



# The VFC Program

## Recertification 2025

## Recertification Walkthrough



# 2025 Webinar Series



- ❖ There will be a new topic Each Wednesday.
- ❖ Webinar re-plays the following Friday

- 3/12 and 3/14                      Recertification: What to Expect
- 3/19 and 3/21                      Recertification Walkthrough
- 3/26 and 3/28                      SIMON Refresher: Vaccine Ordering, Storage & Handling
- 4/2 and 4/8                          Question and Answer





# The VFC Program

## Recertification 2025

## Recertification Walkthrough



# What is Recertification?



- Recertification is an annual renewal of the VFC enrollment and is completed directly through SIMON
  - For existing SC VFC providers only
  - Required annually
  - Opens mid-March and available for 75 days





# Requesting a User Account in SIMON

- To have access in SIMON,  
Please request a user account.

[SIMON Account Registration \(sc.gov\)](https://sc.gov)

The image shows the login page for the SIMON Statewide Immunization Online Network. The page has a blue header with the SIMON logo and the text "Statewide Immunization Online Network". Below the header, there is a login section with fields for "Username" and "Password", a "Forgot Password?" link, a "Login" button, and a "Request User Account" link. A red arrow points to the "Request User Account" link.

Simon  
STATEWIDE IMMUNIZATION  
ONLINE NETWORK

Statewide Immunization Online Network

Login

Username

Password

[Forgot Password?](#)

[Request User Account](#)

[Login](#)

[Trouble Logging in?](#)



# Adding Your Enrollment Template



## 2025 VFC Recertification

- This template is for returning providers that offer the full platform of VFC vaccine for eligible children from birth through 18 years of age.

## 2025 VFC (SPECIALTY) Recertification

- This template is for returning providers that *only serve a specific age group or defined population*.

**SIMON**  
STATEWIDE IMMUNIZATION  
ONLINE NETWORK

- Home
- Patients
- Immunizations
- Education
- IZ Quick Add
- Inventory
- Clinic Tools
  - Storage Units
  - Reading History
  - Manage Assets
  - Enrollments
  - Clinic Information
- Program Tools
- Reports
- Dashboards/Analytics

**STATEWIDE IMMUNIZATION ONLINE NETWORK**

**Default Provider/Clinic**

**Provider/Clinic \***

[YOUR CLINIC NAME]

Select a clinic by typing provider, clinic, vfc pin, or clinic code

**Login History**

- SUCCESSFUL LDAP LOGIN on 03/11/2025, 11:11 AM
- SUCCESSFUL LDAP LOGIN on 03/11/2025, 11:11 AM
- SUCCESSFUL LDAP LOGIN on 03/11/2025, 9:11 AM
- SUCCESSFUL LDAP LOGIN on 03/11/2025, 9:11 AM
- SUCCESSFUL LDAP LOGIN on 03/10/2025, 7:11 AM
- SUCCESSFUL LDAP LOGIN on 03/10/2025, 4:11 AM

**News**

**Recertification Webinar Series - W**



Add Enrollment



Filter Options

Date Range

**Start Date \***  
03/11/2024

**End Date \***  
03/11/2025

**Provider / Clinic \***

[YOUR CLINIC NAME]

Select a clinic by typing provider, clinic, vfc pin, or clinic code

**Status**  
ALL

**Title**

☐ Include Inactive Titles

**Program**

**Activity**

Filter

Select the Correct Template

Title	Program	Activity
2025 VFC (SPECIALTY) RECERTIFICATION	VFC	ENROLLMENT RENEWAL
2025 VFC RECERTIFICATION	VFC	ENROLLMENT RENEWAL





Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Program	Activity	Audit	Action
03/18/2025		PRETEND PEDIATRICS	PRETEND PEDIATRICS	NOT SUBMITTED		2025 VFC RECERTIFICATION	VFC	ENROLLMENT RENEWAL		<div>VIEW</div>





# Expand and Update Each Section



✓ Assets - Completed	+
⚠ Required Staff And Staff Training - Incomplete	+
✓ Delivery Hours - Completed	+
⚠ Review Facility/Clinic Information - Incomplete	+
⚠ Vaccines Offered - Incomplete	+
⚠ Provider/Clinic Population - Incomplete	+
⚠ Source of Data - Incomplete	+
⚠ Review Medical Director or Equivalent Information - Incomplete	+
⚠ Review Vaccine Coordinators - Incomplete	+
⚠ Prescribing Staff Members - Incomplete	+
⚠ Primary Agreement - Incomplete	+
Comments	+



# Assets



✓ Assets - Completed

Do you use the IIS to manage your storage units and / or temperature logging? ☒ Yes ☐ No

Asset requirements have been met for this enrollment.



