WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

ILINet Sentinel Provider Enrollment Form

2022-2023 Influenza Season

West Virginia Office of Epidemiology and Prevention Services
Division of Infectious Disease Epidemiology
Phone: (304) 558-5358 ext. 2

Instructions: Please complete all questions on the form and fax the completed form to (304) 558-8736 or email it to Jillian.L.Jeffrey@wv.gov. You will receive a confirmation email with more information once your enrollment has been completed in ILINet.

Practice Information

Practice Name: _____

Mailing Address: _____

City, State: _____

Zip: _____

County: _____

Phone Number: _____

Practice Type: _____

Point of Contact Information

Provider Name, Credentials: _____

Email: _____

Primary Point of Contact: _____

Preferred Contact: ☐ Email ☐ Phone

Email: _____

Phone Number: _____

Alternate Point of Contact: _____

Preferred Contact: ☐ Email ☐ Phone

Email: _____

Phone Number: _____

Influenza Vaccine Information

Are you interested in receiving free adult influenza vaccine?
(If yes, please request in increments of 10 doses and provide justification for large requests.)

☐ Yes

☐ No

How many doses are being requested? _____

Justification (if needed): _____

_____

_____

Are you a Vaccine for Children (VFC) provider?

☐ Yes

☐ No

Additional Information

Have you contacted the local health department to inform them of your participation?

☐ Yes

☐ No

How would you like to receive your ILINet Provider Information Packet?

☐ Print (mail)

☐ Email