

STEP ONE: ONE-TIME KEUPS REGISTRATION

The KY-EDRS web application utilizes the Kentucky Enterprise User Provisioning System (KEUPS) as its sign on and security entry portal. To obtain access to the Electronic Death Registration System (KY-EDRS), you must first complete a one-time registration as a KEUPS user. This is a one-time registration process and **EACH USER MUST HAVE A UNIQUE EMAIL ADDRESS TO COMPLETE THE VERIFICATION PROCESS.**

Set Up an Account

Using your Web browser like Internet Explorer, go to the URL <https://keups.chfs.ky.gov/home/default.aspx>. (NOTE: The KY-EDRS is designed to operate with Internet Explorer 6.0 or higher. After December 31, 2010, only Internet Explorer 8.0 or higher will be supported).

Click the **Create an Account** button.



The screenshot shows the login page for the CHFS network. At the top, it says "Kentucky.gov" and "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES". Below that is the "Kentucky UNBRIDLED SPIRIT" logo. The main heading is "Welcome to the CHFS network." followed by "Please select the account type you have in the system." There are three main sections: 1. "I am a Kentucky Citizen or Business Partner" with sub-options "I already have an account." (with a "Sign In" button) and "Need to create a Citizen account?" (with a "Create an Account" button). 2. "I have a CHFS Network Account" with sub-option "I am a CHFS contractor, employee, or agent/vendor." (with a "CHFS Sign In" button). A large red arrow points to the "Create an Account" button. The footer contains "Copyright © 2009 Commonwealth of Kentucky".

Complete the fields on the **User Profile Form**. You are required to complete the fields that are marked with an asterisk (*).

Please keep in mind that the Username you choose is the name that will be shown in the KY-EDRS history whenever you create, edit, or submit a record.

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For assistance, please [contact us](#).

User Profile

Please fill out the form below and click **Submit Request** when finished.

First Name *

Middle Name

Last Name *

Username * ?

Password * ?

Password (verify) *

E-Mail Address * ?

E-Mail Address (verify) *

Telephone

Extension

Street Address 1

Street Address 2

City

State

ZIP Code

Question

Answer *

Question

Answer *

Submit Request **Cancel**

Select two security questions from the drop down box, and enter the answer to each question.

