



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)

A screenshot of the SIMON (Statewide Immunization Online Network) login page. The page has a dark blue header with the SIMON logo (a green palm tree above the word "SIMON" and "STATEWIDE IMMUNIZATION ONLINE NETWORK" below it) and the text "Statewide Immunization Online Network". Below the header is a white login form. The form has a "Login" heading, followed by "Username" and "Password" labels above two input fields. Below the input fields are links for "Forgot Password?" and "Login" (a green button). At the bottom left of the form are links for "Trouble Logging in?" and "Request User Account". A red arrow points to the "Request User Account" link.

# 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.*



The SIMON interface is shown with a blue header containing the logo and text "SIMON STATEWIDE IMMUNIZATION ONLINE NETWORK". A vertical menu on the left lists various options: Home, Patients, Immunizations, Education, IZ Quick Add, Inventory, Clinic Tools, Storage Units, Reading History, Manage Assets, Enrollments, Clinic Information, Program Tools, Reports, and Dashboards/Analytics. A green arrow points to the "Enrollments" item.

The main content area of the SIMON interface is titled "STATEWIDE IMMUNIZATION ONLINE NETWORK". It features an information icon (i) and a section for "Default Provider/Clinic" with a form for "Provider/Clinic \*" containing a text input field with the placeholder "[YOUR CLINIC NAME]" and a note "Select a clinic by typing provider, clinic, vfc pin, or clinic code". Below this is a "Login History" section with a list of successful LDAP login events, including dates like "03/11/2025" and "03/10/2025". At the bottom, there is a "News" section with a heading "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

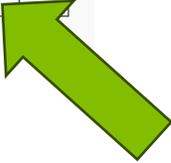
Filter

## 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	?	VIEW



# 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	?	VIEW
FRONT OFFICE REFRIGERATOR (DATA LOGGER MAIN FRIDGE)	NO	STORAGE UNIT	ACTIVE	?	VIEW
FREEZER THERM (MAIN FREEZER)	N/A	THERMOMETER	ACTIVE	?	VIEW
DATA LOGGER MAIN FRIDGE (FRONT OFFICE REFRIGERATOR)	N/A	THERMOMETER	ACTIVE	?	VIEW

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

Thermometer Type \*

CTM ▾

Brand

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

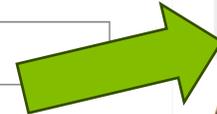
Calibrate Thermometer

### Associated Storage Unit

Edit Storage Unit

Temperature Readings

Log Temperature



# Assets



## Calibrate Thermometer i

**Submit Calibration**

Name

Calibration Date \*

Select the Calibration Certificate pdf file from your computer.

No file chosen

### Thermometer

[Edit 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:

Calibration Date \*:

Select the Calibration Certificate pdf file from your computer.

No file chosen

### Thermometer

[Edit Thermometer](#)

### Associated Storage Unit

[Edit Storage Unit](#)

[Temperature Readings](#)

[Log Temperature](#)

### Calibration History

Date	User	Certificate	Action
03/18/2025	SALEHI, MCCOLLOCH	<input type="button" value="PDF"/>	<input type="button" value="Delete"/>



Showing 1 to 1 of 1 entries

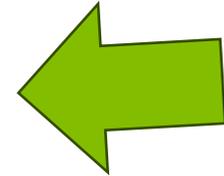
# Required Staff and Staff Training



## ⚠ 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  
[Empty field]

**Completion Date \***  [Calendar icon]

Upload Certificate  
[Empty field] 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)

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

**SIMON**  
STATEWIDE IMMUNIZATION  
ONLINE NETWORK

- 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

To

Delivery Time 2

To

Tuesday

Delivery Time 1

To

Delivery Time 2

To

Wednesday

Delivery Time 1

To

Delivery Time 2

To

Thursday

Delivery Time 1

To

Delivery Time 2

To

Friday

Delivery Time 1

To

Delivery Time 2

To

#### 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.

# 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

**VTrckS 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 type). Once all required 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 -
  - All ACIP Recommended Vaccines for children 0 through 18 years of age.  Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)
  - 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.
- ⚠ Provider/Clinic Population - Incomplete +



# Provider/Clinic Population



Provider/Clinic Population - Incomplete

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>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - No Health Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - American Indian/Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
VFC Eligible - Uninsured At FQHC <sup>[2]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<b>Total</b>	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] Uninsured 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 (Uninsured 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 uninsured once the fixed dollar amount is reached. Uninsured 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>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
SC State Vaccine Program <sup>[2]</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
<b>Total</b>	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 Uninsured (Non-FQHC/RHC)-These children are uninsured 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 Uninsured is the same as the VFC Uninsured. 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
<b>Grand Total</b>	0	0	0	0



