



To Be Completed by Person Requesting Training			
Name & Title:			
Organization:			
Address:			
E-mail:			
Phone:			
Please Check Box for Training Option Requested			
<input type="checkbox"/> Try On My Own/ Hands on Training		Participants requesting “Try it on my own with hands on training” will be emailed training materials, along with the training usernames and password.  See Instructions and Information for EDRS Requirements for “Try On My Own With Hands On Training”.	
<input type="checkbox"/> WebEx  Times:  Municipal Clerks 1:30 – 3:00 PM      Medical Providers/Staff       Funeral Practitioners 3:00 – 4:00 PM		Please indicate your 1 <sup>st</sup> and 2 <sup>nd</sup> preference on WebEx training dates provided.  See Instructions and Information for EDRS Requirements for WebEx training.	
		<input type="checkbox"/> Municipal Clerks Training	February 6, 2014
		<input type="checkbox"/> Municipal Clerks Training	February 20, 2014
		<input type="checkbox"/> Municipal Clerks Training	March 6, 2014
		<input type="checkbox"/> Municipal Clerks Training	March 20, 2014
		<input type="checkbox"/> Municipal Clerks Training	April 3, 2014
		<input type="checkbox"/> Medical Provider/Staff Training	Please call to schedule training 207-287-6490
		<input type="checkbox"/> Funeral Practitioners Training	February 12, 2014
		<input type="checkbox"/> Funeral Practitioners Training	March 12, 2014
		<input type="checkbox"/> Funeral Practitioners Training	April 16, 2014

**Technological Requirements:**

To ensure compatibility with the technological requirements of the system, it is necessary for all participants to have the following equipment/software:

- Laptop or desktop computer
- Internet connectivity
- Windows 2000/XP/Vista/Windows 7 & 8 operating systems
- Adobe Acrobat Reader 5.0 thru 9.0 (to view/print forms and reports)
- Internet Explorer 6 SP2 thru IE9, IE10 (only if running in IE8 compatibility mode), Chrome V26, Firefox V.20, Netscape Navigator, and Safari Browsers (on Macs) are not supported at this time, although they are being investigated.

Please be sure your computer meets the technological requirements prior to receiving any type of EDRS training.

Instructions and Information for  
Electronic Death Registration System (EDRS)  
Training Request Form

**WebEx:**

WebEx training sessions will be scheduled every other Thursday for municipal clerks and their staff and once a month for funeral practitioners and staff. Medical providers and their staff may call 287-6490 to schedule a class. For those participants (medical providers/staff, municipal clerks and funeral practitioners) interested in receiving training by WebEx, please fill out the attached 2014 Training Request Form and Schedule (page one) indicating the session you would like to attend and fax the completed training request form to Vital Records at (207) 287-1093.

There are a limited number of participants that may attend a WebEx session. Participants are selected on a first come first serve basis and there must be minimum of five (5) or more participants signed up for each WebEx training in order for the training to occur. Please be sure to indicate your 1<sup>st</sup> and 2<sup>nd</sup> preference on the WebEx training form. Notification will be sent to the e-mail provided on the completed training request form providing the date and time of the WebEx session you are scheduled for along with the web link (URL) and the phone number to call for the demonstration.

The WebEx sessions consist of navigating through the Electronic Death Registration System (EDRS) screens and sections that pertain to each user type (funeral practitioner or municipal clerk). During the WebEx session participants will be able to ask questions and will be provided with materials they may utilize during and after the WebEx session.

Those who participated in the WebEx session will be allowed two (2) weeks access to the EDRS test site to explore the application prior to going live. Training user names, passwords and a link to the EDRS test site will be provided to each participant during the WebEx session.

Participants that are not already a user of EDRS/EBRS must complete and fax the EDRS enrollment form and non-disclosure notice (page three and four) to the EDRS fax number at (207) 287-2681. Participants will receive their username, password, and the link to the EDRS production site within 7 – 10 business days and added to the participant listing. You may view the participant listings at <http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/edrs/participantslisting.shtml>

The listings are updated twice a month. Please remember once your name, facility or establishment has been added to the participant listing, it can not be removed. Please make sure as a new user you are ready to “go live”. For those who need more time, please feel free to e-mail the EDRS helpdesk at [EDRS.DHHS@maine.gov](mailto:EDRS.DHHS@maine.gov) to request additional time and/or training.

**Try On My Own/Hands On:**

For those of you who are computer savvy or may have already had some experience with the Database Application for Vital Events (DAVE) application from working with co-workers who are current users, you may want to try learning the application on your own.

Upon completion of the 2014 Training Request Form and Schedule (with instructions), participants will receive an e-mail providing them with access to the EDRS test site. Training user names, passwords, and the material needed (depending upon user role) will be provided in the e-mail as well. Instructional step-by-step training exercises, frequently asked questions, and workflows have been developed for easy navigation through the EDRS test environment.

Once participants feel comfortable and are ready to “go live” simply fax the completed enrollment form and non-disclosure notice to the EDRS fax number at (207) 287-2681. Participants will receive their username, password, and the link to the EDRS production site within 7 – 10 business days and added to the participant listing. You may view the participant listings at <http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/edrs/participantslisting.shtml> . The listings are updated twice a month.