Home

Patients

Immunizations

Inventory

Clinic Tools

Storage Units

Reading History

**Manage Assets**

Enrollments

Clinic Information

## Manage Assets i

Add Asset

Name	Combination Unit	Type	Status	Audit	Action
MAIN FREEZER (FREEZER THERM)		STORAGE UNIT	ACTIVE	?	<a href="#">VIEW</a>
FRONT OFFICE REFRIGERATOR (DATA LOGGER MAIN FRIDGE)	NO	STORAGE UNIT	ACTIVE	?	<a href="#">VIEW</a>
FREEZER THERM (MAIN FREEZER)	N/A	THERMOMETER	ACTIVE	?	<a href="#">VIEW</a>
DATA LOGGER MAIN FRIDGE (FRONT OFFICE REFRIGERATOR)	N/A	THERMOMETER	ACTIVE	?	<a href="#">VIEW</a>

Showing 1 to 4 of 4 entries

← Previous 1 Next →



# Assets



## Edit Thermometer ? i

Cancel

Update ▼

**Name \***

FREEZER THERM

Date of Purchase

03/18/2025



Brand

**Thermometer Type \***

CTM



**Make \***

MAKE

**Asset Status \***

ACTIVE



**Manufacturer \***

MANUFACTURER

**Model \***

MODEL

**Serial Number \***

1112223333

Assigned Storage Unit

MAIN FREEZER



Back-Up Thermometer

Expiration Date

MM/DD/YYYY



Calibrate Every In Months

### Thermometer

Edit Thermometer

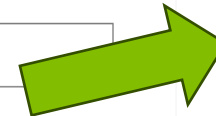
Calibrate Thermometer

### Associated Storage Unit

Edit Storage Unit

Temperature Readings

Log Temperature





# Assets

## Calibrate Thermometer i



### Submit Calibration

Name

FREEZER THERM

Calibration Date \*

MM/DD/YYYY



Select the Calibration Certificate pdf file from your computer.

Choose File

No file chosen

Submit

### Thermometer

[Edit Thermometer](#)

Calibrate Thermometer

### Associated Storage Unit

[Edit Storage Unit](#)

[Temperature Readings](#)

[Log Temperature](#)

### Calibration History

Date



User



Certificate



Action

NO DATA AVAILABLE

Showing 0 to 0 of 0 entries

[Previous](#)

[Next](#)





# Assets



## Calibrate Thermometer

✓ **Success** The record has been saved ✕

### Submit Calibration

Name

FREEZER THERM

Calibration Date \*

MM/DD/YYYY



Select the Calibration Certificate pdf file from your computer.

Choose File

No file chosen

Submit

### Thermometer

[Edit Thermometer](#)

Calibrate Thermometer

### Associated Storage Unit

[Edit Storage Unit](#)

[Temperature Readings](#)

[Log Temperature](#)

### Calibration History

Date	User	Certificate	Action
03/18/2025	SALEHI, MCCOLLOCH	PDF	Delete

Showing 1 to 1 of 1 entries

Previous

1

Next



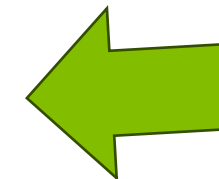
# Required Staff and Staff Training



## ⚠ Required Staff And Staff Training - Incomplete

Staff and Training requirements have not been met for this enrollment. Missing Requirements:

- Staff Member with Contact Type of Non-Physician Contact (Primary) (Z4) or Physician Contact (Primary) (Z6) has not completed You Call The Shots- Storage and Handling training within the last 365 days.
- Staff Member with Contact Type of Non-Physician Contact (Primary) (Z4) or Physician Contact (Primary) (Z6) has not completed You Call The Shots- VFC training within the last 365 days.
- Staff Member with Contact Type of Non-Physician Contact (back-up) (Z5) or Physician Contact (back-up) (Z7) has not completed You Call The Shots- Storage and Handling training within the last 365 days.
- Staff Member with Contact Type of Non-Physician Contact (back-up) (Z5) or Physician Contact (back-up) (Z7) has not completed You Call The Shots- VFC training within the last 365 days.