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

## Reports i

### 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

# Provider/Clinic Population



1 of 1



## SIMON

### VFC Category Patient Count Report

March 18, 2025

Provider = PRETEND PEDIATRICS, Clinic = PRETEND PEDIATRICS, Vaccination Date From = 03/18/2024, Vaccination Date Through = 03/18/2025

Age Group						Age		
	<1	1-6	7-18	Total	%	19-20	21+	Unknown
Not VFC Eligible - Insured	0	0	0	0	0.00	0	0	0
* VFC Eligible - Medicaid Eligible	0	0	0	0	0.00	0	0	0
* VFC Eligible - No Health Insurance	0	0	0	0	0.00	0	0	0
* VFC Eligible - American Indian/Alaska Native	0	0	0	0	0.00	0	0	0
* VFC Eligible - Underinsured At FQHC	0	0	0	0	0.00	0	0	0
Disease Control Local-Specific Eligibility	0	0	0	0	0.00	0	0	0
317-Adult-Uninsured/bap/Under-Insured	0	0	0	0	0.00	0	0	0
SC State Vaccine Program	0	0	0	0	0.00	0	0	0
<b>Total Clients</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>Totals of clients ages 18 and younger:</b>								
<b>Total of VFC Eligible Clients:</b>	0	<b>Percentage of VFC Eligible Clients:</b>				0 / 0	0.00%	
<b>Total of NON-VFC Eligible Clients:</b>	0	<b>Percentage of NON-VFC Eligible Clients:</b>				0 / 0	0.00%	

\* = VFC Eligible



# 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.

<b>Name</b> DOCTOR IMAGINARY	<b>Title</b> Doctor of Medicine
<b>Email</b> SALEHIMS@DPH.SC.GOV	<b>Specialty</b>
<b>License Number</b> 12345 60000	<b>Medicaid Number</b>
<b>NPI Number</b>	<b>Employee Identification Number</b> 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



Telephone

803-587-1537

Ext

Fax Number

License Number

10000  
12345

Comments

Medicaid Provider ID

Employer ID Number

100000000  
12345678



Specialty

▾

Title

DOCTOR OF MEDICINE ▾

Administers Vaccinations

Prescribes Vaccinations

Main Contact/Shipping Contact



# 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.

<b>Name</b> DOCTOR IMAGINARY	<b>Title</b> Doctor of Medicine
<b>Email</b> SALEHIMS@DPH.SC.GOV	<b>Specialty</b>
<b>License Number</b> 120000	<b>Medicaid Number</b>
<b>NPI Number</b> 1200000000	<b>Employee Identification Number</b> 1234567800000000

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)				



### Vaccine Program Enrollment

Primary Agreement

1 of 14

SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

### 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)				 <a href="#">Review And Accept</a>

# Submit Forms



## Vaccine Program Enrollment ? i

Cancel   Print   Save Progress ▾

- Submit Forms
- Delete



Clinic: PRETEND PEDIATRICS  
Template: 2025 VFC RECERTIFICATION  
Status: NOT SUBMITTED

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 [calendar icon] End Date \* 03/19/2025 [calendar icon]

**Provider / Clinic \***  
[PRETEND PEDIATRICS] PRETEND PEDIATRICS - VFC111111 (111111)  
Select a clinic by typing provider, clinic, vfc pin, or clinic code

**Status** [ALL] [dropdown] **Title** [ ] [checkbox] Include Inactive Titles

**Program** [ ] [dropdown] **Activity** [ ] [dropdown]

[Filter] [dropdown]

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>	VIEW [dropdown]



Showing 1 to 1 of 1 entries

# What if my recertification is rejected?



Review Vaccine Coordinators - Completed +

Prescribing Staff Members - Completed +

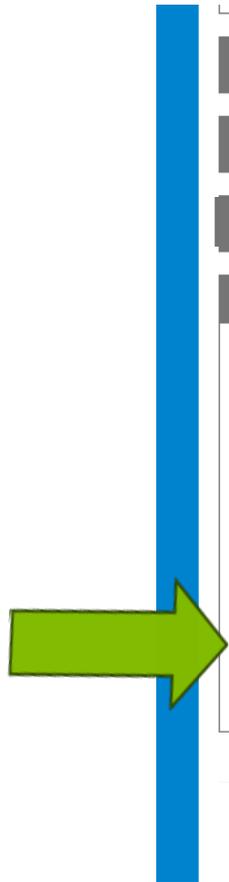
Primary Agreement - Incomplete +

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 i Learn More

**Filter Options**

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

- 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