



Bureau of Health Statistics and Registries
HD01591C/ME 03/20

Coroner/Medical Examiner User Account Request for PA's Electronic Death Registration System

This form is to be completed to request a user account in PA's Electronic Death Registration System (EDRS).

Requester's Information - Please Print or Type		
1. Requester's First Name, Middle Initial and Last Name		
2. Requester's Email Address (provide a unique work email address for requester, not the general facility or personal email address)		
3. Requester's Facility Name		
4. Facility Street Address (Line 1)		5. Facility Street Address (Line 2)
6. Facility City	7. Facility County	8. Facility Zip Code
9. Facility Phone Number	10. Facility Manager Name	11. Facility Manager Email
12. Professional Title a. Medical Certifier Coroner Deputy Coroner Other Specify Medical Examiner Assistant Medical Examiner b. Administrative Support Data Entry/Office Support Facility Account Manager		13. Medical Professionals must provide a valid Pennsylvania Professional License Number
Requester's Training Needs		
14. Select one of the following to indicate training needs. <input type="checkbox"/> I have had training or will receive training from someone at my facility. <input type="checkbox"/> I need training from the Bureau of Health Statistics and Registries. <input type="checkbox"/> I plan to become familiar with EDRS using the online training resources available at www.doh.pa.gov/EDRS .		
Acknowledgment of Responsibilities		
My signature below attests that I am the individual named above and the information I provided on this form is true and correct to the best of my knowledge. I understand and shall adhere to the PA's EDRS User Agreement and Confidentiality Policy . If I checked one of the boxes in #14a above, my signature also indicates I accept that each time an electronic signature is affixed using the unique credentials assigned to me it shall be presumed to be my signature, and the burden of proof for repudiation of this electronic signature shall be on me as the custodian of my unique credentials.		
15. Signature	16. Date	
Coroner/Medical Examiner Approval		
I approve that this requestor is authorized to enter information into EDRS on behalf of my office.		
17. Coroner/Medical Examiner Signature	18. County	19. Date
This completed form may be faxed to 717.265.8383 or scanned and sent via email attachment to RA-DHEDRSUserAcct@pa.gov.		