### Information not correct?

If Training is missing, click the link below. On the Clinic Staff Change Request page, press the Edit button for a clinic staff member, then press 'Add Training' in the Training section at the bottom of the page. If a required staff member is missing, click the link below and submit a change request to add a new clinic staff member.

[Add Training Or Submit Change Request For Clinic Staff](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

Add Training

Course Name \*

CHOOSE

CE Number

Completion Date \*

MM/DD/YYYY

Upload Certificate

CHOOSE FILE

Cancel

Save





# Last Year:

## VFC Provider Annual Trainings

- [Immunization: You Call the Shots-Module Sixteen Vaccines for Children Program—2024](#)
- [Immunization: You Call the Shots-Module Ten Storage and Handling—2024](#)
- [SIMON Application Training](#)

# This year:

## VFC Provider Annual Trainings

- [Immunization: You Call the Shots-Module Sixteen Vaccines for Children Program—2025](#)
- [Immunization: You Call the Shots-Module Ten Storage and Handling—2025](#)



# Delivery Hours



Manage Assets

Enrollments

Clinic Information

Address/Name

Contact Information

Delivery Hours

Staff

Program Tools

Reports

VTrckS Interface

Administration

✓ Delivery Hours - Completed

Requirements for this section have been met.

⚠ Review Facility/Clinic Information - Incomplete

⚠ Vaccines Offered - Incomplete

⚠ Provider/Clinic Population - Incomplete



# Delivery Hours

## Conversion Chart (Civilian to Military)



[Home](#)
[Patients](#)
[Immunizations](#)
[Inventory](#)
[Clinic Tools](#)

[Storage Units](#)
[Reading History](#)
[Manage Assets](#)
[Enrollments](#)
[Clinic Information](#)
[Address/Name](#)
[Contact Information](#)
[Delivery Hours](#)
[Staff](#)

[Program Tools](#)
[Reports](#)
[VTrckS Interface](#)
[Administration](#)

### Clinic Delivery Hours ? i

Monday

Delivery Time 1

08:30

To

13:00

Delivery Time 2

14:00

To

17:00

Tuesday

Delivery Time 1

08:30

To

13:00

Delivery Time 2

14:00

To

17:00

Wednesday

Delivery Time 1

08:30

To

13:00

Delivery Time 2

14:00

To

17:00

Thursday

Delivery Time 1

08:30

To

13:00

Delivery Time 2

14:00

To

17:00

Friday

Delivery Time 1

08:00

To

12:00

Delivery Time 2

CHOOSE

To

CHOOSE

### Special Instructions

**Info:** Special instructions for deliveries should not include business days or hours. This information should be included in the delivery hour fields on the clinic record.

STANDARD	24-HOUR	STANDARD	24-HOUR
12 MIDNIGHT	2400	12 NOON	1200
12:01 AM	0001	12:01 PM	1201
12:15 AM	0015	12:15 PM	1215
12:30 AM	0030	12:30 PM	1230
12:45 AM	0045	12:45 PM	1245
1 AM	0100	1 PM	1300
2 AM	0200	2 PM	1400
3 AM	0300	3 PM	1500
4 AM	0400	4 PM	1600
5 AM	0500	5 PM	1700
6 AM	0600	6 PM	1800
7 AM	0700	7 PM	1900
8 AM	0800	8 PM	2000
9 AM	0900	9 PM	2100
10 AM	1000	10 PM	2200
11 AM	1100	11 PM	2300



# Review Facility/Clinic Information



## ✓ Review Facility/Clinic Information - Completed

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic information.

**Provider Name**

DOCTOR IMAGINARY

**Facility/Clinic Name**

PRETEND PEDIATRICS

**Vaccine Delivery Address**

2100 BULL ST  
COLUMBIA, SC 29201-2104

**Facility/Clinic Address**

2100 BULL ST  
COLUMBIA, SC 29201-2104

**VTckS PIN**

000000

**Email**

SALEHIMS@DPH.SC.GOV

**Phone**

000-000-0000

**Fax****Facility/Clinic Type**

PRIVATE PRACTICE

### Information not correct?

For Provider Name, VFC Pin and Facility/Clinic Type changes, contact the VFC Program/Help Desk.

