



Dose for Dose Restitution Exception Form Guidance and Directions for use

Guidance:

This form **MUST BE COMPLETELY FILLED OUT** and **EMAILED** to ArizonaVFC@azdhs.gov within thirty (30) days from the date the initial Dose for Dose Replacement Form and Report Card email, that was sent to you in January. To help us track all Exception Request Forms, we ask that you use the following naming structure for the email subject line and attachments: PIN [VFC PIN] Exception request {example: PIN 9999 Exception request}.

Providers are encouraged to act quickly to submit requests in case additional information is needed.

The AIPO will reply to initial email requests within five (5) business days and let you know if additional information is needed.

Requests will not be reviewed until all supporting/requested documents are received by the AIPO.

Once the AIPO has received all supporting/requested documents, the AIPO review team will make a determination if an exception will be granted. If the exception is denied, providers will be required to replace the doses as originally requested.

Exception forms will not be processed after February 2020.

If you have questions, please contact Terry Rinck (Terry.Rinck@azdhs.gov | 520-770-3103).

Directions for use of this form:

Filled-in by the Provider

A1: Organization (IRMS) and/or Facility Name of the provider, as in ASIIS

A2: PIN, as in ASIIS

A3: Date the form is filled out

A4: Name of the person filling out the form

B1: Overall wastage percentage from the last page on the 2019 CY Report Card

C1-4: Select the Exception Request type

D1: Provide justification for the exception

E1: Printed or typed name of the Signatory Physician

E2: Signature of the Signatory Physician

E3: Printed or typed name of the Primary Vaccine Coordinator

E4: Signature of the Primary Vaccine Coordinator

E5: Printed or typed name of the Backup Vaccine Coordinator

E6: Signature of the Backup Vaccine Coordinator

Filled-in by AIPO

F1-5: Official AIPO Use – Do not write anything in these fields



Arizona Immunization Program Office

Phone: 602-364-3642 Email: ArizonaVFC@azdhs.gov

Dose for Dose Restitution Exception Form

A1: IRMS and/or Facility Name as in ASIIS			
A2: PIN:			
A3: Date		A4: Filled out by	
B1: Wastage % from 2019 CY Report Card			

<input type="checkbox"/>	C1: Request is related to a temperature excursion Documentation will be required
<input type="checkbox"/>	C2: Request for an Extended Replacement Plan – not to exceed six (6) months Must include written documentation of your desired expectations
<input type="checkbox"/>	C3: Request to Substitute Replacement Vaccine for a different type (replace same dollar value with any combination of vaccines to reach the identified current VFC dollar value) Must include written documentation of your desired expectations
	C4: OTHER: Reason for other exception request Additional documentation may be required
<input type="checkbox"/>	C4-1: previous dose for dose replacement completed
<input type="checkbox"/>	C4-2: other _____

D1: Justification for restitution exception (100 words or less):

E1: Signatory Physician (Print or Type)

E2: Signature of Signatory Physician Date

E3: Primary Vaccine Coordinator (Print or Type)

E4: Signature of Primary Vaccine Coordinator Date

E5: Backup Vaccine Coordinator (Print or Type)

E6: Signature of Backup Vaccine Coordinator Date

OFFICIAL AIPO USE ONLY			
F1: Date received by the AIPO		F2: Received by AIPO employee	
F3: Date reviewed by the AIPO Review Team		F4: Determination	
F5: Comments/Notes:			