

**VIRGINIA DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS
 VIRGINIA VITAL EVENTS AND SCREENING TRACKING SYSTEM (VVESTS)
 ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)
 FACILITY USER ADMINISTRATOR REQUEST FORM**

NAME: Last _____ First _____ Middle _____

***User ID:** _____ **Phone#:** _____ **Email:** _____
 (Required)

TITLE _____

FACILITY NAME: _____

FACILITY TYPE _____
 (Specify whether Funeral Home/Hospital / Nursing Home / Hospice/ Court/ Clinic, etc.)

Address: _____ **City** _____ **State** _____ **Zip Code** _____
 (NO P.O. BOX – Access will be associated with this address/Facility ONLY)

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

ROLE NAME	DESCRIPTION OF JOB FUNCTION
Facility User Administrator	Enables a facility administrator to perform user accounts' management for the facilities they are associated with.

The FUA acknowledges that he or she has read and understands the Agreement outlining the FUA responsibilities. The FUA agrees to keep the access information to the VVESTS (i.e. logon ID and password) confidential. The FUA is required to report to the 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 days of the termination or change.

SIGNATURES:

FUA NAME (PRINTED): _____

FUA SIGNATURE: _____ Date: _____

FACILITY MANAGEMENT APPROVAL:

Print Name: Last _____ First _____ Middle _____

Title: _____

Phone #: _____ Email: _____

Signature: _____ Date: _____

User access deactivated on _____ (date) and reported to DVR on _____ (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	vim_webappshelp@vdh.virginia.gov

*** A user ID means the username used to access the VVESTS application. Enter your preferred username which is subject to approval by the administrator setting up your account.**