



**ARKANSAS DEPARTMENT OF HEALTH
VITAL RECORDS
ERAVE USER APPLICATION FORM**

ADH Administrative Use Only

Acct/Role Created on (Date):	Initials
License Verified on (Date):	Initials
Username:	

Directions: Complete the form and sign the user agreement. Email the completed form to ADHERAVE@arkansas.gov or fax the completed form to 501-683-6646.

Applicant's Data (*Required Fields):

*First Name	Middle Name	*Last Name
*Business Address (Enter your work address, not your home.)		*City, State, Zip
*Primary Phone	Fax Number	
*Mobile Phone		
*Email Address		

***ERAVE Roles** (List each group/location combination separately.)

Permission Group (See group list below.)	Facility Name/City & County (State if not Ark.) or ADH Local Health Unit City/County
Role 1	
Role 2	
Role 3	

ERAVE Permission Groups: Funeral Director, Funeral Director Assistant, Coroner, Deputy Coroner, Physician, Physician Assistant, Medical Examiner, Medical Examiner Assistant, Hospital Death Clerk, Hospital Birth Clerk, Midwife, Hospice RN, & ADH Local Health Unit. Note: For Physicians/Residents, you will only be granted access to one hospital/location.

***License/NPI Number** (Required for Physicians/Residents/Embalmers/Funeral Directors/Midwives/Hospice Nurses.) Coroners/ADH LHU staff, enter N/A.

License Type	License/NPI Number
License/NPI	
License/NPI	

By signing below, I agree to the following:

The purpose of the Electronic Registration of Arkansas Vital Events (ERAVE) system is to support the needs of the Arkansas Department of Health and other users, such as Funeral Directors, Physicians, Residents, Medical Examiners, Coroners, Hospice Nurses, Birth & Death Hospitals and Midwives. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent Certificates of Birth, Death, or Stillbirth is punishable by law in accordance with Arkansas Statutes.

By accessing this system, I agree to use this system only for the purpose of filing a Certificate of Birth, Death, or Stillbirth where the vital event has occurred in the State of Arkansas.

I understand that failure to adhere to the above agreement will result in loss of access to ADH Internet databases, and may be subject to legal penalties.

Signature of Applicant

Date