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)

To Be Completed by Person Requesting Training	
Name & Title:	
Organization:	
Address:	
E-mail:	
Phone:	
Please Check Box for Training Option Requested	
☐ Try On My Own/ Hands on Training	Participants requesting "Try it on my own with hands on training" will be emailed training materials. See Instructions and Information for EDRS Requirements for "Try On My Own With Hands On Training".
☐ WebEx Municipal Clerks 1:30 – 3:00 PM	Please indicate your 1st and 2nd preference on WebEx training dates provided. See Instructions and Information for EDRS Requirements for WebEx training.

☐	Municipal Clerks Training		March 19, 2015
☐	Municipal Clerks Training		April 2, 2015
☐	Municipal Clerks Training		April 16, 2015
☐	Municipal Clerks Training		April 30, 2015
☐	Municipal Clerks Training		May 14, 2015
☐	Municipal Clerks Training		May 28, 2015
☐	Municipal Clerks Training		June 11, 2015

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
- Operating Systems: Windows 2000; Windows XP; Vista; Windows 7; and Windows 8
- Browsers: Internet Explorer 6 SP2 thru Internet Explorer 11; Chrome V26; and Firefox V.20. The following browsers are not supported at this time: Netscape Navigator, and Safari.
- Adobe Acrobat Reader 5.0 thru 9.0 (to view and print forms and reports)

Please be sure to meet 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 those stakeholders interested in receiving training by WebEx, please fill out the attached 2014 Training Request Form. Be sure to indicate the session you would like to attend and fax the completed form to the fax number (207) 287-1093.

There are a limited number of participants who can attend a WebEx session, so please be sure to indicate your 1st and 2nd preference on the WebEx training form. Participants are selected on a first come first serve basis and there must be at least five (5) or more participants signed up for the WebEx training for the training to occur. You will receive notification by e-mail on the date and time of the WebEx session you are scheduled for along with the web link and the phone number to call for the demonstration.

The WebEx sessions consist of navigating through EDRS screens and sections that pertains to each user type (municipal clerk). During the WebEx session, participants will be able to ask questions and will have access to materials they can utilize during and after the WebEx session.

Those who participate in the WebEx will have two (2) weeks access to the EDRS test site to explore the application prior to going live. Training user names and access to the EDRS test site will be provided to you during the WebEx session.

Participants will need to complete and fax the EDRS 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 one week and will be added to the participant listing.

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 us requesting additional time and/or training.

Try On My Own/Hands On:

For those of you who are computer savvy or you have already had some experience with the 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, participants will receive an e-mail providing them with access to the EDRS test site along with test training user names and passwords. The material needed (depending upon user role) will also be provided in the e-mail as well. Instructional step-by-step training exercises, frequently asked questions, and workflows have been developed for your use and easy navigation through the EDRS test environment.

Once participants feel comfortable and are ready to "go live", simply fax the 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 one week and will be added to the participant listing.

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 us requesting additional time and/or training.

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Please place a checkmark on the method of training you have received.
___Web-ex Training ___Try on My Own/Hands On

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

Please print the following information clearly and completely.

Name:_____
(First) (Middle) (Last)

Facility:_____

☐ 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: □ Medical Certifier* □ Medical Certifier Staff □ Other_____

Medical Examiner: □ Medical Examiner* □ Medical Examiner Staff □ Other_____

Professional Title: ☐ MD ☐ DO ☐PA ☐CNM/P

*Indicates Signing or Certification Role – My Maine Professional License Number Is:_____

Municipal Clerks: □ Municipal Clerk □ Deputy Municipal Clerk □ Municipal Clerk Staff

Funeral Homes: □ Funeral Director* □ Funeral Home Staff □ Other_____

*Indicates Signing or Certification Role – My Maine Funeral Director 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 Director 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 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 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