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| **New Jersey Department of Health**Vaccine Preventable Disease ProgramP.O. Box 369**Trenton, NJ 08625-0369** | APPLICATION FORCERTIFIED YELLOW FEVER UNIFORM STAMP |

This form is used for a new Certified Yellow Fever Uniform Stamp or to reapply for certification following the three (3) year expiration of current certification. Please type or print all information.

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| Type of Application  New Applicant  Renewal-No Changes  Renewal-With Changes *(Attach Change Notification Form)* | | | | | | |
| **uniform stamp holder information** | | | | | | |
| Full Name of Responsible Physician (Stamp Holder) | | | | | | |
| Mailing Address | | | | | | Medical License Number |
| City | | State | | | Zip Code | Phone |
| Physical Address | | | | | | Email Address |
| City | | State | | | Zip Code |
| Current Stamp Number for Recertification | | | NJ Immunization Information System (NJIIS) Provider Number | | | |
| **designated yellow fever vaccination center** | | | | | | |
| Legal Name of Designated Facility | | | | | | |
| Mailing Address | | | | | | |
| City | | | | | State | Zip Code |
| Phone | Fax | | | Email Address | | |
| Shipping Address | | | | | | |
| City | | | | | State | Zip Code |
| Phone | Fax | | | Email Address | | |
| **designated yellow fever coordinator** | | | | | | |
| Name of Coordinator | | | | | | |
| Physician  Pharmacist  Nurse  Physician Assistant | | | New Jersey Professional Board License/Certificate | | | |
| Position | | | | | | |
| Mailing Address | | | | | | |
| City | | | | | State | Zip Code |
| Phone | Fax | | | Email Address | | |

\* To designate additional facilities that are under the jurisdiction of the responsible Physician (Uniform Stamp Holder) to administer Yellow Fever Vaccine, please complete the Designation of Additional Yellow Fever Vaccination Centers form located on the Yellow Fever Program webpage at: http://nj.gov/health/cd/topics/yfever.shtml.

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| **Signature of Responsible Physician** | |
| Signature of Responsible Physician | Date |

*New applicants should reference the Yellow Fever Program Manual to ensure all required forms are submitted. Forms must be mailed to the New Jersey Department of Health, Vaccine Preventable Disease Program at the address above, faxed to the Vaccine Preventable Disease Program, ATTN: Yellow Fever Vaccine Program at 609-826-4866, or emailed to* *[yf.v](mailto:yf.vaccine@doh.nj.gov)**[accine@doh.nj.gov](mailto:yf.vaccine@doh.nj.gov).*