

OVERS Facility-Level Administrators Acknowledgment of Responsibilities

The role of Facility-level Administrator within the Oregon Vital Events Registration System (OVERS) was created to expedite the process of fingerprint enrollment and password resets for medical certifiers, birth attendants, and birth clerks working in clinics or hospital facilities.

Facility-level Administrators of OVERS are designated by the facility with which they are associated, shall **not** sign birth or death certificates, and agree to perform the following tasks.

- Enroll fingerprints for new users and affirm their identity by reviewing their picture identification.
- Complete and fax new user OVERS enrollment forms to the CHS office.
- Reset passwords for users as necessary.
- Notify the OVERS project office when staff leave your facility or when their contact information changes.

The facility-level administrator will register fingerprint data for users who will electronically sign birth, death, and fetal records in OVERS. It is the responsibility of the facility-level administrator to check **one piece of identification (identification MUST include a photo)** and fax the completed OVERS user enrollment form to the Center for Health Statistics before enrolling the new user's fingerprints. After the fingerprints are registered, the participant will be able to use a biometric device to electronically sign a vital record.

I attest that I have read the statement above and agree to perform the duties listed to the best of my ability.

Signature _____ Date _____

Print Name _____ Title _____

Facility _____

Email _____ Phone _____

To help funeral homes find the appropriate signer for a death certificate we post a list of hospital contacts to our state website. The website clarifies that the contacts are intended for use only by funeral homes submitting death records and are not for use by the general public to avoid misdirected calls.

In the space below please provide the name of the best person or persons a funeral home should call if they have questions such as which medical professional should certify the death record, the spelling of the last name for the signing doctor, or other questions on death certification process at your facility.

PROVIDE FACILITY CONTACT NAME AND NUMBER

Main contact name (*print clearly*) _____

Alternate contact (*print clearly*) _____

Facility name _____ Phone _____

FAX Completed Form to the OVERS project office FAX # - 971-673-1201