



COVID-19 Vaccine Provider Training Attestation

Facility Name:	
Street Address:	
City, Zip Code:	
Pandemic or VFC Pin:	

I attest that all staff who are involved in the storage, handling and administration of COVID-19 vaccine at my facility will view and be familiar with the ODH required vaccine training materials located on the [ODH COVID-19 Vaccine Provider Training webpage](#).

I attest that I will regularly check the ODH COVID-19 Vaccine Provider Training webpage for additional training materials and train facility staff on new information as needed.

I attest that I will document all completed trainings in the **COVID-19 Vaccine Provider Training Log**, and I will provide this to ODH upon request. I attest that I will maintain this training documentation for three years.

Primary COVID-19 Vaccine Coordinator Name (First and Last): _____

Primary COVID-19 Vaccine Coordinator Email: _____

Primary COVID-19 Vaccine Coordinator Signature: _____

Date: ___ / ___ / _____

Backup COVID-19 Vaccine Coordinator Name (First and Last): _____

Backup COVID-19 Vaccine Coordinator Email: _____

Backup COVID-19 Vaccine Coordinator Signature: _____

Date: ___ / ___ / _____

COVID-19 Vaccine Provider Training Log

Training Title	Date Completed
You Call the Shots Module 10 - Storage and Handling	
Temperature Monitoring Standards	
Ultra-Cold Vaccine Storage Considerations	
General Guidance for COVID-19 Second Dose	
Additional trainings as added to website:	