

Janet T. Mills  
Governor

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Commissioner



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**DAVE Enrollment Form for Medical Certifiers & Staff**  
(Database Application for Vital Events)

**FAX Enrollment Form to 207-287-2681**

Please print the following information clearly and **COMPLETELY**

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

\_\_\_\_ Online Training \_\_\_\_ Web-ex Training \_\_\_\_ On-Site Training

To be completed by participant:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Facility Name(s): \_\_\_\_\_

☐ 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: \_\_\_\_\_

**Check the box next to your user type/EDRS role and your title; and enter your professional license number.**

Medical Facility: ☐ Medical Certifier\* ☐ Medical Staff (non- certification role)

Medical Examiner: ☐ Medical Examiner\* ☐ Medical Examiner Staff (non- certification role)

\* Indicates Certification Role

Select your Professional Title: ☐ MD ☐ DO ☐ PA ☐ CNP

License Number: \_\_\_\_\_

## **Electronic Registration System (DAVE) 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 directors, 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.

By signing this document, I hereby agree to abide by all Maine laws and regulations regarding the creation, submission or issuance of death and/or birth certificates during my use of the Database Application for Vital Events (DAVE). I understand that every individual who is authorized to access EDRS/EBRS holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Name of Medical Establishment

### **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 \_\_\_\_\_

☐ Setup in EDRS   ☐ Sent login email   ☐ Added to participant list