

Closed Point of Dispensing Partner Enrollment Form

☐ INITIAL ENROLLMENT

☐ RENEWAL

Organization Name:

Address:

City:

State:

Zip Code:

Organization Main Phone Number:

Type of Organization:

☐ Health Care Facility

☐ Community Based Organization

☐ Private Industry/Business

☐ Correctional Facility

☐ Other

☐ Faith Based Organization

☐ Government Agency

☐ Academic Institution

☐ Military Installation

	Contact Name	Email Address	24/7 Phone
Primary Contact			
Secondary Contact			

How Many People Will Be Served by This CPOD?	Total
A. How many people does your business employ, including full-time, part-time, seasonal, students, and/or contract workers?	
B. How many family members will you serve? (family multiplier is 3)	+
C. How many patients/residents/clients do you serve (if applicable)?	+
TOTAL PEOPLE SERVED (A + B + C)	=

Vaccine Administration:

Will this CPOD be able to administer vaccinations?

☐ Yes

☐ No

Participation in the Closed Point of Dispensing (CPOD) program is free of charge. Federal Strategic National Stockpile medication, vaccine, and/or medical supplies will be distributed through the Mississippi State Department of Health to the CPOD. By signing below, the CPOD agrees to adhere to the following conditions.

1. Provide the MSDH with the number of staff and clients to receive medication and/or vaccine; this information will be updated annually upon renewal of Provider Enrollment.
2. Have a medical consultant (physician or pharmacist) who will oversee the dispensing of medications and/or administration of vaccine. The medical consultant does not have to be on-site, but staff will work under his/her direction.
3. Follow the same treatment algorithms as used in the standing orders for the state.
4. Provide MSDH with the name of the representative designated to pick up medication, vaccine, and/or medical supplies prior to pick up at designated POD site.
5. The designated representative will present two personal forms of identification (one issued by the facility, and a picture ID issued by the state) and will sign for all medication, vaccine, and/or medical supplies received.
6. Be responsible for administration of the medication/vaccine, distribution of information sheets, and collection of completed health information forms. Health Information Forms will be returned to the MSDH within 48 hours for patient tracking.
7. Not to charge for the medication/vaccine or for any of the services provided as a part of the administration of the medication/vaccine.
8. If a vaccine is required and the Closed POD facility does not have the capability to administer injections to the entire CPOD population, they must go to an Open POD site for vaccination.
9. If a vaccine is required, registration with the MSDH Immunization Program will be required.
10. Follow the MSDH guidance to return all unused, unopened medications, vaccines and/or supplies and completed CPOD Inventory Final Summary Form upon conclusion of event.
11. For the purpose of the State and/or Federal Laws and regulations:
 - a. Maintain and make available all records to the Mississippi State Department of Health, the U.S. Department of Health and Human Services, and/or their assignees or agents.
 - b. Comply with Presidential Executive Order No. 12549, Certification Concerning Debarment and Suspension.
12. Enrollment may be terminated at any time by either party for any reason.

Signature of Administrative Representative	Print Name	Facility Title	Date
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Signature of Medical Consultant	Print Name		Date
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Medical Consultant Title	License #
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☐ Check if Medical Consultant is a physician or pharmacist NOT affiliated with Closed POD facility.

For Official Use Only:

MSDH Staff Reviewing Enrollment Form
Print Name: Signature: Date:

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| <ul style="list-style-type: none"> This enrollment form will be reviewed annually by the facility and the MSDH Medical Support Specialist. Copy to be given to CPOD Facility. |
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