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## North Carolina Immunization Program

### YELLOW FEVER DESIGNATION APPLICATION AND RECERTIFICATION

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Physicians, Physician’s Assistants, Nurse Practitioners, or Pharmacists currently licensed in North Carolina can apply with the North Carolina Immunization Program (NCIP) to obtain a yellow fever uniform stamp and become a designated yellow fever vaccination center (YFVC). The certified uniform stamp holder has the authority to order yellow fever vaccine and administer it to the public. The uniform stamp is only to be used by the certified uniform stamp holder and is not to be shared with others. If the uniform stamp holder leaves the designated facility, the uniform stamp may not be retained by the facility. Designation status is not transferable from person to person, or site to site. Each yellow fever vaccine facility must be under the jurisdiction of an approved stamp holder. Providers can use the Designation Form to list additional facilities where a designated provider intends to administer the vaccine.

Sanofi Pasteur will only ship yellow fever vaccine to a designated facility associated with an active uniform stamp holder. NCIP directly notifies Sanofi Pasteur when facilities are approved and have been listed on the CDC’s facility locator site; the vaccine will be shipped only to those sites.

A uniform stamp must be purchased from [Raleigh Rubber Stamp](#) to validate international certificates of vaccination against yellow fever. A stamp number will be provided once the provider has been approved. Stamps no longer include an expiration date and need to be replaced only if worn or lost; however, recertification is still required every three years.

The NCIP maintains authority over the uniform stamp and can revoke the stamp and privileges at its discretion.

Certified uniform stamp holders are required to maintain a log of vaccine recipients (including any adverse events or previous yellow fever vaccination) as well as temperature logs for the yellow fever vaccine storage units. Temperatures must be recorded once a day. Temperature logs may be requested for review by the NCIP. Failure to provide this documentation upon request may result in cancellation of certification. [Refrigerator Temperature Log](#)

The CDC and NCIP share responsibility for overseeing the activities of designated YFVCs. In accordance with NCIP and CDC policy, NCIP representatives may visit sites for the purposes of assessment and audit. These site visits are to review compliance with the state health department’s policies for designated YFVCs.

If you have questions, please contact NCIP at 877-873-6247 or email [ncirhelp@dhhs.nc.gov](mailto:ncirhelp@dhhs.nc.gov). More information can be found on the [North Carolina Yellow Fever program page](#)

#### **A certified yellow fever uniform stamp holder agrees to the following NCIP requirements:**

- Complete the CDC continuing education webinar [Yellow Fever Vaccine: Information for Health Care Professionals Advising Travelers](#), prior to submitting an application or recertification. This requirement is for applicant and any staff who will advise travelers on the vaccine on behalf of the practitioner.
- Agree to immediately notify the NCIP if the practitioner assigned to the stamp is no longer practicing at the approved facility.



- Report immediately the **loss** or **theft** of the uniform stamp to:  
North Carolina Immunization Program  
**Phone: 1-877-873-6247**  
**Email: [ncirhelp@dhhs.nc.gov](mailto:ncirhelp@dhhs.nc.gov)**  
**Fax: 1-800-544-3058**
- Provide clients [with International Certificate of Vaccination or Prophylaxis \(ICVP\) Yellow Fever Cards](#) to people who receive the vaccine.
- Agree to provide the [Vaccine Information Statement \(VIS\)](#) for yellow fever to each client prior to receiving the yellow fever vaccine.
- Report adverse events to the Vaccine Adverse Event Reporting System (VAERS). Additional information is available [here](#) or by telephone at 1-800-822-7967.
- Serve the public (unless the site is a student health or employee health center) and administer yellow fever vaccine only at an official North Carolina Yellow Fever Vaccination Center. The stamp is not to be used by others. Notify the NCIP help desk of any changes to the original application including an address change, to add additional locations administering yellow fever vaccine, or if you are no longer providing the immunization service.
- In the event a designated clinic closes, archive patient records according to the NC Medical Board located [here](#).
- When applying or certifying, provide the NCIP an estimate of vaccine doses to be administered during the current year.
- Ensure designation status is not transferable from person to person, or site to site. Newly registered medical practitioners of a clinic will be required to submit a new stamp application. Designated providers who move to a new site must reapply for designation of the new site which will include the submission of a new application.
- Conform to acceptable standards, according to the vaccine prescribing information, CDC's Advisory Committee on Immunization Practices (ACIP) and ensure required storage and handling practices as noted in [General Best Practice Guidelines for Immunizations](#).
- When completing a medical waiver for YF vaccine, ensure the medical contraindications to vaccination section of the (ICVP) is completed and signed as seen [here](#). Inform traveler most medical waivers are honored by the receiving country however, entry cannot be guaranteed. Encourage traveler to contact the country's embassy or consulate in the United States for more information or guidance.
- Certification expires in three years, on the last day of the month. A North Carolina Yellow Fever Vaccination Center must recertify every three years to continue receiving vaccine.
- The stamp can be used to validate cholera vaccination.



