

OVERS Enrollment Form - Instructions

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

<http://bit.ly/overssignup>

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)**
- **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 [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://bit.ly/orvrBIS>.*

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

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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.** ⬅

Applicant's Name: _____

Professional Title: MD DO ND PA NP NM LDM Professional License Number: _____

Facility Name: _____ NPI: _____

Do you have OVERS access at another facility? Yes No

If Yes, do you want to add this new facility to your current access?
Note: OVERS will only allow for contact information at one facility. Enter the primary contact information for your account below.

Yes, add to my current OVERS access.

No, remove access to other facilities.

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 relation 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:	Birth Information Specialist*	Hearing Screener	
DEATH REGISTRATION			
Funeral Home User:	Funeral Director*	Funeral Home Staff	
Medical Certifier:	Medical Certifier*	Medical Certifier Staff	Facility Administrator
Medical Examiner:	Medical Examiner*	Medical Examiner Staff	
COUNTY STAFF			
County User Type:	County Registrar	Deputy Registrar	

CHS USE ONLY			
Two Types of ID Shown: Photo ID _____ and _____ (Date)			
CHS Official: _____ Date Account Created: _____ Username: _____			
Info. Complete	Setup in OVERS	Added to listserv	Sent email