ILINet Sentinel Provider Enrollment Form
2023-2024 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. Once complete, return the form by fax to (304) 558-8736 or by email to Jillian.L.Wall@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 Number:  
Alternate Point of Contact:  
Preferred Contact:  
Email:  
Phone Number:  

Influenza Vaccine Information

Are you interested in receiving free adult influenza vaccine?
(Influenza vaccine can be requested in increments of 10 doses with a maximum of 100 doses. If you need to request more than 100 doses, please include a reason in the section below.)

☐ Yes
☐ No

Doses requested: _____________________________
Justification (if needed): _____________________________

Are you a Vaccines for Children (VFC) provider?

☐ Yes
☐ No

Additional Information

Have you participated in West Virginia’s Influenza-like Illness Surveillance Network before?

☐ Yes
☐ No

How many patients are seen in the practice on a weekly basis?

☐ Less than 500 patients per week
☐ 500 or more patients per week

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?

☐ Mail a hard copy to my practice
☐ Email me a digital copy