Click the following link to edit Phone and Fax information: [Edit Clinic's Phone And Fax Information](#)

Before submitting change requests for Clinic Address or Name, contact the VFC Program/Help Desk to determine their procedures for handling these requests.

To submit a change request, click the following link: [Submit Change Request\\*](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

☒ I confirm that the Facility/Clinic information is correct.







# Vaccines Offered

## Vaccine Program Enrollment ? i

Cancel Print Save Progress

✓ **Success** The record has been saved ✕

Begin the enrollment by reviewing the Enrollment Guide (if it is present for the enrollment). Once all sections are complete, press Submit Form to submit the enrollment.

Please note that all clinic and staff change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

✓ Assets - Completed	+
⚠ Required Staff And Staff Training - Incomplete	+
✓ Delivery Hours - Completed	+
✓ Review Facility/Clinic Information - Completed	+
⚠ Vaccines Offered - Incomplete	-
<p><input type="radio"/> All ACIP Recommended Vaccines for children 0 through 18 years of age. <input type="radio"/> Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)</p> <p>A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN; STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.</p>	
⚠ Provider/Clinic Population - Incomplete	+





# Provider/Clinic Population



Provider/Clinic Population - Incomplete

Provider Population

Provider Population based on patients seen during the previous 12 months. Enter the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made.

Patient Data

Eligibility Categories	< 1 Year	1 - 6 Years	7 - 18 Years	Total
VFC Eligible - Medicaid Eligible <sup>[1]</sup>				0
VFC Eligible - No Health Insurance				0
VFC Eligible - American Indian/Alaska Native				0
VFC Eligible - Underinsured At FQHC <sup>[2]</sup>				0
Total	0	0	0	0

POPULATION CATEGORY FOOTNOTES

[1] For the purposes of the VFC Program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are used interchangeably and refer to children who have or are eligible for health insurance through the South Carolina Department of Health and Human Services (SCDHHS) program.

[2] Underinsured means the child has health insurance, but the insurance policy: 1. Insurance plan does not cover any ACIP-recommended vaccines. 2. Insurance plan does not cover all ACIP-recommended vaccines (Underinsured for vaccines not covered). 3. Insurance plan does not cover ACIP-recommended vaccines, but has a fixed dollar limit or cap for vaccines. Note: the child is considered underinsured once the fixed dollar amount is reached. Underinsured children are only eligible to receive VFC vaccines at a Federally Qualified Health Center (FQHC), a Rural Health Clinic (RHC), or a deputized provider. \*Advisory Committee of Immunization Practices (ACIP) <https://www.cdc.gov/acip>

Non-Eligibility Categories	< 1 Year	1 - 6 Years	7 - 18 Years	Total
Not VFC Eligible - Insured <sup>[1]</sup>				0
SC State Vaccine Program <sup>[2]</sup>				0
Total	0	0	0	0

POPULATION CATEGORY FOOTNOTES

[1] 10+ years of age and is FULLY insured. This also applies to persons 19 thru 21 years of age who are apart of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. These persons have aged out of the VFC program eligibility due to age.

[2] These eligibility category captures: SC State Underinsured (Non-FQHC/RHC) - These children are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider facility is not an FQHC/RHC or a deputized provider. However, these children may be served state vaccine program vaccine to cover these non-VFC eligible children. The definition for SC State Underinsured is the same as the VFC Underinsured. SC State Insured - (Insured hardship-Health Insurance deductible is greater than \$500.00 per child or \$1000.00 per family [eligible for SC State vaccine only if the deductible has not been met and the family cannot afford to pay for vaccine]) VFC Providers must have SC State vaccine stock in "On Hand" inventory via SIMON prior to administering to this population.

	< 1 Year	1 - 6 Years	7 - 18 Years	Total
Grand Total	0	0	0	0

- Home
- Patients
- Immunizations
- Inventory
- Clinic Tools
- Program Tools
- Reports
- VTckS Interface
- Administration

## Reports

### Coverage Statistics

- Clinic Immunization Count
- Coverage Assessment Snapshot Reports
- COVID-19 Doses and Series Complete
- Dosage Report
- Doses Administered
- Immunization Rates
- Invalid Doses
- Mass Events
- Patient Counts by Age and Insurance Source
- Patients Aged Out of their VFC Eligibility Code
- Vaccinations by Funding Source
- Vaccine Borrowing Report
- VFC Category Patient Count Report





# Provider/Clinic Population

## VFC Category Patient Count Report

Enter the selection criteria and click "Run Report" or click "Cancel" to return to the previous page.



