

Louisiana Electronic Event Registration System

USER ID REQUEST FORM

DEATH MODULE

ADMINISTRATIVE

For Vital Records Use Only
Date Received: __ / __ / ____
Date Created: __ / __ / ____
User ID: _____

All Fields are required to complete Registration

SECTION 1 - USER INFORMATION

Last Name: <input style="width: 95%;" type="text"/>	First Name: <input style="width: 95%;" type="text"/>	Middle: <input style="width: 95%;" type="text"/>
Job Title: <input style="width: 100%;" type="text"/>		
Phone: <input style="width: 25%;" type="text"/>	Extension: <input style="width: 15%;" type="text"/>	Email:* <input style="width: 55%;" type="text"/>
User Is: Check 'approver' if this funeral home user is authorized to sign and approve records: <input type="checkbox"/> APPROVER <input type="radio"/> PHYSICIAN <input type="radio"/> CORONER <input type="radio"/> FUNERAL DIRECTOR <input type="radio"/> VR CENTRAL OFFICE <input type="radio"/> OTHER (Specify Below): <input type="radio"/> FUNERAL HOME EMPLOYEE <input type="radio"/> PARISH HEALTH UNIT <input style="width: 150px;" type="text"/>		
User's NPI or if none, State License Number (Physicians Only): <input style="width: 80%;" type="text"/>		
Funeral Home Director's License Number: <input style="width: 60%;" type="text"/> <i>(Only enter your own number)</i>		

*** This email will be used to send password information, Personal Identification Number (PIN) (where relevant) and other LEERS related communication to the user named in Section I. Your email address will not be used for any other purpose.**

Your User ID, password, temporary PIN (if applicable) will be emailed to the address provided on this form when your User ID is activated.

SECTION 2 - FACILITY INFORMATION

Facility/Practice #1 Name:	<input type="text"/>		
Type of Facility (e.g. Funeral Home, Practice, Parish Health Unit, etc.):	<input type="text"/>		
Facility License No.	<input type="text"/>	Street Address:	<input type="text"/>
Parish:	<input type="text"/>	City/Town:	<input type="text"/>
		Zip Code:	<input type="text"/>

Facility/Practice #2 Name:	<input type="text"/>		
Type of Facility (e.g. Funeral Home, Practice, Parish Health Unit, etc.):	<input type="text"/>		
Street Address:	<input type="text"/>		
Parish:	<input type="text"/>	City/Town:	<input type="text"/>
		Zip Code:	<input type="text"/>

Facility/Practice #3 Name:	<input type="text"/>		
Type of Facility (e.g. Funeral Home, Practice, Parish Health Unit, etc.):	<input type="text"/>		
Street Address:	<input type="text"/>		
Parish:	<input type="text"/>	City/Town:	<input type="text"/>
		Zip Code:	<input type="text"/>

Facility/Practice #4 Name:	<input type="text"/>		
Type of Facility (e.g. Funeral Home, Practice, Parish Health Unit, etc.):	<input type="text"/>		
Street Address:	<input type="text"/>		
Parish:	<input type="text"/>	City/Town:	<input type="text"/>
		Zip Code:	<input type="text"/>

Facility/Practice #5 Name:	<input type="text"/>		
Type of Facility (e.g. Funeral Home, Practice, Parish Health Unit, etc.):	<input type="text"/>		
Street Address:	<input type="text"/>		
Parish:	<input type="text"/>	City/Town:	<input type="text"/>
		Zip Code:	<input type="text"/>

Facility/Practice #6 Name:	<input type="text"/>		
Type of Facility (e.g. Funeral Home, Practice, Parish Health Unit, etc.):	<input type="text"/>		
Street Address:	<input type="text"/>		
Parish:	<input type="text"/>	City/Town:	<input type="text"/>
		Zip Code:	<input type="text"/>

SECTION 3

User Agreement for LEERS Death Registration

The undersigned understands and agrees that use of this system falls under the Louisiana Department of Health (LDH). The undersigned also agrees to abide by the User Agreement and understands that non-compliance with any part of this agreement may constitute grounds for termination of the agreement and access to LEERS. This agreement allows the user access to LEERS and will be reviewed annually for compliance. Otherwise, it is effective until terminated.

Please read through this User Agreement thoroughly and follow the instructions. Applications are processed in the order they are received. If you have any questions please contact the LEERS Help Desk at (504) 593-5101 or LEERS@la.gov

This agreement is between the Louisiana Department of Health (LDH) and its predecessor agencies, and the user completing this agreement. This agreement sets forth the expectations for access to and use of the Louisiana Electronic Event Registration System in registering divorce records. The terms "facility" include funeral homes, registrars, coroners, and physicians using the LEERS program.

The user must complete this User Agreement and User ID Request Form before access to the LEERS program will be given.

The user will not disclose their assigned user ID or password to another individual. The user will not allow another user access to LEERS through their account.

Each user is responsible for all activity which occurs under the auspices of their user ID.

The user provided access to LEERS must comply with the "DHHIT Network Security Standards and Procedures" as provided by DHH at the signing of this agreement.

<http://www.dhh.louisiana.gov/offices/miscdocs/docs-252/LEERS/LA%20DHHIT%20Network%20Security%20Standards%20and%20procedures.pdf>

The user will not use or disclose any information contained in the LEERS program except to fulfill their obligations as an employee of stated facility or as required by applicable law.

If user is granted certifier rights, user agrees to certify deaths in accordance with Louisiana Revised Statutes (LA RS 40-:45 A, LAC 12303 G.1.d). A user certifying the death within the LEERS program cannot be the same individual who completes the death registration process within the LEERS program. .

LDH will provide technical assistance for LEERS.

Failure to comply with the User Agreement Requirements may result in **termination** of the agreement and access to LEERS.

SECTION 4 - SIGNATURES

SUPERVISOR STATEMENT

(Not required if user is physician, coroner, or licensed funeral director)

I do hereby certify that I have discussed this agreement with the above named user and have explained that execution of this form is: (1) necessary for compliance with state and federal confidentiality guidelines, (2) Mandatory in order to perform functions of the user's position.

Phone Number:

Supervisor's Name (Print)

Date

Supervisor's Signature

USER STATEMENT

I certify that I have read and understand the User Agreement for LEERS. I agree to abide by this policy.

User's Name (Print)

Date:

User Signature

Submit this form by clicking the print button and obtaining signatures, then fax to: (504) 593-5196
Attn: LEERS Program or emailing to LEERS@la.gov.