



**Monkeypox Vaccine Provider Enrollment and Education Attestation**  
**This survey must be completed by facilities prior to receiving monkeypox vaccine.**

Please complete the information about your facility

Facility Name

Street Address

City

State

Zip Code

NDIIS Pin

Contact Information for Location's primary monkeypox vaccine contact

	Primary Contact Full Name	Daytime Telephone (xxx) xxx-xxxx	Telephone monitored 24/7 (xxx) xxx-xxxx	Email xx@xxxx.org
Primary Vaccine Contact Information				

Contact Information for Location's secondary monkeypox vaccine contact

	Secondary Contact Full Name	Daytime Telephone (xxx) xxx-xxxx	Telephone monitored 24/7 (xxx) xxx-xxxx	Email xx@xxxx.org
Primary Vaccine Contact Information				

Day And Times available for receipt of monkeypox vaccine.

Monday

AM

PM

Tuesday

AM

PM

Wednesday

AM

PM

Thursday

AM

PM

Friday

AM

PM

Hours available to receive shipments on Weekends and Holidays (e.g. as needed, closed on weekends, etc.)

Weekends

Holidays

Monkeypox vaccine should always be stored in storage units meeting [CDC storage and handling requirements](#). Temperature of the storage unit should be monitored at all times using a digital data logger. Please fill out the information below to verify your facility is able to appropriately store this vaccine.

Does your facility have a refrigerator (2°C to 8°C)?

Yes

No

Does your facility have a freezer (-20°C ± 5)?

Yes

No

Please upload a picture of the inside of your fridge.

Please upload a picture of the outside of your fridge.

Please upload a picture of the inside of your freezer.

Please upload a picture of the outside of your freezer.

By checking this box I certify that the above units are not dorm-style units.

I certify the above storage unit is not a dorm-style unit

Does your facility have a Digital Data Logger?

**Yes**

No

Please upload a picture of your Digital Data Logger.

Please estimate the number of MSM (men who have sex with men) patients your facility serves:

Does your facility offer STD and HIV testing?

Yes

No

Does your facility offer HIV PrEP?

**Yes**

No

Please estimate your facility's number of patients that received HIV PrEP in the past year.

Do you offer immunizations? Please select all that your facility offers.

HPV

Hepatitis A

Hepatitis B

Meningococcal

Tdap, Td

- Influenza
- None of the above

**By checking the boxes below I certify that the following education has been completed by staff handling and administering monkeypox vaccine for my facility.**

- Watched live or an archived version of the NDDOH [monkeypox \(July 13th\) Lunch and Learn](#)
- [CDC COCA webinars](#) related to monkeypox
- Reviewed guidance on the [CDC monkeypox website](#)
- Review Guidance on the [NDDoH monkeypox website](#)
- Staff have reviewed the [Package Insert - JYNNEOS](#)
- Staff have reviewed [Bavarian Nordic's letter](#) regarding storage and handling
- Staff have reviewed the [Vaccine Information Statement](#)
- Staff have reviewed the [VAERS website](#) and understand when to report suspect adverse events

By checking this box I certify that current facility protocols will be updated to include standing orders for monkeypox vaccine.

I certify

By checking this box I certify that our facility has a plan how to communicate vaccine availability, priority groups and safety/efficacy to patients within my jurisdiction.

I certify

By checking this box I certify that our facility has a plan to establish a local wait list of patients eligible for vaccination.

I certify

By checking this box I certify that our facility has a plan to reserve second doses and recall patients who are due for that second dose.

I certify

By checking the box below I certify that every patient will be offered the [Vaccine Information Statement](#) prior to administration of the monkeypox vaccine.

I certify

By checking this box I certify that our facility has a process for obtaining consent for vaccination against monkeypox.

I certify

By checking this box I certify that if my facility transfers doses to another location those doses will be transferred in the NDIS prior to administration.

I certify

By checking this box I certify that if my facility transfers doses to another location doses will be transported according to the [CDC Vaccine Storage and Handling Toolkit](#).

I certify

By checking this box I certify that all monkeypox doses administered will be reported to the NDIS within 24 hours after administration.

I certify

By checking this box I certify that our facility's medical director has been informed on the monkeypox program requirements.

I certify