



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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TO: Medical Physicians, Physician Assistants,
Advanced Practice Professional Nurses, and Medical Residents

RE: Idaho Electronic Death Registration System

On behalf of the Idaho Bureau of Vital Records and Health Statistics, we welcome you to the Idaho Electronic Death Registration System (EDRS). On the next page is a form to be completed by yourself to begin your enrollment along with any medical partnerships and/or associated staff members into the EDRS. Should you need to include more individuals, you may submit additional forms as necessary. There is no cost to enroll or use the Idaho EDRS to complete Idaho Death Certificates.

You can choose to form partnerships based on joint office operations that will allow yourself and your medical partners the ability to enter/sign death certificate information for each other when legally applicable. This option is voluntary.

This form will allow our Vital Statistics staff to create the various User ID, passwords, and electronic signature personal identification numbers (PIN) that will be needed. Upon successful enrollment, each staff member listed on the form will receive a letter from our office with their User ID and password.

For any medical professional who will also require a signature PIN to file a certificate, an acknowledgment form has been provided for them. Once the acknowledgment form has been completed and returned, they will be provided with their signature PIN.

During initial entry into the EDRS, staff will have the ability to change their initial password as provided. Medical professionals **WILL BE REQUIRED** to change their signature PIN upon certification of their first death certificate.

Should you need to make any changes, additions, or deletions to the submitted authorization form, or have any question regarding these forms, you may contact Idaho Vital Statistics at 208-334-5978 or via email at idahodr@dhw.idaho.gov.

Once again, we thank you and welcome to the Idaho EDRS!

STATE OF IDAHO
Electronic Death Registration System Authorization Form - Medical
Professionals

THIS FORM IS TO BE COMPLETED BY MEDICAL PROFESSIONALS
WISHING TO FORM OFFICE PARTNERSHIPS

In regard to the State of Idaho Electronic Death Registration System (EDRS), I hereby give authorization to the following medical professionals to electronically complete and/or sign death certificates presented to this medical practice via the Idaho EDRS when legally applicable:

Name of Medical Practice

Name	Phone Number	Email Address
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If desired, I also hereby give the following staff the ability to prepare for electronic signature death certificate information associated with this office via the Idaho EDRS:

Name	Phone Number	Email Address
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Each medical professional reserves the right to add, edit, or delete any information listed above by contacting Idaho Vital Statistics at 208-334-5978 or via email at idahoedr@dhw.idaho.gov. You may also submit a new form to Idaho Vital Statistics.

This form was completed by _____ on _____

Signature _____

STATE OF IDAHO
Electronic Death Registration System Authorization Form - Medical
Professionals

THIS FORM IS TO BE COMPLETED BY MEDICAL PROFESSIONALS

The Idaho Electronic Death Registration System (EDRS) will allow for an electronic entry of a personal identification number (PIN) to serve as your electronic signature. The Idaho Bureau of Vital Records and Health Statistics will provide a PIN upon initial enrollment into the EDRS. Upon certifying your first death certificate, you will be required to change your PIN. Vital Statistics will have the ability to reset your PIN if needed, but cannot recover it for you.

Since this PIN will serve as your electronic signature, you are prohibited from sharing this PIN with other non-partnered medical professionals or with staff members at your office or a funeral establishment. Violation of this privacy requirement may led to your removal as a participant in the EDRS.

The licensed mortician or funeral director will also have the ability to electronically order Certified Copies of Death Certificates from either the Idaho Vital Records office, or its affiliates located at various Local Health Departments. Their PIN will be used to indicate that the number of copies ordered is true and that the requestor is authorized under Idaho Statute and Administrative Rules to receive said Certified Copies.

A medical professional reserves the right to terminate its participation in the Idaho EDRS by contacting Idaho Vital Records at 208-334-5978.

ACKNOWLEDGMENT STATEMENT

I acknowledge that I have read the contents of this form and hereby agree to adhere to the provisions of this agreement.

Name of Medical Professional _____

License Number and State of Issuance _____

Signature of Medical Professional _____