



**Bureau of Health Statistics and Registries**

**DAVE DEATH - FACILITY ACCOUNT MANAGER FORM**

The role of Facility Account Manager within the Database Application for Vital Events (DAVE) System was created to expedite the process of providing access and resolving access issues for qualified individuals associated with the manager's facility.

A Facility Account Manager is designated by the facility with which he/she is associated and agrees to perform the following tasks, related only to that facility:

- Gather and maintain a file of completed DAVE User Account Request forms;
- Submit copies of DAVE User Account Request forms to the Department of Health for each new account created by your facility;
- Establish new user accounts in DAVE;
- Ensure training requirements are met;
- Immediately terminate access of users no longer employed by or affiliated with the facility;
- Reset passwords for users as necessary; and
- Immediately notify the Department of Health when changes in your employment status or responsibilities impact your role as DAVE Administrator of Facility Accounts or when your contact information changes.

The Facility Account Manager will NOT enter death record information. The Facility Account Manager will create and update accounts for users who enter death record information and/or electronically sign death records in DAVE. It is the responsibility of the Facility Account Manager to verify that all required training has been completed, verify a user's PA license number, and secure a completed DAVE User Account Request form prior to creating user accounts.

**Acknowledgment of Responsibilities**

Your signature below attests that you have read the Facility Account Manager tasks above and agree to perform the duties listed to the best of your ability. Your signature below also indicates that you have read the DAVE User Agreement and Confidentiality Policy, understand its contents, and agree to abide by its terms.

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:

\_\_\_\_\_

Provide any additional facility name(s) for which you will be acting as Facility Account Manager:

\_\_\_\_\_  
\_\_\_\_\_