

The Illinois Department of Public Health COVID-19 Vaccine Provider Agreement

This Illinois Department of Public Health (IDPH) COVID-19 Vaccine Provider Agreement (Agreement) sets forth the obligations of Provider Organization (Provider). This Agreement is part of IDPH's collaboration with the Centers for Disease Control and Prevention (CDC) for the distribution of vaccines related to SARS-CoV-2 (COVID-19). This Agreement must be executed by the Provider's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary) in order for the Provider to receive COVID-19 vaccines from IDPH. This Agreement is between IDPH and Provider.

To receive COVID-19 vaccines from IDPH, Provider certifies the following:

1. Provider is enrolled in the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE).
2. Provider has completed I-CARE's Vaccine Provider Training.
3. Each of Provider's staff members with access to I-CARE has completed the I-CARE new user training and executed the IDPH Web Portal User Agreement and the I-CARE Individual User Agreement and Confidentiality Statement.
4. Provider has executed and will comply with the CDC COVID-19 Vaccination Provider Agreement.
5. Provider will comply with all requirements in (a) this Agreement; (b) the CDC COVID-19 Vaccination Provider Agreement and any new terms or amendments issued by the CDC; (c) the Illinois COVID-19 Vaccination Plan, including any future revisions, (d) IDPH SIREN Alerts; (e) the IDPH Web Portal User Agreement and I-CARE Individual User Agreement and Confidentiality Statement; (f) any surveys, data reporting requirements, or questionnaires issued by the state or federal government; and (g) applicable state and federal laws, regulations, and policies relating to COVID-19 vaccination. This includes but is not limited to compliance with the requirements for (a) receiving, handling, storing, and administering the COVID-19 vaccine; (b) reporting complete and accurate information into any state or federal reporting and tracking systems, including but not limited to I-CARE, EMTrack, VaccineFinder and the Vaccine Adverse Events Reporting System (VAERS); and (c) prioritization for vaccine administration set forth by IDPH in the Illinois COVID-19 Vaccination Plan.
6. Provider has executed and will comply with the CDC Supplemental COVID-19 Vaccine Redistribution Agreement and the IDPH Vaccine Redistribution Agreement.
7. Provider will not sell or seek reimbursement for the COVID-19 vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies received from IDPH.
8. Provider is not a government contractor or an agent, consultant, or employee of IDPH.
9. Provider will cooperate with any surveys, inspections, or investigations conducted by IDPH related to the distribution and administration of COVID-19 vaccines.

Failure to comply with the requirements of this Agreement; the Illinois COVID-19 Vaccination Plan and any future revisions; the CDC COVID-19 Vaccination Provider Agreement; IDPH SIREN Alerts relating to COVID-19 vaccination; and applicable state and federal laws, regulations, and policies may be the basis of suspension or termination from the I-CARE system and/or the basis for IDPH to deny requests for additional COVID-19 vaccines.

By signing this form, I certify that all relevant officers, directors, employees, and agents of the Provider involved in handling COVID-19 vaccine understand and will comply with the requirements of this Agreement. The above requirements are material conditions of IDPH's distribution of the COVID-19 vaccine to Provider.

Chief Medical Officer (or Equivalent)

Chief Executive Officer (or Chief Fiduciary)

Printed Name and Title

Printed Name and Title

Signature

Signature

Date

Date

Provider Name

Address

Date