VIRGINIA DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS
VIRGINIA VITAL EVENTS AND SCREENING TRACKING SYSTEM (VVESTS)
ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)
ABORTION FACILITIES LOGON REQUEST FORM

NAME: Last _____First_____ Middle _____

User ID: _____**Phone#:** _____**Email:**_____

Title: _____

Name of Facility: _____

 Address: _____**City**_____**State**_____**Zip Code**_____
(Access will be associated with this address/facility ONLY)

License No. # (If Applicable):_____   **License Expiration Date:** _____

	ROLE NAME	DESCRIPTION OF JOB FUNCTION
☐	ITOPS_REGISTRATION	Enables a user to register induced terminations of pregnancies in the VVESTS - ITOPS Module

The user agrees to keep the access information (i.e. logon-id and password) to the VVESTS - EDRS confidential. ABORTION FACILITIES are required to report to Division of Vital Records when an employee access should be deactivated due to termination or changes in duties that no longer necessitate access to VVESTS. Notification must be given within two (2) days of the termination or change.

REQUIRED SIGNATURES:
REQUESTER (USER): _____Date: _____

SUPERVISOR APPROVAL:

Print Name: Last_____First_____Middle_____

Title: _____ Phone #:_____Email:_____

Signature: _____Date:_____

VDH APPROVAL:
Division of Vital Records: _____Date:_____

VDH Application Help Desk Contact Information:	
Phone Number	804-864-7200 – Option 2
FAX Number	804-864-7155
Email	oim_webappshelp@vdh.virginia.gov

User access deactivated/terminated on _____ (DATE) and reported to DVR on _____ (DATE)