Please remember once your name, facility or establishment has been added to the participant listing it can not be removed. Please make sure as a new user you are ready to “go live”.



Maine Center for Disease  
Control and Prevention  
An Office of the  
Department of Health and Human Services

Maine Center for Disease Control and Prevention (Maine CDC)  
220 Capitol Street  
11 State House Station  
Augusta, Maine 04333-0011  
(207) 287-3771  
Fax: (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

## EDRS Enrollment Form

**Please FAX your Maine EDRS Enrollment Form to: 207-287-2681**

Please place a checkmark on the method of training you have received.

\_\_\_ Web-ex Training      \_\_\_ Try on My Own/Hands On

Please print the following information clearly and completely.

Name: _____			
(First)	(Middle)	(Last)	
Facility: _____			
<input type="checkbox"/> Check if affiliated with multiple facilities and list them on this sheet.			
Phone: _____		Fax: _____	Email: _____
Street Address: _____			
City/Town: _____		County: _____	State: _____ Zip: _____
Mailing Address (if different): _____			
City/Town: _____		County: _____	State: _____ Zip: _____
Signature of Participant: _____			
(I certify that the above information is true and correct to the best of my knowledge.)			
Witness Signature: _____		Print Name: _____	
Medical Facility:	<input type="checkbox"/> Medical Certifier*	<input type="checkbox"/> Medical Certifier Staff	<input type="checkbox"/> Other _____
Medical Examiner:	<input type="checkbox"/> Medical Examiner*	<input type="checkbox"/> Medical Examiner Staff	<input type="checkbox"/> Other _____
Professional Title: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> CNM/P			
*Indicates Signing or Certification Role – My Maine Professional License Number Is: _____			
Municipal Clerks:	<input type="checkbox"/> Municipal Clerk	<input type="checkbox"/> Deputy Municipal Clerk	<input type="checkbox"/> Municipal Clerk Staff
Funeral Homes:	<input type="checkbox"/> Funeral Practitioner*	<input type="checkbox"/> Funeral Home Staff	<input type="checkbox"/> Other _____
*Indicates Signing or Certification Role – My Maine Funeral Practitioner License Number Is: _____			

### Medical Providers – Please Read:

The EDRS system is designed that when there is a case that requires action, an external email notification is automatically sent to all medical certifier users at the selected facility. For example, if a Funeral Practitioner does a Request Medical Certification to Dr. Joe Smith at Eastern Maine Medical Center, all medical certifier users at Eastern Maine Medical Center will receive the external email, not just Dr. Joe Smith.

If you do not want to receive external email notifications, we can turn this feature off. However, once we turn off this feature, you will no longer be able to receive any emails, including emails involving your own cases. You will, however, receive your internal “messages” in the Messages frame found on the Main Menu.

I do not want to receive external emails       I want to receive all external emails

# Electronic Death Registration System (EDRS) Confidentiality and Non-disclosure Statement

The State of Maine has implemented an electronic death registration system (EDRS). This secure, web-based system will enable the multiple parties involved in producing death certificates (funeral practitioners, health care providers, and medical examiners) to electronically access records and enter critical information. For deaths that occur after deployment of the system, municipalities with internet access will be able to use the system to print copies of death certificates for their customers. The Chief Information Officer (CIO) is by law, responsible for safeguarding computerized information for the State of Maine. The CIO has determined that individuals who use State of Maine computer resources directly, or who may otherwise have access to computerized information of the State of Maine, be advised of the following:

1. Any USERID and password issued to you is for your exclusive personal use only, and must not be divulged to anyone.
2. You may use State of Maine computer resources for business purposes only and only through those processes/programs specifically authorized to you by the Bureau of Information Services or its agent(s).
3. Title 17-A Section 432 MRSA states: "A person is guilty of criminal invasion of computer privacy if the person intentionally accesses any computer resource knowing that the person is not authorized to do so.
4. Title 17-A Section 433 MRSA states: "A person is guilty of aggravated criminal invasion of computer privacy if the person:  
A. Intentionally makes an unauthorized copy of any computer program, computer software or computer information, knowing that the person is not authorized to do so; B. Intentionally or knowingly damages any computer resource of another person, having no reasonable ground to believe that the person has the right to do so; or C. Intentionally or knowingly introduces or allows the introduction of a computer virus into any computer resource, having no reasonable ground to believe that the person has the right to do so.

Individuals having access to computerized information belonging to the State of Maine are required to read and sign a copy of this statement indicating their acknowledgment and understanding of it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed or Typed)

\_\_\_\_\_  
Name of Municipality/Medical Establishment/Funeral Home

## Maine State Office Use Only

I attest that the information presented by the above-named participant, and that to the best of my knowledge the participant is eligible to sign or certify vital records in Maine.

Account Created on \_\_\_\_\_ Signature of State Official \_\_\_\_\_

Username \_\_\_\_\_ Print Name \_\_\_\_\_

- Setup in EDRS    Send email    Add to participant list    Municipal Fees    Copy to Joyce  
 Safety Paper Instructions    Delete Municipality from non-participant list