## Certification and Recertification Checklist

### To become a designated yellow fever uniform stamp holder and designated YFVC:

Complete and submit the following documents [here](#):

- a. Yellow Fever Uniform Stamp Application.
- b. [NCIR Agreement](#) (For providers using NCIR)
- c. CDC certificate of completion for [Yellow Fever training](#).

### To Complete a Recertification:

Complete and submit the following documents [here](#):

- a. Yellow Fever Recertification Form
- b. [NCIR Agreement](#) (For providers using NCIR)
- c. CDC certificate of completion for [Yellow Fever training](#).

### Resources for yellow fever providers:

- [Refrigerator Temperature Log](#)
- [Vaccination Log](#)
- [Educational Roster](#)



## Yellow Fever Uniform Stamp Application

### Provider Information:

Title: \_\_\_\_\_ North Carolina Professional License Number: \_\_\_\_\_

First, Middle Initial, Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Facility Website: \_\_\_\_\_

Clinic Hours of Operation: \_\_\_\_\_

Estimate of number of doses expected to be administered for the next 12 months: \_\_\_\_\_

Do you want to appear on the CDC "[Find a Yellow Fever Clinic](#)" website? Yes:  No:

- I agree to comply with all requirements from the Centers for Disease Control and Prevention (CDC) and the North Carolina Immunization Program (NCIP) pertaining to the use of the yellow fever uniform stamp.
- I understand that the Uniform Stamp is the property of the NCIP, and privileges can be revoked at the discretion of the branch.
- I agree to receive and administer yellow fever vaccine only at the site designated on this form. Vaccine must be shipped directly from the manufacturer to this location and not transferred between facilities.
- I acknowledge that I have read and understand the recommendations outlined by the CDC's Advisory Committee on Immunization Practices (ACIP) regarding the administration of yellow fever vaccine.
- I acknowledge that I understand that the VIS on yellow fever and it must be given to a patient prior to administering the yellow fever vaccine.
- I acknowledge that I have read and understand the requirements outlined by the NCIP for proper storage of yellow fever vaccine and will be compliant with the recommendations. I understand that I must maintain vaccination and temperature logs and may be subject to an audit and asked to provide these logs for review. Failure to provide this documentation upon request may result in the cancellation of my stamp and ability to order vaccine.



- I understand that the uniform stamp is not to be used by others and if I, the certified uniform stamp holder, leave the assigned facility, the uniform stamp may not be retained by the facility, and I must reapply for designation of the new site which will include a new submission of a stamp application.
- I will notify the NCIP Help Desk ([NCIRHelp@dhhs.nc.gov](mailto:NCIRHelp@dhhs.nc.gov)) of any changes to the original application or if I no longer provide the service.
- I agree in the event that my designated location closes, I will ensure patient records are archived according to the NC Medical Board located [here](#).
- I agree to use the stamp only for International Certificates of Vaccination issued by me.
- I agree to report vaccine adverse events to the Vaccine Adverse Event Reporting System (VAERS). Additional information is available at <https://vaers.hhs.gov> or by telephone at 1-800-822-7967; 4)
- I understand certification expires three years from date of issue. A North Carolina Yellow Fever Vaccination Center must recertify every three years to continue receiving vaccine.

