

DAVE™ User Account Request

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

Requester's Information			
1. Requester's First Name, Middle Initial and Last Name			
2. Requester's Email Address (unique email address for requester, not the general facility 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. Phone Number		10. Fax Number (Funeral Homes only)	
11. I complete reports of death at additional facilities in Pennsylvania.			
Yes		No	
12. If #11 is yes, list the additional facilities and addresses where death reports are completed. (attach additional sheets if necessary)			
13. Professional Title			14. Professional License Number (if applicable, Pennsylvania Licenses only)
a. Data Providers MD DO CRNP PA-C RN ME Coroner Funeral Director			
b. Other Specify:			
Requester's Training Needs			
15. 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.			
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 DAVE™ User Agreement and Confidentiality Policy . If I checked one of the boxes in #13a 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.			
16. Signature		17. Date	
This completed form may be faxed to 717.265.8383 or scanned and sent via email attachment to RA-DHEDRSUserAcct@pa.gov.			