

Complete this form to become an authorized user of MR&C, the statewide electronic system for registering deaths in Minnesota.

Only physicians, advanced practice registered nurses, physician assistants, coroners, or medical examiners (medical certifiers) have legal authority to provide cause of death information in Minnesota. Medical certifiers may:

1. Enter the cause of death directly into MR&C, or
2. Furnish cause of death information (COD) to someone in their office to enter into MR&C on their behalf. These "designated staff" must be MR&C users. The medical certifier's name will print on the death certificate.

Physician/Advanced Practice Registered Nurse/Physician Assistant Add Change Remove

First name MI Last name **REQUIRED:** NPI number

REQUIRED: License number related to certifier role License number **REQUIRED:** Title related to certifier role / license number (M.D., P.A., CNP, CNS): Title Phone (10 digit)

Clinic/Office/Hospital Name Clinic/Office/ Hospital street address, city, state and ZIP™

I have an MR&C user account I've never used MR&C before Security email address Additional email address

My signature on this document means that:

- I will keep MR&C secure. I will not share my password, and I will not log into MR&C with another user's information.
- If I do not abide by this agreement, the Minnesota Department of Health may disable my MR&C user account.

Yes Yes, I want staff from my facility to enter COD information into MR&C for me. I understand that **I must supply the COD to the designated staff**, that these staff will use their own MR&C user accounts to enter the COD, and that my name will print on the death certificate.

No No, I do not want to assign staff from my facility to enter COD information into MR&C on my behalf. **I will enter the COD into MR&C myself.**

Signature Date signed

(Optional) Designated Staff Add Change Remove

Designated Staff first name MI Designated Staff last name I am an MR&C user I've never used MR&C before

Designated Staff business email address Additional email address Business phone (10 digit)

By signing this document I agree that:

- I will keep MR&C secure. I will not share my password, and I will not log into MR&C with another user's information.
- I will enter the cause and manner of death information **that the medical certifier named on the death record gives me.**
- I understand that under Minnesota Statutes, there are penalties for unlawful use of data.
- If I do not abide by this agreement, the Minnesota Department of Health may disable my MR&C user account.

Designated Staff Signature Date signed

(Optional) Designated Staff Add Change Remove

Designated Staff first name MI Designated Staff last name I am an MR&C user I've never used MR&C before

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Designated Staff Signature Date signed

Form management and submission

1. Scan and email completed form to health.MRCAdmin@state.mn.us OR FAX to 866-416-1357.
2. **Retain a copy of the completed form for your records.**

After we create your user account, MR&C sends you an email. The email contains the link to MR&C, your username, and log in instructions. If you do not get the email, or if you need assistance, call the MR&C Help Desk at 651-201-5970.

Authority: *Minnesota Rules, chapter 4601.1800, Minnesota Statutes, section 144.213 subd.1 and, Minnesota Statutes, section 144.221, subd.2.*