NORTH
Dakota | Health
Be Legendary.™

Hospital Birth User
User Authentication for EVERS
North Dakota Department of Health

_____   _____   _____
First Name   Middle Initial   Last Name

_____
Facility Name and Address

_____
User ID (*State Userid that you previously created*)

<u>User Type:</u>

☐   Birth/Fetal Death Data Entry Only

☐   Birth/Fetal Death Submitter

┌───┐
│ <u>Mail or fax to</u>:   │
│ North Dakota Department of Health   │
│ Division of Vital Records   │
│ Attn: Electronic Hospital Registration   │
│ 600 E. Boulevard Ave., Dept. 301   │
│ Bismarck, ND 58505-0200   │
│ Fax: (701) 328-0300   │
└───┘

<u>Contact Information:</u>

☐   Office Phone _____   ☐   Pager _____

☐   Cell Phone _____   ☐   Fax _____

☐   E-Mail _____

Complete all contact information, check one box as the primary method of contact.

<u>Main Office Contact (other than yourself):</u>

_____   _____
Name   Title

_____   _____
Phone   E-Mail