

# DELAWARE IMMUNIZATION PROGRAM

## Add/Delete Individual Provider(s) in DelVAX

**USE THIS FORM TO ADD OR REMOVE INDIVIDUAL PROVIDERS (PHYSICIANS AND NURSE PRACTITIONERS) FROM YOUR DELVAX PROVIDER/CLINIC ACCOUNT**

Please Print

Please Print

### GROUP/PRACTICE INFORMATION

Group/Practice Name:

Address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Contact Name/Phone

IT Contact Name/Phone

NPI:

Taxonomy

EIN

### ADD INDIVIDUAL PROVIDER

**INDIVIDUAL PROVIDERS (ONLY PHYSICIANS AND NURSE PRACTITIONERS WHO ADMINISTER VACCINE)**

(Use Additional Pages if Necessary)

Name:

NPI:

Effective Date

Physician  Nurse Practitioner

Name:

NPI:

Effective Date

Physician  Nurse Practitioner

Name:

NPI:

Effective Date

Physician  Nurse Practitioner

Name:

NPI:

Effective Date

Physician  Nurse Practitioner

Name:

NPI:

Effective Date

Physician  Nurse Practitioner

### DELETE INDIVIDUAL PROVIDER

**INDIVIDUAL PROVIDERS (ONLY PHYSICIANS AND NURSE PRACTITIONERS WHO ADMINISTER VACCINE)**

(Use Additional Pages if Necessary)

Name:

NPI:

Effective Date

Physician  Nurse Practitioner

Name:

NPI:

Effective Date

Physician  Nurse Practitioner

Name:

NPI:

Effective Date

Physician  Nurse Practitioner

Name:

NPI:

Effective Date

Physician  Nurse Practitioner