
- Gaps in staff training or workflow alignments



Tools & Tips to Stay Tip-Top All Year:

- Monthly compliance huddles
- Quarterly self-audit cycle
- Temperature oversight system
- Organized documentation & updated VAMP
- Routine staff refreshers



Real-World Scenarios & How to Handle Them:

- Improperly screened privately insured patient received VFC vaccine
- Incorrect manufacturer or lot number entered in EMR
- Soon-to-expire vaccines overlooked
- Outdated VIS/manufacturer package insert materials found in circulation



Continuing Education

If you would like to claim CE Credits:

**A QR Code will be displayed in
the MAIN HALL
at the end of the day**

The following CE credits are available:

CMEs for Physicians (Doctors, NPs, PAs)

CE Contact Hours for Nurses (RNs, LPNs)

CMEs for Medical Assistants

Certified Health Education Specialists CEs
(CHES)

Social Worker CEs (National Association of
Social Workers)

Pharmacy Continuing Education





Questions?

**Maricopa County Phoenix Immunization Program (MCPIP) –
For City of Phoenix VFC Providers**

MCPIP@maricopa.gov

**Bureau of Immunization Services (BIZS) – For all VFC Providers
outside of City of Phoenix**

arizonavfc@azdhs.gov