

OVERS Enrollment Form - Instructions

This form is available on the Center for Health Statistics web site at: http://bit.ly/OVERSsignup

Submit completed form and documents to:

Email: CHS.OVERSaccess@oha.oregon.gov Fax: 971-673-1201

The Oregon Vital Events Registration System (OVERS) is a system within the Oregon Department of Human Services/Oregon Health Authority (ODHS|OHA) computer network. (1) Use of this system constitutes the user's consent to permit ODHS|OHA monitoring of the user's activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ODHS|OHA for civil or criminal penalty against the individual or responsible entity as permitted by law. It may also be used as evidence of violation of a contract granting access to the system, potentially resulting in termination of the contract. (2) You may not use another person's username and password. Do not share your username or password under any circumstances.

Directions: To gain permission to access OVERS and enter birth, death, or fetal death record data, email or fax the documents as specified below to the Center for Health Statistics (CHS). A CHS official will notify you by email when your account is created.

All applicants requesting OVERS access must submit:

- > A completed OVERS Enrollment Form
- Two pieces of identification (ID)
- Additional information listed below based on the user type you are requesting:
 - **Birth Information Specialists*** must submit 1) a letter on letterhead from your supervisor granting you permission to access the records associated with your facility and 2) the certificates for completing the Required Training Package**.
 - **Birth Hearing Screeners** must submit a letter on letterhead from your supervisor granting you permission to access the records associated with your facility.
 - Midwives* must submit the certificates for completing the Required Training Package**.
 - Facility Administrators must submit 1) a letter on letterhead from your supervisor granting you
 permission to access the records associated with your facility and 2) a completed <u>Acknowledgment</u>
 of Responsibilities Form.
 - Medical Certifiers* may work with your facility administrators to submit the enrollment form and ID.
 - **Medical Examiners*** must submit a letter from the office of the State Medical Examiner or District Attorney appointing you as Medical Examiner for your county.
 - **Medical Certifier Staff** and **Medical Examiner Staff** must submit a letter on letterhead from your supervisor granting you permission to access the records associated with your facility.
 - Funeral Directors* and Funeral Home Staff must submit a letter on letterhead from your supervisor granting you permission to access the records associated with your facility.

List of Acceptable Identification: (Social Security Cards are not a valid form of identification.)

Two pieces of ID are required. ONE must have the applicant's full name, photo and address.

- 1. Current, valid driver's license, permit or ID card
- 2. Current, valid passport or passport card with photo
- 3. State or federal government ID badge with photo
- 4. Certified Copy of a Birth Certificate (United States)
- 5. U.S. Armed Services ID Card with photo
- 6. Tribal Membership or ID Card
- 7. U.S. Coast Guard Merchant Mariner Card

- 8. Military Dependent's ID Card
- 9. Medical or Hospital ID Card
- 10. Citizen ID with photo
- 11. Permanent Resident Card with photo
- 12. Reentry Permit for US Permanent Residents
- 13. Pistol or firearms permit

Updated: 10/25

^{*}To sign/certify vital records in Oregon, you must have a position as licensed staff in a hospital or licensed birth facility or have a valid professional license authorized in Oregon. This includes funeral homes with a reciprocal agreement with WA and medical certifiers licensed in WA. CA and ID.

^{**}The Required Training Package for OVERS Access can be found online at: https://bit.ly/orvrBIS.



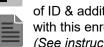
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Remember to include 2 pieces of ID & additional documentation with this enrollment form. (See instructions page.)

All fields are required. Missing information will lead to delays in processing your enrollment.

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Applicant's Name: _						(M.I.)			4 0	
Professional Title:			(First) ND		NP	CNM	LDM	Professional Li Nu	(Last) cense mber: ———	
acility Name:									NPI:	
Do you have OVER	≀S acces	s at ano	ther facil	ity?	Yes	No				
If Yes, do you Note: OVERS w primary contact	will only al	llow for co	ontact info	ormation	at one faci		· · · ·	Yes, add to my co OVERS access.	urrent	No, remove access to other facilities.
Work Phone:						F	-ax:			
Nork Email:										
Private Individual W	ork Ema	il (for pass	word reset	only):						
-acility Address:										
Oity:				County:				State:	Zip Code:	
Facility Mailing Add	ress (if d	ifferent):								
Oity:				(County:_			State:	Zip Co	de:
By signing belo	ow, I att	est tha	t:							
I am the	applica	ant.								
• The abo	ve infor	rmation t my act	tivities	relatio	n to OV	ERS will		ny knowledge. onitored.		
Signature of Applicant:						Da	ate:			
Chec	k the bo	ox next 1	to your l	User Ty	/pe belo	w. (*Indic	ates au	uthority to sign (or certify r	ecords.)
					BIRTH	REGISTR	ATION			

check the next to your coor type below (maleutee addressly to eight or contary recorder,										
BIRTH REGISTRATION										
Birth User Type:	Birth Information Spec	cialist*	Licensed Midwife*		Hearing Screener					
DEATH REGISTRATION										
Funeral Home User:	Funeral Director*	Funeral Hor	ne Staff							
Medical Certifier:	Medical Certifier*	Medical Certifier Staff		Facility Administrator						
Medical Examiner:	Medical Examiner*	Medical Examiner Staff								
		COUNTY STA	AFF							
County User Type:	County Registrar	Deputy Reg	istrar							

CHS USE ONLY							
Two Types of ID Shown: Photo ID and							
CHS Official:		Date Account Creat	ame:				
	Info. Complete	Setup in OVERS	Added to listserv	Sent email			