

ITOP REPORT PROVIDER OVERS ENROLLMENT FORM

Fax completed form to: 971-673-1201

Use this form to request an Oregon Vital Events Registration System (OVERS) account. An OVERS account allows Induced Termination of Pregnancy (ITOP) Report Providers to electronically complete and submit their facilities ITOP Reports to the Center for Health Statistics (CHS). All information related to ITOP reports is considered confidential. Names of facilities and ITOP report providers are held confidential as well.

This form is available for download at: <http://bit.ly/OVERSITOP>

ITOP Report Provider User Set-up Information – Information below must be complete.

ITOP Report Provider Name: _____
 (First) (Middle) (Last)

Work Email Address: _____

Work Phone: _____ **Work Fax:** _____

ITOP Report Provider Facility Name: _____

Facility Address: _____
 (Address) (City) (State) (Zip)

Facility Mailing Address
(if different from above): _____
 (Address) (City) (State) (Zip)

I will use my access in OVERS to submit statistical reports on induced termination of pregnancy for the facility listed. To ensure the security of the system and the reports I submit, I will not share my username or password with others.

 Signature of ITOP Report Provider

 Date Signed

ITOP Report Provider Approval

To ensure that this request for access to use OVERS in submission of ITOP reports is authorized for listed facility; it is required that this form be reviewed and approved by a manager, or other designated authority, at listed facility and provide their signature, written name, and title below.

I authorize the individual named above to submit ITOP reports on behalf of listed facility. I will notify CHS if the individual listed no longer requires access to OVERS to perform their job duties, including if employment is terminated.

 Signature of Approving Authority

 Print Name

 Title of Approving Authority

 Date Signed

CHS OFFICE USE ONLY

Info. complete Setup in OVERS Added to listserv Sent email