

**Tool B: Stakeholder Contact List**

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| Stakeholder | Lead Contact Information | Role |
| State Health Official |  |  |
| State Health Department Legal Counsel |  |  |
| Immunization Program Manager |  |  |
| Emergency Preparedness Director |  |  |
| Local Health Departments |  |  |
| State Pharmacy Association |  |  |
| State Board of Pharmacy |  |  |
| Community Chain Pharmacy/ies |  |  |
| Community Independent Pharmacy/ies |  |  |
| Schools of Pharmacy |  |  |
| Other |  |  |
| Other |  |  |
| Other |  |  |