

**VIRGINIA DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS
 VIRGINIA VITAL EVENTS AND SCREENING TRACKING SYSTEM (VVESTS)
 ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)
 VIRGINIA STATE ANATOMICAL PROGRAM (VSAP) LOGON REQUEST FORM**

NAME: Last _____ First _____ Middle _____

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

FACILITY NAME: _____ VIRGINIA STATE ANATOMICAL PROGRAM _____

Address: 400 East Jackson Street **City** Richmond **State** VA **Zip Code** 23219

TITLE: _____ **Date:** _____

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

| ROLE NAME | | DESCRIPTION OF JOB FUNCTION |
|--------------------------|-------------------------|--|
| <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. Funeral homes with this role may also enter disposition information for fetal deaths assigned to them. |
| <input type="checkbox"/> | DEMOGRAPHICS_SIGN | Enables the funeral directors and the VSAP directors or staff to digitally sign the demographic portion of a death certificate. All funeral directors seeking this role must have a valid professional license number. |
| <input type="checkbox"/> | EDRS_EAMEND_ENTRY_DEMO | Enables funeral home users to request amendments to demographic information of a death record in the VVESTS – EDRS Module. |
| <input type="checkbox"/> | TRANSIT_PERMIT_APPROVAL | Enables the Local Health Department staff, special registrars and Vital Records users to approve out of state transit permits associated with a death certificate (SPECIAL REGISTRARS ONLY) |

The user agrees to keep the access information (i.e. logon-id and password) to the VVESTS - EDRS confidential. VSAP 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 (Not applicable if you are the VSAP Director AND have no supervisor):

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 | vim_webappshelp@vdh.virginia.gov |

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