

MOBI-KS 2010 Application

Are you interested in having a MOBI-KS presentation at your office/clinic?
The first step is to complete this application and fax to 866.519.0365.



Application Date: _____

Office or Clinic Name

Office or Street Address

City _____ State: KS Zip _____

County _____

Office Contact _____ Phone No. (_____) _____

Email Address _____

of Providers in Office _____

How did you hear about MOBI?

How many Children do you see per year? _____

What age group of children? _____

Do you currently do childhood immunizations?

- Yes
- No

Is your practice a Vaccines for Children (VFC) provider?

- Yes
- No

Are you currently using KS WebIZ?

- Yes
- No

Are you a Medicaid provider (Including Healthwave, Children's Mercy and Unicare)?

- Yes
- No

Please Fax Completed Form to Leslie @ 866.519.0365.

Note: You are not on our MOBI-KS Site Training until you have received an email from leslie.sherman@kansasaap.org that we have received your application!