

## How Electronic Death Certification Works:

Ohio physicians have the ability to electronically complete and sign/certify the cause of death on Ohio records in our Electronic Death Registration System (EDRS). The funeral home electronically creates a death record, enters the personal demographic information, and selects a physician for the medical portion. At that point the physician may log in to EDRS from any location and electronically enter the same information previously handwritten on the paper certificate, and then electronically sign/certify the record. Physicians can also provide a notification email address to receive alerts that they have a death record awaiting their signature.

[To View a Video Demonstration of Electronic Certification, Please Click Here](#)

## The Impact to Physicians:

Once electronic certification has been activated for a physician, all their death records will be certified electronically regardless of the location where the death occurred. Although not required for the certification process, physicians can also choose to have a clerk associated with their account to help process their death records; a clerk may see and update cause of death information for death records, but cannot electronically sign and certify the record. Clerks may have access to the records of multiple physicians, to facilitate signing of death records within a facility or health network.

## The Impact to Local Health Districts and Hospitals:

Switching to electronic certification relieves health providers of the burden of tracking paper death record forms and transmitting them to funeral homes in person or via email/fax. It relieves local health districts of the burden of having to receive requests from funeral homes to review and file death records. It allows death records and their vital data to be registered with the Ohio Department of Health (ODH) immediately upon signature.

## Why Electronic Certification Is Needed Now:

- Eliminates in-person contact for funeral homes, medical providers, and local health districts.
- Work queues for electronic certifying physicians and funeral homes allows easy viewing of all death records needing action.
- Immediate registration of death records allows the Ohio Department of Health to rapidly receive cause of death data.

## To Get Started:

- Hospitals/health providers can designate physicians to certify records electronically.
- Physicians and staff seeking clerk access should sign and return the attached forms to [VS.Helpdesk@odh.ohio.gov](mailto:VS.Helpdesk@odh.ohio.gov).
- The Vital Statistics (VS) Helpdesk will coordinate account creation, and share training materials and login info.
- Local health districts and VS stakeholders will be notified of new designated electronic certifiers.
- The VS Helpdesk will support physicians and all new EDRS users.

**For questions about electronic certification, please contact [VS.Helpdesk@odh.ohio.gov](mailto:VS.Helpdesk@odh.ohio.gov).**

This form may be used to establish or change user account access to the Electronic Death Registration System (EDRS) as an E-Physician.

Choose one action:      Create a user      Modify a user      Remove a user

Full name and title: \_\_\_\_\_  
(The new, current, or previous user depending on form action)

Email address: \_\_\_\_\_

☐ Opt out of email notifications

Phone number:

Once your account is created, all death certificates assigned to you by the funeral home must be certified electronically. Please provide the address that you wish to auto-populate on all death certificates. You may provide only one address; therefore, we recommend that you use the address associated with your license number.

E-Physician address: \_\_\_\_\_

Street	City	State	Zip Code
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**Agreement:** As a registered user of the system, you will be responsible for data entered into various electronic death records.

By signing this document, I agree to abide by Ohio laws and regulations regarding the creation and submission of death certificates. Additionally, I agree that I will not divulge or share user authorizations and/or passwords concerning EDRS. I also agree to abide with all licensure regulations pertaining to my professional licensure. The information provided on this application is true to the best of my knowledge.

E-Physician license number: \_\_\_\_\_

E-Physician signature: \_\_\_\_\_  
Signature Date (mm/dd/yyyy)

Please send this completed form to the VS Helpdesk via email to [VS.Helpdesk@odh.ohio.gov](mailto:VS.Helpdesk@odh.ohio.gov) or fax to 614-564-2420. You will receive a username and password via e-mail within approximately five business days. If you have any technical concerns, please call the VS Helpdesk at (614) 466-2531, option 2 then 3.



## BUREAU OF VITAL STATISTICS E-Physician Clerk User Support Document

This form may be used to establish or change user account access to the Electronic Death Registration System (EDRS) as an E-Physician Clerk.

**E-Physician Clerk:** A staff member with an E-Physician Clerk role will have the ability to view and modify all death records associated with the below approving physician(s). They will not be able to certify a death; however, they can view all records no matter in what location the death occurred. For example, if as an E-Physician you service a hospice and a hospital and your E-Physician Clerk works at the hospice, they will still be able to see all records from the hospital because they are associated with your name.

Choose One Action:                      Create a user                      Modify a user                      Remove a user

Clerk (Full name and title): \_\_\_\_\_  
(The new, current, or previous user depending on form action)

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The above listed E-Physician Clerk is approved to provide support for the following E-Physicians:

E-Physician name: _____	E-Physician signature: _____	Date (mm/dd/yyyy) _____
E-Physician name: _____	E-Physician signature: _____	Date (mm/dd/yyyy) _____
E-Physician name: _____	E-Physician signature: _____	Date (mm/dd/yyyy) _____
E-Physician name: _____	E-Physician signature: _____	Date (mm/dd/yyyy) _____
E-Physician name: _____	E-Physician signature: _____	Date (mm/dd/yyyy) _____

**For large facilities, a Medical Director may sign in lieu of each individual physician.**

**Medical Director Signature:** \_\_\_\_\_  
Date (mm/dd/yyyy) \_\_\_\_\_

**Agreement:** As a registered user of the system, you will be responsible for data entered into various electronic death records.

By signing this document, I agree to abide by Ohio laws and regulations regarding the creation and submission of death certificates. Additionally, I agree that I will not divulge or share user authorizations and/or passwords concerning EDRS. I also agree to abide with all licensure regulations pertaining to my professional licensure. The information provided on this application is true to the best of my knowledge.

**Signature and title of E-Physician Clerk:** \_\_\_\_\_

Please send this completed form to the VS Helpdesk via email to [VS.Helpdesk@odh.ohio.gov](mailto:VS.Helpdesk@odh.ohio.gov) or fax to 614-564-2420. You will receive a username and password via e-mail within approximately five business days. If you have any technical concerns, please call the VS Helpdesk at (614) 466-2531, option 2 then 3.