**eVitals Midwifery Practice Registration Form**

This form is to be used by providers interested in electronically reporting live births to Pennsylvania birth registry. Please designate an individual as the primary and secondary contacts (if applicable) who will be responsible for serving as the Facility Administrator (who approves and manages user enrollment at your practice). This individual will also serve as a liaison between the Department of Health’s registry specialists and certifiers at your facility.

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| --- |
| **Midwifery Practice Information** |
| **Midwifery Practice’s name:** | Click or tap here to enter text. |
| **Street address 1:** | Click or tap here to enter text. |
| **City, state and zip:** | Click or tap here to enter text. |
| **Primary contact:** |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. |
| **Phone number:** | Click or tap here to enter text. |
| **Secondary contact:** |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. |
| **Phone number:** | Click or tap here to enter text. |
| **Authorized Representative** |
| My signature below attests that I am authorized representative of this facility and that the information I have provided on this form is true and correct to the best of my knowledge.  |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Signature:** |  |
| **Date:** | Click or tap here to enter text. |

**Submit this completed form to the following:**

Pa. Department of Health

Bureau of Health Statistics and Registries

eVitals Business Workflow Support Team

Email: ra-dhVRBusWorkflow@pa.gov

Fax: 717-772-3258