



Three empty rounded rectangular boxes for identification numbers.

Application form

Yellow Fever Vaccination Centres

All fields indicated by an asterisk () are mandatory.

Section A – Health care site information

Type of health care	Public	Private	Hospital
Name of the health care site*	Address*		
Telephone*			
Fax	Postal address*		
Email*			
Website	Business number*		

Section B – Health care practitioner information

Name of Nominated Health Care Practitioner*	
Email*	Profession*
Telephone*	
Copy of current license attached*	
Completed by*	Date (year-month-day)*

Section C – For office use only

NHCP license _____	Signed attestation _____	YFVC # _____	APP # _____	ORD # _____
Review _____	Approval _____	Comments		
Sent _____	Date _____			



Application form

Yellow Fever Vaccination Centres

Instructions to complete the form

Section A – Health care site information

This section must be completed in full.

Provide the contact information of the health care site. The information in this section is used to populate the listing of Yellow Fever Vaccination Centres on the Public Health Agency of Canada's (PHAC) Web site and for communication purposes.

Email

Provide the email address of the health care site or of the clinic manager. This information will not be shared with the public.

Address

Use this section for the physical address of the health care site. The public will use this address to locate your site.

Postal Address

If the mailing address differs than the physical address of the health care site (e.g., if the health care site uses a P.O. Box), please write it in this section. This information is necessary to ensure that any correspondence from PHAC is delivered to the site. This information will not be shared with the public.

Section B – Health care practitioner information

This section must be completed in full.

Information provided in this section will not be shared with the public.

Notes on specific fields:

Profession

- Write the profession of the Nominated Health Care Practitioner (NHCP). For example, physician, nurse, pharmacist, etc.
- Please see Section 5A(v) in the Procedures Manual for more information on who can be the NHCP for a Yellow Fever Vaccination Centre.
- Attach a copy of the NHCP's current license to practice when submitting the forms.

Email

Provide the email address of the NHCP. PHAC must be able to contact the NHCP directly if necessary.

Telephone

Provide the direct business phone number of the NHCP. PHAC must be able to contact the NHCP directly if necessary. If possible, please do not provide personal contact numbers.

Section C – For office use only

Please do not enter information in this section. PHAC will complete this section once the request has been processed.