### Report Selection Criteria

**Provider/Clinic :** PRETEND PEDIATRICS, PRETEND PEDIATRICS

*SELECT A CLINIC BY TYPING PROVIDER, CLINIC, VFC PIN, OR CLINIC CODE*



**Vaccination Date Range \***

**From:** 03/19/2024



**Through:** 03/19/2025



**Output Type** ☒ PDF ☐ EXTRACT - Delimiter:

Run Report

Cancel









# Source of Data



## Source of Data - Incomplete

Type of data used to determine provider population (choose all that apply)

- ☐ Benchmarking
- ☐ Medicaid Claims Data
- ☐ IIS
- ☐ Doses Administered
- ☐ Provider Encounter Data
- ☐ Billing System
- ☐ Other





# Review Medical Director or Equivalent Information

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

**Name**

DOCTOR IMAGINARY

**Title**

Doctor of Medicine

**Email**

SALEHIMS@DPH.SC.GOV

**Specialty****License Number**

12345  
00000

**Medicaid Number****NPI Number****Employee Identification Number**

12345678

## Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

*\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.*

☐ I confirm that the Medical Director or Equivalent Information is correct.





## Edit Clinic

[Address / Name](#)

[Contact Information](#)

[Delivery Hours](#)

[Staff](#)

### Contact Type \*

PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCI) ▾

### Alternate Contact Type

▾

### First Name \*

DOCTOR

### Middle Name

### Last Name \*

IMAGINARY

### Email \*

SALEHIMS@DPH.SC.GOV

### NPI

0000000000  
12345678

### Telephone

803-587-1537

### Ext

### Fax Number

### License Number

00000  
12345

### Comments

### Medicaid Provider ID

### Employer ID Number

000000000  
12345678

☒ Administers Vaccinations

☒ Prescribes Vaccinations

☐ Main Contact/Shipping Contact

### Specialty

▾

### Title

DOCTOR OF MEDICINE ▾





# Review Medical Director or Equivalent Information

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

**Name**

DOCTOR IMAGINARY

**Title**

Doctor of Medicine

**Email**

SALEHIMS@DPH.SC.GOV

**Specialty****License Number**

120000

**Medicaid Number****NPI Number**

123456780000000000

**Employee Identification Number**

123456780000000000

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

*\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.*

☐ I confirm that the Medical Director or Equivalent Information is correct.







# Review Vaccine Coordinators

## Review Vaccine Coordinators - Incomplete

Please review the information below to make sure it's up to date. If the information presented is not up to date, use the link at the bottom of the page to edit your Clinic Staff information.

### Primary Coordinator

No Primary Coordinator found.

### Backup Coordinator

No Backup Coordinator found.

### Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

☐ I confirm that the Vaccine Coordinators information is correct.





# Prescribing Staff Members



## Prescribing Staff Members - Incomplete

Please review the information below to make sure it's up to date.

Name	Title	License Number	Medicaid Number	NPI Number
IMAGINARY, DOCTOR	DOCTOR OF MEDICINE	000005		

Information not correct?

To submit a change request, click the following link: [Submit change request for Clinic Staff](#)

\*Please note that all change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

☐ I confirm that the Prescribing Staff Member information is correct.







# Primary Agreement



Primary Agreement - Incomplete

Please click the agreement button, read the document within the modal popup, and follow the instructions at the bottom to accept the Program Provider Agreement.

View Agreement

**Required Signers**

Signature Number	Contact Type	Accepted Date	Last Name	First Name	Action
1	PHYSICIAN SIGNING AGREEMENT (Z3)				





## Primary Agreement

Draw

1 of 14

Search Print Save Settings



### 2025 VACCINES FOR CHILDREN PROGRAM PROVIDER AGREEMENT

#### FACILITY INFORMATION

Facility Name:		VFC Pin#:	
Facility Address:			
City:	County:	State:	Zip:
Telephone:		Fax:	


Comments








# Primary Agreement

 Primary Agreement - Incomplete

Please click the agreement button, read the document within the modal popup, and follow the instructions at the bottom to accept the Program Provider Agreement.

