

## OVERS Enrollment Form - Instructions

This form is available on the Center for Health Statistics web site at:

<http://public.health.oregon.gov/BirthDeathCertificates/RegisterVitalRecords/overs/Pages/NewUsers.aspx>

Fax completed form and documents to: 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, 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)

**In addition, fax the following based on your user type:**

- **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 [Acknowledgment 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.

*\*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://www.oregon.gov/oha/ph/BIRTHDEATHCERTIFICATES/REGISTERVITALRECORDS/Pages/InstructionsBirth.aspx>.*

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**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. US Armed Services ID Card with photo
6. Tribal Membership or ID Card
7. US 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

## OVERS Enrollment Form

Fax completed form and documents to: 971-673-1201

Applicant's Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Professional Title:     MD     DO     ND     PA     NP     CNM     LDM

Professional License Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Email: \_\_\_\_\_

Private Individual Work Email (for password reset only): \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**By signing below, I attest that:**

- I am the applicant.
- The above information is true and correct to the best of my knowledge.
- I recognize that my activities relating to OVERS will be monitored.
- I will not share my username or password.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Check the box next to your User Type below. (\*Indicates authority to sign or certify records.)*

BIRTH REGISTRATION	
Birth User Type:	<input type="checkbox"/> Birth Information Specialist* <input type="checkbox"/> Hearing Screener
DEATH REGISTRATION	
Funeral Home User:	<input type="checkbox"/> Funeral Director* <input type="checkbox"/> Funeral Home Staff
Medical Certifier:	<input type="checkbox"/> Medical Certifier* <input type="checkbox"/> Medical Certifier Staff <input type="checkbox"/> Facility Administrator
Medical Examiner:	<input type="checkbox"/> Medical Examiner* <input type="checkbox"/> Medical Examiner Staff
COUNTY STAFF	
County User Type:	<input type="checkbox"/> County Registrar <input type="checkbox"/> Deputy Registrar

CHS USE ONLY	
Two Types of ID Shown: <b>Photo ID</b> _____ and _____	<small>(Date)</small>
CHS Official: _____	Date Account Created: _____ Username: _____
<input type="checkbox"/> Info. complete	<input type="checkbox"/> Setup in OVERS <input type="checkbox"/> Added to listserv <input type="checkbox"/> Sent email