



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.  See Instructions and Information for EDRS Requirements for “Try On My Own With Hands On Training”.	
<input type="checkbox"/> WebEx  Municipal Clerks		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	September 3, 2015 10:00-12:00 PM
<input type="checkbox"/>		Municipal Clerks Training	September 30, 2015 1:00-3:00 PM
<input type="checkbox"/>		Municipal Clerks Training	October 20, 2015 9:00-11:00 AM
<input type="checkbox"/>		Municipal Clerks Training	November 18, 2015 10:00-12:00 PM
<input type="checkbox"/>		Municipal Clerks Training	December 10, 2015 1:00-3:00 PM

**TECHNOLOGICAL REQUIREMENTS**

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

- Laptop or desktop computer
- Internet connectivity
- Operating Systems: Windows 2000; Windows XP; Vista; Windows 7; Windows 8; and (Windows 10 with supported browsers of IE 11, Chrome or Firefox).
- Browsers: Internet Explorer 6 SP2 through Internet Explorer 11; Chrome V26; and Firefox V20. The following browsers are not supported: Netscape Navigator and Safari.
- Adobe Acrobat Reader 5.0 to 9.0 (to view and print forms and reports)

Please be sure your computer meets the above 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 month. For those stakeholders interested in receiving training by WebEx, please fill out the attached 2015 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 1<sup>st</sup> and 2<sup>nd</sup> 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.

**New EDRS Users only:** Any new EDRS participant 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.

**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 2015 Training Request Form, participants will receive an e-mail providing them with the materials needed (depending upon user role). Instructional step-by-step training exercises, frequently asked questions, and workflows have been developed for your use and easy navigation through the EDRS 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.



**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)

**FAX Maine EDRS Enrollment Form - To: EDRS Enrollment  
Fax: 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 \_\_\_ Augusta Training

To be completed by participant:

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: \_\_\_\_\_

**Check the box next to your user type/EDRS role:**

**Municipal Clerk**       **Deputy Municipal Clerk**       **Municipal Clerk Staff**

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

## 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 emails    Add to participant list    Add to web list  
 Copy to Joyce    EDRS Instruction Sheets