



# Notification of changes form

Yellow Fever Vaccination Centres

**NB: Any changes in address OR Nominated Health Care Practitioner requires the completion of an Attestation form**

\*All fields indicated by an asterisk (\*) are mandatory.

## Section A – Health care site information

Name of the health care site*	Unique Yellow Fever Vaccination Centre #*
Completed by*	Date (year-month-day)*

## Section B – Changes to health care site information

Current Information	New information
Name of the health care site	Name of the health care site
Address	Address
Business number	Business number
Telephone	Telephone
Fax	Fax
Email	Email
Website	Website

## Section C – Change to the Nominated Health Care Practitioner

Name of current Nominated Health Care Practitioner*	
Name of new Nominated Health Care Practitioner*	
Email*	Profession*
Telephone*	Attestation form attached* Copy of current license attached*

## Section D – For office use only

NHCP License	Signed attestation	NOC # _____ NHCP # _____
Review _____	Approval _____	Comments
Sent _____	Date _____	



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## Instructions to complete the form

### Section A – Health care site information

This section must be completed in full.

### Section B – Changes to health care site information

Complete only the rows where information has changed. Enter the current information in the left-side column, and the new information in the right-side column.

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.

#### Address

For a change in address, the health care site must attach a completed Attestation form, signed by the Nominated Health Care Practitioner (NHCP).

### Section C – Change to the Nominated Health Care Practitioner

This section must be completed in full.

Information provided in this section will not be shared with the public. For a change in NHCP, please attach a completed Attestation form.

#### Profession

- Write the profession of the 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 D – For office use only

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