

**VIRGINIA DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS
 VIRGINIA VITAL EVENTS AND SCREENING TRACKING SYSTEM (VVESTS)
 ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)
 OFFICE OF THE CHIEF MEDICAL EXAMINER (OCME) USER LOGON REQUEST FORM**

NAME: Last _____ First _____ Middle _____

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

Title: _____

District: CENTRAL NORTHERN WESTERN TIDEWATER

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
<input type="checkbox"/>	MEDICAL_CERTIFICATION	This role applies to whoever certifies to the cause of death as defined by statute 32.263.1
<input type="checkbox"/>	CASE_CREATION	Enables a VVESTS - EDRS module user to create a case in the system using the basic information about the decedent. This role may be granted to users from funeral homes, OCME as well as physicians', hospital or medical facilities' staff.
<input type="checkbox"/>	LOCAL_ME	Enables the VVESTS application to identify the user as a local medical examiner.
<input type="checkbox"/>	EDRS_EAMEND_ENTRY_MEDI	Enables an OCME user to enter information for creating an amendment request for medical information of a death record in the VVESTS - EDRS. This information must be certified by a licensed medical certifier prior to submission to DVR for approval.
<input type="checkbox"/>	CREMATION_APPROVAL	Enables a medical examiner to approve cremation certificates.
<input type="checkbox"/>	OCME_PAYMENT_REFUND	It provides ability for OCME users to Void / Refund online permit payments.

The user agrees to keep the access information (i.e. logon-id and password) to the VVESTS - EDRS confidential. The OCME is 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 (If no Facility User Administrator is present)::

Division of Vital Records: _____ **Date:** _____

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

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