



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)
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11 State House Station
Augusta, Maine 04333-0011
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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 ___ On-Site Training

To be completed by participant:

Name (First) (Middle) (Last)

Facility
[] Check if affiliated with multiple facilities and list them on the back of this sheet

Phone Fax Email

Street Address

City County State Zip

Mailing Address (if different)

City County State Zip

I certify that the above information is true and correct to the best of my knowledge.

Signature of Participant

Professional Title: [] MD [] DO [] PA [] CNM/P

Witness Signature Print Name

Check The Box Next To Your User Type/EDRS Role:

Medical Facility: [] Medical Certifier* [] Medical Certifier Staff [] Other

Medical Examiner: [] Medical Examiner* [] Medical Examiner Staff [] Other

(*indicates Signing or Certification role) Maine Professional License Number

MEDICAL PROVIDERS - PLEASE READ:

The EDRS system is designed so 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.

Please indicate below if you wish to receive all external emails, or do not want to receive external emails. We will still need for you to provide us with your email address at the top of this page.

- [] I do not want to receive external emails
[] I want to receive all external emails

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 _____

DRVS Staff use only - Date in Production: _____

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