**My signature below acknowledges my agreement.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



## Uniform Stamp Application Renewal Form Yellow Fever

### Provider Information:

Title: \_\_\_\_\_ North Carolina Medical License Number: \_\_\_\_\_

First, Middle Initial, Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Facility Website: \_\_\_\_\_

Yellow Fever Stamp Number: \_\_\_\_\_

Clinic Hours of Operation: \_\_\_\_\_

Estimate of number of doses expected to be administered for the next 12 months: \_\_\_\_\_

- I wish to continue my authorization to administer yellow fever vaccine.
- I agree to comply with all requirements from the Centers for Disease Control and Prevention (CDC) and the North Carolina Immunization Program (NCIP) pertaining to the use of the yellow fever uniform stamp.
- I understand that the Uniform Stamp is the property of the NCIP, and privileges can be revoked at the discretion of the branch.
- I agree to receive and administer yellow fever vaccine only at the site designated on this form. Vaccine must be shipped directly from the manufacturer to this location and not transferred between facilities.
- I acknowledge that I have read and understand the recommendations outlined by the CDC's Advisory Committee on Immunization Practices (ACIP) regarding the administration of yellow fever vaccine.
- I acknowledge that I understand that the VIS on yellow fever and it must be given to a patient prior to administering the yellow fever vaccine.
- I acknowledge that I have read and understand the requirements outlined by the NCIP for proper storage of yellow fever vaccine and will be compliant with the recommendations. I understand that I must maintain vaccination and temperature logs and may be subject to an



audit and asked to provide these logs for review. Failure to provide this documentation upon request may result in the cancellation of my stamp and ability to order vaccine.

- I understand that the uniform stamp is not to be used by others and if I, the certified uniform stamp holder, leave the assigned facility, the uniform stamp may not be retained by the facility, and I must reapply for designation of the new site which will include a new submission of a stamp application.
- I will notify the NCIP Help Desk ([NCIRHelp@dhhs.nc.gov](mailto:NCIRHelp@dhhs.nc.gov)) of any changes to the original application or if I no longer provide the service.
- I agree in the event that my designated location closes, I will ensure patient records are archived according to the NC Medical Board located [here](#).
- I agree to use the stamp only for International Certificates of Vaccination issued by me.
- I agree to report vaccine adverse events to the Vaccine Adverse Event Reporting System (VAERS). Additional information is available at <https://vaers.hhs.gov> or by telephone at 1-800-822-7967; 4)
- I understand certification expires in three years from date of issue. A North Carolina Yellow Fever Vaccination Center must recertify every three years to continue receiving vaccine.

**My signature below acknowledges my agreement.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



## Designation of Yellow Fever Vaccination Center

**Only applicable if you are registering for more than one location**

Name (Stamp Holder) Last		First	MI	Title (MD, DO, RN, NP, etc.) and License #	Lic. Expiry Date
Stamp holder of Record Address		City	County		Zip Code
Office Phone Number	Other Phone Number	Fax	Email Address		
<b>Additional facility to be added as a designated Yellow Fever Vaccine Center</b>					
<b>Additional stamp needed at this facility:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Facility					
Designated Provider - Last		First	MI	Title (MD, DO, RN, NP, etc.)	
Address		City	County		
Office Phone Number	Other Phone Number	Fax	Email Address		
<b>Additional stamp needed at this facility:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Facility					
Designated Provider - Last		First	MI	Title (MD, DO, RN, NP, etc.)	
Address		City	County		
Office Phone Number	Other Phone Number	Fax	Email Address		
<b>Additional stamp needed at this facility:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Facility					
Designated Provider - Last		First	MI	Title (MD, DO, RN, NP, etc.)	
Address		City	County		
Office Phone Number	Other Phone Number	Fax	Email Address		
Applicant Signature			Date		
<b>You may attach additional sheets as needed.</b>					