Form HD01591F 08/2016

pennsylvania
DEPARTMENT OF HEALTH

Bureau of Health Statistics and Registries

DAVE USER ACCOUNT REQUEST

This form is used to request a user account in the Database Application for Vital Events (DAVE™).

Acknowledgment of Responsibilities

Your signature below indicates that you have read the DAVE™ User Agreement and Confidentiality Policy, understand its contents, and agree to abide by its terms.

If you are a Data Provider*, your signature also indicates you accept that whenever an electronic signature is affixed using the unique credentials assigned to you, it will be presumed to be your signature, and the burden of proof for repudiation of this electronic signature will be on you as the custodian of the e-signature credentials.

Signature: _____ Date: _____

User's Name: _____
(First) (M.I.) (Last)

User's Facility Name: _____

User's Facility Address: _____

City: County: Zip Code: _____

User's Facility Email Address: _____

Do you complete death certificates at additional facilities in Pennsylvania? ☐ No ☐ Yes

If yes, provide the additional facility name(s) where you complete death certificates: _____

_____

_____

_____

COMPLETE IF APPLICABLE:

Professional Title: ☐ RN ☐ CRNP ☐ DO ☐ MD ☐ FD ☐ OTHER (Specify) _____

Professional License Number (Pennsylvania Licenses Only): _____

*** DAVE™ data providers include the following groups of people: CRNP, DO, MD, ME, Coroners and Funeral Directors.**