

Section 8: Annual Signature

Sign and date one signature block when you update practice-specific information.

- **The names and signatures of staff listed below must match those in Section 1: Important Contacts, page 2.**
- **By signing, staff acknowledge they have reviewed and agree to abide by the requirements in this plan.**
- **Must be a wet or digital signature with a time and date stamp.**

Provider of Record/ Medical Director		Signature & Date		
Vaccine Coordinator		Signature & Date		
Backup Vaccine Coordinator		Signature & Date		
Staff who updates VMP		Signature & Date		
Additional Staff		Signature & Date		

Updates and Comments				
Provider of Record/ Medical Director		Signature & Date		
Vaccine Coordinator		Signature & Date		
Backup Vaccine Coordinator		Signature & Date		
Staff who updates VMP		Signature & Date		
Additional Staff		Signature & Date		