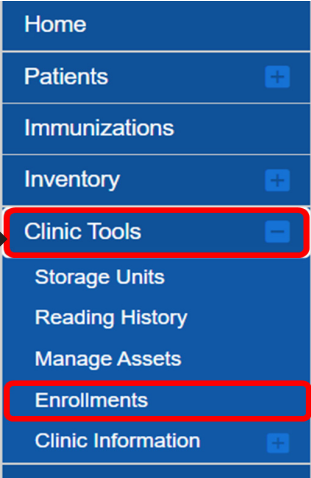


# Signing the Primary Agreement

As part of the VFC and VFAAR Enrollment Forms, the Medical Director must sign the Primary Agreement on behalf of the practice. The Primary Agreement outlines the requirements to receive federally funded vaccines through the VFC or VFAAR program. Only the individual indicated as the Medical Director in PhilaVax can sign the agreement. The Medical Director is referred to as the **Physician Signing the Agreement** in PhilaVax. If the person indicated as the Medical Director needs to be updated or the Medical Director can't access the enrollment form, please email our team at [DPHProviderHelp@phila.gov](mailto:DPHProviderHelp@phila.gov).

- 1. Log into PhilaVax, then select **Clinic Tools**, then **Enrollments** from the left-hand menu.
- 2. Click Filter to display your pending enrollments
- 3. Click on **View** to the right of the enrollment form you need to sign.



Filter Options

Date Range

Start Date \* 03/27/2024 End Date \* 03/27/2025

Provider / Clinic \* [NEW TEST PROVIDER] ABC123 - TEST CLINIC - ABC123 ()

Select a clinic by typing provider, clinic, vfc pin, or clinic code

Status ALL Title Include Inactive Titles

Program Activity

Filter

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Program	Activity	Audit	Action
03/26/2025		NEW TEST PROVIDER	ABC123 - TEST CLINIC	NOT SUBMITTED		2022 VACCINES FOR CHILDREN (VFC)	VFC	NEW ENROL		VIEW

- 4. Expand the **Primary Agreement** section.

Vaccine Program Enrollment ? i

Cancel Print Save Progress

- Provider/Clinic Population - Incomplete
- Source of Data - Incomplete
- Review Medical Director or Equivalent Information - Incomplete
- Review Vaccine Coordinators - Incomplete
- Prescribing Staff Members - Incomplete
- Primary Agreement - Incomplete
- Comments

# Signing the Primary Agreement

5. Click **Review and Accept** and read the document within the module pop-up.

⚠️ Primary Agreement - Incomplete

Please click the agreement button, read the document within the modal popup, and follow the instructions at the bottom to accept the Program Provider Agreement.

View Agreement

Required Signers

Signature Number	Contact Type	Accepted Date	Last Name	First Name	Action
1	PHYSICIAN SIGNING AGREEMENT (Z3)				<div>5</div> <div>Review And Accept</div>

6. Within the module pop-up, check the box next to “You agree that by selecting the “Click To Accept” button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your mutual signature on this Agreement.” Then, **Click to Accept**.

☒

You agree that by selecting the "Click To Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your mutual signature on this Agreement.

Cancel

Click To Accept

6

7. Click on **Save Progress**, at the top right-hand side of the screen, to save the changes you made.

8. If you’re ready to submit the form to our program for review, click on the arrow (▼) next to Save Progress. Click on Submit Forms in the dropdown that opens to send your enrollment to the Immunization Program for review.

Cancel

Print

Save Progress

▼

8

Submit Forms