

OVERS Enrollment Form - Instructions

This form is available on the Center for Health Statistics web site at: http://bit.ly/overssignup

Submit completed form and documents to:

Email: CHS.OVERSaccess@oha.oregon.gov Fax: 971-673-1201

The Oregon Vital Events Registration System (OVERS) is a system within the Oregon Department of Human Services/Oregon Health Authority (ODHS|OHA) computer network. (1) Use of this system constitutes the user's consent to permit ODHS|OHA monitoring of the user's activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ODHS|OHA for civil or criminal penalty against the individual or responsible entity as permitted by law. It may also be used as evidence of violation of a contract granting access to the system, potentially resulting in termination of the contract. (2) You may not use another person's username and password. Do not share your username or password under any circumstances.

Directions: To gain permission to access OVERS and enter birth, death, or fetal death record data, email or fax the documents as specified below to the Center for Health Statistics (CHS). A CHS official will notify you by email when your account is created.

All applicants requesting OVERS access must submit:

- > A completed OVERS Enrollment Form
- Two pieces of identification (ID)
- Additional information listed below based on the user type you are requesting:
 - **Birth Information Specialists*** must submit 1) a letter on letterhead from your supervisor granting you permission to access the records associated with your facility and 2) the certificates for completing the Required Training Package**.
 - **Birth Hearing Screeners** must submit a letter on letterhead from your supervisor granting you permission to access the records associated with your facility.
 - Midwives* must submit the certificates for completing the Required Training Package**.
 - Facility Administrators must submit 1) a letter on letterhead from your supervisor granting you
 permission to access the records associated with your facility and 2) a completed Acknowledgment
 of Responsibilities Form.
 - Medical Certifiers* may work with your facility administrators to submit the enrollment form and ID.
 - **Medical Examiners*** must submit a letter from the office of the State Medical Examiner or District Attorney appointing you as Medical Examiner for your county.
 - **Medical Certifier Staff** and **Medical Examiner Staff** must submit a letter on letterhead from your supervisor granting you permission to access the records associated with your facility.
 - Funeral Directors* and Funeral Home Staff must submit a letter on letterhead from your supervisor granting you permission to access the records associated with your facility.

List of Acceptable Identification: (Social Security Cards are not a valid form of identification.)

Two pieces of ID are required. ONE must have the applicant's full name, photo and address.

- 1. Current, valid driver's license, permit or ID card
- 2. Current, valid passport or passport card with photo
- 3. State or federal government ID badge with photo
- 4. Certified Copy of a Birth Certificate (United States)
- 5. US Armed Services ID Card with photo
- 6. Tribal Membership or ID Card
- 7. US Coast Guard Merchant Mariner Card

- 8. Military Dependent's ID Card
- 9. Medical or Hospital ID Card
- 10. Citizen ID with photo
- 11. Permanent Resident Card with photo
- 12. Reentry Permit for US Permanent Residents
- 13. Pistol or firearms permit

Updated: 08/24

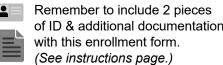
^{*}To sign/certify vital records in Oregon, you must have a position as licensed staff in a hospital or licensed birth facility or have a valid professional license authorized in Oregon. This includes funeral homes with a reciprocal agreement with WA and medical certifiers licensed in WA. CA and ID.

^{**}The Required Training Package for OVERS Access can be found online at: https://bit.ly/orvrBIS.



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All fields are required. Missing information will lead to delays in processing your enrollment.

Remember to include 2 pieces	
of ID & additional documentation	i
with this enrollment form.	
(See instructions page.)	

Professional Title: MD	DO ND	PA NP	(M.I.) CNM L	DM Profes	sional License Number: —	
Facility Name:						
Do you have OVERS acce	ss at another facility?	Yes	No			
Note: OVERS will only	to add this new facilit allow for contact informa ation for your account b	ation at one faci		Yes, add OVERS a	to my current access.	No, remove access to other facilities.
Work Phone:			Fax:			
Work Email:						
Private Individual Work Em	ail (for password reset only	y):				
Facility Address:						
City:		County: _		State:	Zip	Code:
Facility Mailing Address (if	different):					
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	e my username or	password.				
I will not share Signature of Applicar	e my username or	password.				
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CHS Official: _______Date Account Created: ______Username: _____

Added to listserv

Setup in OVERS

Info. Complete

Sent email