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Governor  
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Director



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Division of Public and Behavioral Health  
Helping people. It's who we are and what we do.



Lisa Sherych  
Administrator  
Ihsan Azzam, Ph.D., M.D.  
Chief Medical Officer

**ELECTRONIC BIRTH/DEATH REGISTRY SYSTEM (EBRS/EDRS)**  
**USER APPLICATION FORM**

**Due to the sensitivity of the registry system, a photo ID showing the signature of the person applying for access will be required**

Please attach a copy of your ID with **BOTH** pages of your application and submit to the Office of Vital Records. Email: [dpbholders@health.nv.gov](mailto:dpbholders@health.nv.gov) Mail: 4150 Technology Way, Ste 104, Carson City, Nevada 89706

<b>PLEASE PRINT CLEARLY or TYPE</b>		* CANNOT process without REQUIRED Information	
*Name (First, MI, Last)			
*Primary Facility Name (Not Address)			
*Primary Facility Mailing Address (Street Address or PO Box, City, State, Zip Code)			
List Additional Facilities Needed (Optional - Include Name AND Addresses)			
*County			
Area Code & Phone		Area Code & Fax	
*E-mail Address (The login information can only be sent to the applicant.)			
Administrative Assistant / Office Manager E-Mail Address: (This e-mail address will be copied on system generated notices.)			
*VALID Nevada Medical, APRN or Funeral Director License Number ( <u>NOT</u> NPI or Driver's License Numbers)			

<b><i>Please check only one</i></b>			
Birth			
<input type="checkbox"/> Physician	<input type="checkbox"/> Med Records Clerk	<input type="checkbox"/> Midwife	
Death			
<input type="checkbox"/> Physician	<input type="checkbox"/> Coroner	<input type="checkbox"/> APRN	<input type="checkbox"/> Facility Admin
<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Funeral Home Admin	<input type="checkbox"/> Hospice Admin	
State/County Office:			
<input type="checkbox"/> State/County Registrar	<input type="checkbox"/> Admin (Specify) _____		

**FOR OFFICIAL USE ONLY**    Date Received: \_\_\_\_\_    Date Verified: \_\_\_\_\_    ID Verified:   
Date Completed: \_\_\_\_\_    Completed By: \_\_\_\_\_

Nevada Department of Health and Human Services  
OFFICE OF VITAL RECORDS AND STATISTICS

**CONFIDENTIALITY PROTOCOL**

I agree to comply with this confidentiality protocol for the purpose of using the Electronic Birth/Death Registry System (EBRS/EDRS) and related software provided by the Nevada Department of Health and Human Services (NDHHS). I understand the EBRS/EDRS and related software is to be used only for completing birth/death certificates for NSHD and compatible valid official business purposes.

I understand that certain conditions are required for using the EBRS/EDRS and related software and I agree to abide by the following:

1. The use of the EBRS/EDRS and related software to file birth/death records is required by Nevada Revised Statutes NRS 440.100.
2. The use of my EBRS/EDRS username and password assigned to me by NDHHS, is exclusive to my use. Any other person's use of my EBRS/EDRS username and password is prohibited. Misusing my username/password could result in penalties per NRS 440.720 through NRS 440.740 inclusive and NRS 440.780.
3. To treat and maintain all the EBRS/EDRS information as strictly confidential.
4. To secure the EBRS/EDRS and related software by taking all appropriate measures to protect and physically secure software against unauthorized access.
5. To notify the NDHHS, Office of Vital Records in a timely manner if I should decide to no longer use the EBRS/EDRS and related software.
6. To not misrepresent myself or any employee or agent of mine as an officer or employee of the State of Nevada. To not make any claim, demand, or application to, or any right or privilege applicable to an officer or employee of the NDHHS; including, but not limited to: worker's compensation, health, life or malpractice insurance, retirement membership or credit. I agree to assume responsibility for such liabilities.
7. To hold harmless and indemnify the State of Nevada, its officers, agents and employees from and against any and all actions, suites, damages, liability or other proceedings which may arise as a result of performing services hereunder. This section does not require me to be responsible for or defend against claims or damages arising solely from the acts or omissions of the State, its officers, agents or employees.
8. To notify the Office of Vital Statistics of any violations of this protocol within 72 hours.

I further understand that failure to adequately protect the EBRS/EDRS information can subject me to both criminal and civic sanctions; including, but not limited to: a federal civil action pursuant to the Privacy Act, 5 U.S.C. §552a(g), and a federal criminal action pursuant to the Privacy Act, 5 U.S.C. § 552a(i).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission of this application is NOT valid without a copy of your government issued photo ID and a signature on this page.**