APPLICATION FOR CERTIFIED YELLOW FEVER STAMP HOLDER

Type of Application: (Select all that apply)

☐ New Applicant ☐ Renewal (every three years) ☐ Update/Change Stamp Holder Information

☐ Discontinuation of Yellow Fever Immunization Services ☐ Update/Change Immunization Center Information

☐ Update/Change Coordinator/Point of Contact Information

Stamp Holder/Provider Eligibility:

- Licensed Physician (MD or DO)
- Licensed Pharmacist (with certification to administer immunizations)

Stamp Holder Responsibilities:

- Responsible to ensure staff are properly trained, and Center(s) is complying with the program requirements.
- Must designate a Coordinator (point of contact) for each immunization center.
- Stamp Holder must apply for recertification every three years.

Vaccine Manufacturer Access:

- Each applicant stamp holder must have an active account to order vaccine from the vaccine manufacturer, Sanofi, prior to submitting the yellow fever stamp application to the Florida Department of Health (FDOH).

- Include Sanofi Account Number:

STAMP HOLDER INFORMATION Stamp Holder's contact information must be the same for all associated immunization centers.
Full name of Stamp Holder: (First, Middle, Last)
Mailing Address:
City, State, Zip Code:
County:
Phone:
Email Address:
Florida Professional Medical License Number: (e.g. ME#)
Current Stamp Number for Recertification: ☐ Not Applicable, New Applicant

Revised 05/2026

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Designated Yellow Fever Immunization Center Information

- A separate application must be completed and submitted for each additional center.
- Yellow Fever vaccine must be shipped to, and administered at, this address.
- This information must be the same as information on file for the center's Sanofi vaccine ordering account.
- At any time, the Stamp Holder is no longer associated with the immunization center, the Yellow Fever designation is no longer valid.

Name of Designated Immunization Center:

Is this the Stamp Holder's primary immunization center? ☐ Yes ☐ No *(if no, list other site locations)*

Mailing Address: ☐ Click here if immunization center mailing address is same as Stamp Holder address

City, State, Zip Code:

County:

Phone:

Note: *Sanofi, the vaccine manufacturer, will only ship yellow fever vaccine to a designated Yellow Fever Immunization Center.*

Shipping Address: ☐ Click here if shipping address is same as Designated Yellow Fever Immunization Center mailing address

City, State, Zip Code:

County:

Immunization Center Type: (Select the type that best describes your facility)

College/University Health Clinic

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Is the immunization center restricted to members or affiliates only such as students/faculty, company employers, member subscribers?

Yes ☐ No ☐

Does the immunization center administer yellow fever to those less than 18 years of age?

Yes ☐ No ☐

Immunization Center Website Full URL:

Designated Coordinator (point of contact) Eligibility:

- Must be an individual licensed by a health-related board within Florida and whose scope of practice includes immunizations (example: physician, pharmacist, registered nurse, physician assistant).
- Stamp Holder may serve as Coordinator at no more than two Yellow Fever Immunization Centers.
- Coordinators who are not the Stamp Holder may serve as Coordinator for no more than two Yellow Fever Immunization Centers.

Designated Coordinator (point of contact) Responsibilities:

- Coordinator listed is the preferred contact to receive correspondence regarding Yellow Fever provider/vaccine issues, renewal, and stamp holder information.
- Coordinators are responsible to ensure the center(s) is complying with all requirements under the direction of the Stamp Holder.

DESIGNATED YELLOW FEVER COORDINATOR (POINT OF CONTACT)
☐ Click if Yellow Fever Coordinator and Stamp Holder are the same person.
Full Name of Yellow Fever Coordinator: (First, Middle, Last)
Florida Professional Medical License Number: (e.g. ME, RN, APRN)
Position/Title:

Submit registration packet to ImmunizationsYellowFever@FlHealth.gov

PRINT NAME OF RESPONSBILE YELLOW FEVER STAMP HOLDER APPLICANT	SIGANURE OF RESPONSIBLE YELLOW FEVER STAMP HOLDER APPLICANT	Date