

Private Employer Program

Application Form

Date modified: October 11, 2023

Option 1: Employers with Internal Resources - Employers who have internal licensed health care professionals who have completed the required education for administration of influenza and/or COVID-19 vaccine are eligible to receive access to the public supply of influenza and/or COVID-19 vaccine, appropriate personal protective equipment (PPE) and a clinic kit at no cost to the employer for the purpose of administering these vaccines to employees.

Option 2: Employers Contracting External Resources - Employers without internal licensed health care professionals who have completed the required education for administration of influenza and/or COVID-19 vaccine are eligible to receive financial assistance, in the form of a Vaccination Clinic Grant, to contract an external private company or an independent health professional for the purpose of administering influenza and/or COVID-19 vaccines to employees. The contracted party would receive access to the public supply of influenza and/or COVID-19 vaccine, appropriate PPE and a clinic kit at no cost to the employer or private service provider. The Vaccination Clinic Grant is valued at $120 per hour (prorated) of vaccination clinic time. It is expected that 10 to 12 vaccines would be administered per hour. Please note that employers will only be reimbursed if all required documentation is submitted by deadline noted in the Private Employer Program Policy Document.

The Provincial Government, Federal Government and crown agencies, boards and commissions are able to access vaccine, appropriate PPE and a clinic kit under Option 1: Employers with Internal Resources only. These organizations are not eligible for the *Vaccination Clinic Grant.*

Please read the Influenza and COVID-19 Vaccination Clinic Support Program Policy before proceeding to ensure eligibility: [**Time For The Shot - Government of Newfoundland and Labrador**](https://www.timefortheshot.ca/)

Employers are required to complete this application form to register for the program in advance.

Section A: Employer information

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address (Headquarters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Stream (As outlined above): Option 1: \_\_\_ Option 2: \_\_\_

Number of Employees: \_\_\_\_\_\_\_\_\_ Number of Employees Pre-Registered to be Vaccinated:

COVID-19 Moderna \_\_\_\_\_\_\_\_\_

COVID-19 Pfizer \_\_\_\_\_\_\_\_\_\_\_\_

Influenza \_\_\_\_\_\_\_\_\_

Location of Vaccination Clinic (Facility / Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time and Date of Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section B: Immunizer Information:

Option 1 – Employers with Internal Resources:

Name of Employee to provide immunizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regulatory Body (e.g., College of Registered Nurses of Newfoundland and Labrador): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration/License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Up-to-date vaccine training and regulatory authorization (if applicable) (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Liability Insurance (Yes/No): \_\_\_\_\_\_\_\_\_\_\_

Personal Health Information Act Online Education Course completed (Yes/No) \_\_\_\_\_\_\_\_\_ (Course can be found at: [http://nlchi.skillbuilder.ca/home)](http://nlchi.skillbuilder.ca/home)

Option 2 - Employers Contracting External Resources:

1. If contracting with a private company:

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Health Information Act Online Education Course completed (Yes/No) \_\_\_\_\_\_\_\_\_ (Course can be found at: [http://nlchi.skillbuilder.ca/home)](http://nlchi.skillbuilder.ca/home)

1. If contracting directly with an individual practitioner:

Name of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regulatory Body (e.g., College of Registered Nurses of Newfoundland and Labrador):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration/License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Up-to-date Vaccine Training (Yes/No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability Insurance (Yes/No): \_\_\_\_\_\_\_\_\_\_\_

Personal Health Information Act Online Education Course completed (Yes/No) \_\_\_\_\_\_\_\_\_ (Course can be found at: [http://nlchi.skillbuilder.ca/home)](http://nlchi.skillbuilder.ca/home)

Declaration by Employer:

* I hereby declare that the information given on this release is true and correct to the best of my knowledge.
* I authorize the Government of Newfoundland and Labrador, and Newfoundland and Labrador Health Services, as necessary, from any level of government in Canada and/or any other party identified in this application, for the purpose of verifying my eligibility for financial assistance and for verifying my compliance with the terms and conditions of receiving said financial assistance.
* I will update any changes in contact information to the Department of Health and Community Services.

* I have read the Private Employer Program Policy and agree to be in compliance with such policy.
* I have read Private Employer Program Guidance Package and agree to be in compliance with the requirements therein.
* I agree to obtain employee consent for input into the Electronic Medical Record, either electronically or manually.
* I understand that the Government of Newfoundland and Labrador, and Newfoundland and Labrador Health Services shall not be liable for any losses, damages, claims, demands, or suits as a result of the Employer’s participation in the Private Employer Program. For greater certainty, the Government of Newfoundland and Labrador makes no representations and provides no warranties with respect to the administration of the influenza and/or COVID-19 vaccine, the personal protective equipment, or the clinic kit supplied to the Employer.

Name of Authorized Employer Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form via email to: [OmPrakashYadav@gov.nl.ca](mailto:OmPrakashYadav@gov.nl.ca)

For questions, please call: (709) 729-7582