View Agreement

Required Signers

Signature Number	Contact Type	Accepted Date	Last Name	First Name	Action
1	PHYSICIAN SIGNING AGREEMENT (Z3)				 Review And Accept



# Submit Forms



## Vaccine Program Enrollment


Clinic: PRETEND PEDIATRICS

Template: 2025 VFC RECERTIFICATION

Status: NOT SUBMITTED

Cancel

Print

Save Progress 


Submit Forms

Delete



Begin the enrollment by reviewing the Enrollment Guide (if it is present for the enrollment), then fill-out all remaining sections saving progress frequently. When all sections are complete, press Submit Form to submit the enrollment.


Please note that all clinic and staff change requests that are submitted are pending program approval. Changes do not take effect until they have been approved.

 Assets - Completed




 Required Staff And Staff Training - Incomplete




 Delivery Hours - Completed



 Review Facility/Clinic Information - Completed



 Vaccines Offered - Completed




 Provider/Clinic Population - Completed




 Source of Data - Completed




 Review Medical Director or Equivalent Information - Completed



 Review Vaccine Coordinators - Completed



 Prescribing Staff Members - Completed





# Checking Status



## Vaccine Program Enrollments ?

Add Enrollment

Filter Options

Date Range

Start Date \*

03/19/2024

End Date \*

03/19/2025

Provider / Clinic \*

[PRETEND PEDIATRICS] PRETEND PEDIATRICS - VFC111111 (111111)

Select a clinic by typing provider, clinic, vfc pin, or clinic code

Status

ALL

Title

☐ Include Inactive Titles

Program

Activity

Filter

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Program	Activity	Audit	Action
03/19/2025		PRETEND PEDIATRICS	PRETEND PEDIATRICS	NOT SUBMITTED		2025 VFC RECERTIFICATION	VFC	ENROLLMENT RENEWAL	<span>?</span>	<div>VIEW</div>

Showing 1 to 1 of 1 entries



# What if my recertification is rejected?



✔ Review Vaccine Coordinators - Completed +

✔ Prescribing Staff Members - Completed +

✔ Primary Agreement - Incomplete +

Comments -

Clinic Comments

Jurisdiction Comments

Cancel

Save Progress ▾






# Changes This Year

- Only two required trainings

## VFC Provider Annual Trainings

- [Immunization: You Call the Shots-Module Sixteen Vaccines for Children Program—2024](#)
- [Immunization: You Call the Shots-Module Ten Storage and Handling—2024](#)

 [SIMON Application Training](#)

- National Provider Identifier (NPI) **required** for all providers

NPI



# More resources...



**SIMON** PRETEND PEDIATRICS, PRETEND PEDIATRICS, 111111 PATIENT SEARCH

**SIMON**  
STATEWIDE IMMUNIZATION  
ONLINE NETWORK

- Home
- Patients
- Immunizations
- Inventory
- Vaccines** 
  - On-Hand**
  - Electronic Decrementing
  - Reconciliation
  - Vaccine Orders
  - Vaccine Returns
  - Vaccine Shipments
  - Locations
- Clinic Tools
- Program Tools

## Vaccine Inventory On-Hand [Learn More](#)

**Filter Options**

<b>Inventory Location</b>	<b>Status</b>
<input type="text" value=""/>	<input type="text" value="ON-HAND"/>
<b>Vaccine</b>	<b>Funding Source</b>
<input type="text" value=""/>	<input type="text" value=""/>

NO RESULTS FOUND FOR FILTER CRITERIA

**WebIZ Help**

**SIMON**  
STATEWIDE IMMUNIZATION  
ONLINE NETWORK

**Browse All Topics**

**Topics**

- Add New Inventory
- Immunizations
- Inventory Edits/Adjustments
- Inventory Transfers
- Reconciliation
- Vaccine Orders
- Vaccine Returns

## Related Topics

### Add New Inventory

- Manual Add (Private Stock)
- Receive Inventory Transfer
- Receive VTrckS Shipment



# Contacts

- VFC/IQIP Coordinator: Salehims@dph.sc.gov
  - Current provider type (specialty or full platform)
  - General enrollment questions
- Vaccine Operations: SCVFC@dph.sc.gov
  - Inventory, Ordering, and Storage and Handling
  - User-specific access (clinic tools, inventory within SIMON)
- SIMON Team: SIMON@dph.sc.gov or call 803-898-0460 select opt 3
  - Register site to report to SIMON
  - Assistance with account access (password reset, new accounts)
  - EHR vendor questions regarding HL7 submission