

Instructions for completing Vital Records User Access Request form –

Physician, Medical Examiner, Coroner:

1. Select the role that applies under CERTIFIER/DECERTIFIER. Under DEATH heading, check physician or medical examiner/coroner.

CERTIFIER / DECERTIFIER: This role will allow certification or de-certification of birth records, death records and/or fetal death records. The role allows access to pending certification queues and may allow submission of birth records, death records and/or fetal death records to Missouri Department of Health and Senior Services, Bureau of Vital Records.

BIRTH <input type="checkbox"/> Facility Certifier/Midwife <input type="checkbox"/> Physician	DEATH <input type="checkbox"/> Physician <input type="checkbox"/> Medical Examiner/Coroner	EMBALMER <input type="checkbox"/> Embalmer
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2. Physicians enter their license number and NPI number.

LICENSED PHYSICIAN:

License Number _____ NPI _____

3. Medical examiners/coroners enter their county

IDENTIFYING INFORMATION		
Name (Last, First MI)		ACTION REQUESTED <input type="checkbox"/> ADD USER <input type="checkbox"/> ADD ACCESS <input type="checkbox"/> DELETE USER <input type="checkbox"/> DELETE ACCESS <input type="checkbox"/> TRANSFER <input type="checkbox"/> NAME CHANGE _____ (Former Name)
Office Address (Street, City, Zip)		
Social Security Number - (Last 4 digits only)	County (for Medical Examiner/Coroner only)	PREFERRED METHOD OF CONTACT <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> TELEPHONE <input type="checkbox"/> QUEUE
E-mail Address		
Office Telephone	Office Fax	

4. For accurate processing, physicians' and physician assistants' user access forms should be mailed together to the Bureau of Vital Records.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS

P.O. Box 570, Jefferson City, MO 65102-0570
Telephone (573) 526-0348 Fax (573) 526-3846

VITAL RECORDS USER ACCESS REQUEST

Send completed form to Bureau of Vital Records at the address above.
(Attach separate sheet if necessary)

PLEASE PRINT

IDENTIFYING INFORMATION

Name (Last, First MI)		ACTION REQUESTED <input type="checkbox"/> ADD USER <input type="checkbox"/> ADD ACCESS <input type="checkbox"/> DELETE USER <input type="checkbox"/> DELETE ACCESS <input type="checkbox"/> TRANSFER <input type="checkbox"/> NAME CHANGE _____ (Former Name)	PREFERRED METHOD OF CONTACT <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> TELEPHONE <input type="checkbox"/> QUEUE
Office Address (Street, City, Zip)			
Social Security Number - (Last 4 digits only)	County (for Medical Examiner/Coroner only)		
E-mail Address			
Office Telephone	Office Fax		

SELECT ROLE(S) THAT APPLY:

DATA ENTRY: This role will allow data entry of birth records, death records and/or fetal death records. The role allows access to pending queues and may allow submission of birth records, death records and/or fetal death records to the Missouri Department of Health and Senior Services, Bureau of Vital Records.

BIRTH <input type="checkbox"/> Facility Data Entry Clerk <input type="checkbox"/> Hearing Screening Entry Clerk	DEATH <input type="checkbox"/> Physician Data Entry Clerk <input type="checkbox"/> Funeral Director <input type="checkbox"/> Funeral Home Entry Clerk <input type="checkbox"/> Medical Examiner/Coroner Entry Clerk	FETAL DEATH <input type="checkbox"/> Person Entering Report
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CERTIFIER / DECERTIFIER: This role will allow certification or de-certification of birth records, death records and/or fetal death records. The role allows access to pending certification queues and may allow submission of birth records, death records and/or fetal death records to Missouri Department of Health and Senior Services, Bureau of Vital Records.

BIRTH <input type="checkbox"/> Facility Certifier/Midwife <input type="checkbox"/> Physician	DEATH <input type="checkbox"/> Physician <input type="checkbox"/> Medical Examiner/Coroner	EMBALMER <input type="checkbox"/> Embalmer
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LICENSED FUNERAL DIRECTOR: License Number _____	Facility: List name and complete address of each facility associated for this user. Funeral homes: Include funeral establishment license number for each facility. Physician Assistant: List name and license number for each physician associated with this user. Attach additional page(s) if necessary.
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LICENSED PHYSICIAN: MD DO License Number _____ NPI _____	1) 2)
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LICENSED EMBALMER: These roles are for the purpose of complying with embalming requirements. <input type="checkbox"/> Licensed Embalmer _____ <small>License Number</small> <input type="checkbox"/> Student Embalmer _____ <small>License Number</small> <i>Failure to comply with embalming requirements constitutes grounds for revocation of license.</i>	3) 4) 5) 6)
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COMMENT:

SECURITY STATEMENT / APPROVALS

I, the undersigned, an employee of the facility listed above and user of the Missouri Department of Health and Senior Services, Vital Records MoEVR Web system, understand that approval and assignment of the requested ID or approval of the requested change enables me to access the resources which, by law, must be utilized only in the performance of my assigned duties. Therefore, I agree to make no inquiries or updates which are not required in the performance of my official duties. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use and/or disclosure of information. Violations or disclosures on my part may result in disciplinary action that could be one or all of the following: (1) suspension or dismissal from the system or (2) civil court action. I agree to keep confidential all information made available to me in the performance of my official duties. In addition, I agree not to divulge or share my password with anyone.

USER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
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DEPARTMENT USE ONLY

DIVISION/PROGRAM SIGNATURE	DATE	DIVISION/PROGRAM SIGNATURE	DATE
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