



Yellow Fever Vaccine Provider Clinic Addition or Removal

**OFFICE
USE
ONLY**

☐ Updated
☐ Notified

NOTE: Applicant **MUST** be a licensed physician or pharmacist—Nurses are NOT eligible.

Eligibility:

Licensed Physician: ☐ MD ☐ DO

Pharmacist with a Valid Immunization Administration Certification: ☐ Rph ☐ PharmD

Please select option below:

Add Clinic Location: ☐

Remove Clinic Location: ☐

Add or Remove Clinic

Clinic Name

Last

First

MI

FL Professional License
Number

Current Address, Suite

City

County

State

Zip

Office Phone Number

City

County

State

Zip

Effective Date of Change

Other Phone Number

Fax

Email Address

Applicant Signature

Date