



Texas COVID-19 Vaccine Program Withdrawal Form

Instructions:

1. Complete this form in its entirety, provide CEO/CMO signature and date.
Note: Submissions with blank fields will be returned for corrections and will delay withdrawal completion.
2. Email completed withdrawal form to COVID19VacEnroll@dshs.texas.gov.
3. Once the withdraw form is processed by DSHS, you will receive a confirmation email from the COVID19 Vaccine Enrollment Helpdesk (COVID19VacEnroll@dshs.texas.gov).

Today's Date	
PIN (if applicable)	
ImmTrac2 Org Code (if applicable)	
Site Name	
Address	
City	
County	
Zip Code	
Phone Number	
Email Address	
Printed CEO or CMO	
Signature of CEO or CMO	

Withdrawal Reason (Check one)

Check	Reasons
<input type="checkbox"/>	Duplicate profile
<input type="checkbox"/>	Does not have proper storage
<input type="checkbox"/>	Too many requirements
<input type="checkbox"/>	Received vaccine elsewhere
<input type="checkbox"/>	No longer wishes to continue enrollment
<input type="checkbox"/>	Clinic closed permanently
<input type="checkbox"/>	Insufficient staff to administer vaccine
<input type="checkbox"/>	Working with a partner organization / Local hub
<input type="checkbox"/>	CMO / CEO left practice
<input type="checkbox"/>	Provider enrollment inactivity (DSHS use only)

If you have any questions, contact the DSHS COVID-19 Vaccine Provider Help Desk at 877-835-7750, or by email at COVID19VacEnroll@dshs.texas.gov.

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Department of State Health Services to Complete

Date	Agent Name	Withdraw Code	Inactive (I) Deleted (D)	Email Sent