
VHCP Enrollment

The Wisconsin State Statutes define the Volunteer Health Care Provider and eligibility for participation in the program. Please check the box to the left of the bullet points to acknowledge your organization's commitment and agreement to the following criteria. For more information visit [Wisconsin Legislature: 146.89](#)

Welcome to VHCP Enrollment!

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By checking the "Confirmed" box below, my Organization confirms the truth of, acknowledges responsibility for, and agrees to continue to uphold the following statements:

- The organization is a non profit agency (Free and Charitable Clinic) or non profit school board or governing body providing health care services to students.
- The Volunteer Health Care Provider doesn't receive income from the practice of his or her health profession in the organization.
- The [Volunteer Health Care Provider](#) shall maintain his or her credentials for his or her health care profession.
- As the member of the Organization, I certify that I have verified the credentials for each provider submitted to VHCP coverage through our Organization
- The organization assumes responsibility for approving individuals to be Volunteer Health Care Providers and will:
 - Research and validate an individual's credentials before submitting the joint application to be a Volunteer Health Care Provider.
 - Maintain a list of Volunteer Health Care Providers providing services at the non profit agency in an online portal (hosted by WAFCC).
 - Monitor Volunteer Health Care Providers providing services at the non profit agency and shall terminate a providers participation in the program when the agency questions the credentials of the provider or when the agency disapproves of the practices of the provider.

Also, by checking the "Confirmed" box below, my Organization acknowledges and understands WAFCC/DHS' Data Use for Collaborative Purposes Acknowledgment

- By checking the box below and submitting data to Wisconsin Association of Free and Charitable Clinics Inc ("WAFCC"), [entity name or however you reference clinic throughout the rest of the data sheet] ("Organization"), acknowledges and agrees that WAFCC may use aggregate organizational data for collaborative WAFCC purposes, including but not limited to, group purchasing agreements or vendor contracts, preparing reports for members and third-parties (required by WI DHS for VHCP), supporting advocacy efforts, enhancing member services, or other purposes subject to applicable law. WAFCC will maintain confidentiality of clinic-specific data, except when disclosed in aggregate form, required by law, or shared with third parties under confidentiality obligations to accomplish these purposes.

Lastly, by checking the "Confirmed" box below, I confirm that I have completed the survey accurately to the best of my knowledge for my Organization and I have read and understand the Disclaimer.

(once confirmed, you can go ahead and click the **Submit** button)

Instructions

1. Review and update your current list of providers.
 - a. Check name, title and status. Hover over the field and click the icon pencil to update.
 - b. A save button will appear once you make the edit.
 - c. After editing a field the background changes from white to yellow to remind you to save your work before moving to another screen.

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- Scroll to the bottom of the page to add new providers.
 - Select 'Yes - I need to add a new provider(s)' from the dropdown.
 - Add one provider at a time and click submit.
 - The providers you add will populate in your current list of VHCP providers.
- Your changes will be saved when you click submit.

Your Current Active VHCP Providers (Click here to hide/show this section)

Provider Name (FirstName LastName)	Title	Status ↑
1 Provider Test	Physical therapist	Active
2 Monica Kampschroer	Chiropractor	Active
3 John Smith	Social worker	Active
4 Dr. Dermatology	State-licensed physician	Active

Cancel Save

d.

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Do you need to add a new VHCP Provider(s)? ?

Yes- I need to add a new Provider(s)

Provider Name (First Name Last Name) Title

--None--

Once you've completed this enrollment wizard and arrive at the final screen, a list of all active VHCP Providers on file for your organization will be sent to the Organization Email we have on record. You may also specify an additional email address in the following field to receive this email. We will also document today as the most recent date that your organization has updated their VHCP information. By selecting "Yes- please email me our list of active providers after I click Submit" and clicking on the "Submit" button, you will receive an email listing your current active VHCP Providers.

Additional Confirmation Email Recipient

you@example.com

Are you finished making changes? ?

Yes- please email me our list of active providers after I click Submit

Please be sure to click Submit to save your changes.

Your changes will be saved when you click submit.