

Form Instructions: Complete all required sections as marked with an '*'. Email the completed form to the email address provided at the bottom of the page. A Health and Human Services (HHS) representative will contact you to discuss the specifics of your event.

*Today's Date																						
*Name of Requesting Entity:																						
*Point of Contact First Name:		*Point of Contact Last Name:																				
*Primary Telephone Number:	*Alternate Telephone Number:	*Point of Contact Email Address:																				
*Facility Street Address:																						
*City:	*State:	*ZIP Code:	*County:																			
*Event Location: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Indoor Outdoor </div>																						
*Type of Assistance Requested: <div style="margin-top: 10px;"> <input type="checkbox"/> Provide staff <input type="checkbox"/> Bring vaccine and provide staff <input type="checkbox"/> Facility has staff who are willing/available to assist </div>																						
*Type of Doses to be Offered: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 1st Dose 2nd Dose Bivalent Pediatrics (1st or 2nd) </div>																						
*Number of Staffing Requested:																						
Vaccinator:		Observation:																				
*Estimated Number of Vaccinations to be Administered:																						
Staff:		Residents: Other:																				
*Type of Facility: <div style="margin-top: 10px;"> <input type="checkbox"/> Long Term Care <input type="checkbox"/> University <input type="checkbox"/> Public School <input type="checkbox"/> Local Public Health <input type="checkbox"/> Other Please Specify Other: </div>		*Type of Vaccine Requested (Complete if DHHS is Bringing Vaccine): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">How Many Doses?</th> </tr> <tr> <th>1st</th> <th>2nd</th> <th>Bivalent</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Pfizer:</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Pfizer Peds:</td> <td></td> <td></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td style="text-align: center;">Moderna:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			How Many Doses?			1 st	2 nd	Bivalent	Pfizer:				Pfizer Peds:				Moderna:			
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	1 st	2 nd	Bivalent																			
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Moderna:																						
*Proposed Event Date:	*Proposed Start Time:		*Proposed End Time:																			

See Notes on Back of Page.

A two-week notice is required when requesting HHS assistance. Dates are available on a first come first serve basis and are subject to HHS staff availability. If HHS is providing observation staff, please arrange to have patients wait in a common area such as a dining hall.

LTC Residents should be pre-registered in prep-mod prior to the event. Pre-registration is encouraged for all attendees.

Notes:

Special Note

Vaccine availability is subject to current availability. If HHS is supplying vaccine, attempts will be made to meet the request. If requested vaccine type/brand is unavailable, the facility will be notified prior to the event.

HHS will attempt to meet the staffing needs as requested for each event. If there are issues fulfilling the request, the facility will be contacted prior to the scheduled event.

This form may be completed and mailed to:

North Dakota Department of Health and Human Services
Health Response and Licensure
Department Operations Center
1720 Burlington Dr – Suite A
Bismarck ND 58504-7736

You may also submit the completed form via e-mail to nddohdoc@nd.gov.