Extension

Street Address 1

Street Address 2

City

State

ZIP Code

Question

Answer

Question

Answer

Question

Answer

Question

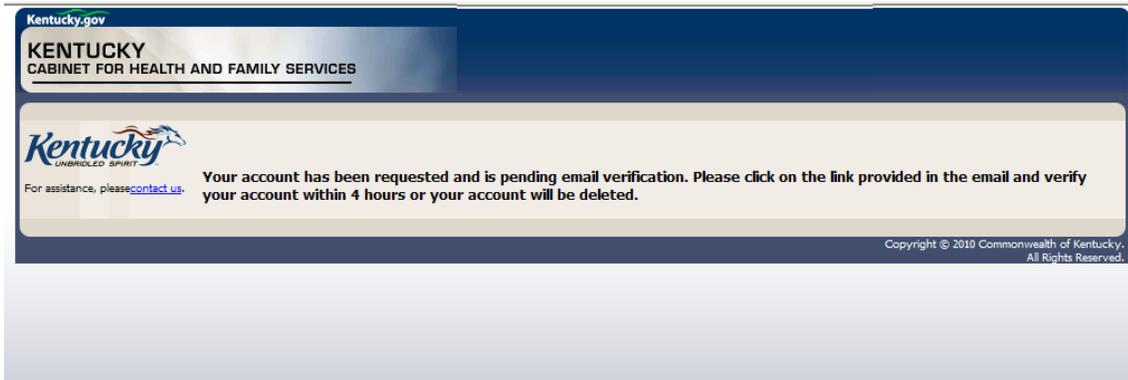
Answer

Submit Request

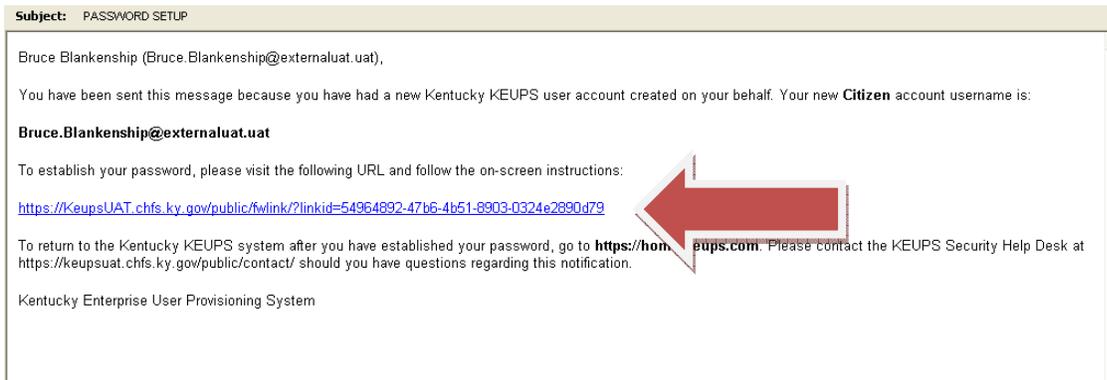
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Click the **Submit Request** button.

The confirmation screen shown below will be displayed.



An automated email will immediately be sent to the email address shown on the User Profile form. When you receive the email and open it, click the link that is included in the email. **YOU MUST CLICK ON THE LINK SHOWN IN THE EMAIL WITHIN FOUR HOURS TO COMPLETE THE VERIFICATION PROCESS, OR YOUR ACCOUNT WILL BE DELETED.** *NOTE: If this happens, you will have to begin the registration/verification process again.*



After you click on the link in the automated email, the screen shown below will be displayed. Enter the answers to your two security questions, **exactly as the answers were entered on the User Profile Form**, and then click the **Verify Account** button.

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Kentucky
UNBRIDLED SPIRIT

For assistance, please [contact us](#).

Question In what city were you born? (Enter full name of city only)
Answer

Question What is your mother's middle name?
Answer

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The screen shown below will be displayed.

Kentucky.gov
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For assistance, please [contact us](#).

Your account was successfully created. Please click [here to access KEUPS](#) and request additional access.

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Congratulations! You have now completed the one-time KEUPS registration!!

STEP TWO: One-Time Request for Access to a Specific Facility and Role in KY-EDRS

The next step is to request one-time access to your specific facilities and roles in the KY-EDRS. Click the **click here to access KEUPS** button (as shown in the screen above) or return to the KEUPS Web site, <https://keups.chfs.ky.gov/home/default.aspx>, and you will be taken to the KEUPS sign in screen shown below.

Click the **Sign In** button under the heading **I am a Kentucky Citizen or Business Partner**.



The screen shown below will be displayed. Enter your username and password, and then click the **Sign In** button.



The screen shown below will be displayed. Click the **Request** link.

Kentucky.gov
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KEUPS Home
Bruce Blankenship, Welcome to KEUPS

Applications

Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
Request	This is the Request workflow application

Messages
There are no new messages.

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The screen shown below will be displayed. Click the down arrow to open the drop-down list.

Kentucky.gov
KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

New Request | My Requests

Access Request for Bruce Blankenship (bruce.blankenship@externaluat.uat)

Select an Application

Next

3.0.9.34083
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Select **EDRS** from the drop-down list, and then click **Next** button.

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New Request | My Requests

Access Request for Bruce Blankenship (bruce.blankenship@externaluat.uat)

Select an Application
EDRS

Next

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The following screen will be displayed.

Select the facility type (County Coroner or Medical Certifier or Funeral Home) from the drop-down box.

Enter the Facility Name and Click **Search**.

If your facility is found in the search, there are several roles depending on the type of facility you selected. Select the appropriate role(s) that apply to you.

- FD for Funeral Director
- FDA for Funeral Director Assistant
- MC for Medical Certifier
- MCA for Medical Certifier Assistant
- CR for Coroner
- DCR for Deputy Coroner
- CRA for Coroner Assistant
- AA for Administrative Approver **(NOTE: See pages 12-14 of this guide for detailed AA instructions)**

Kentucky.gov
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New Request | My Requests

Access Request for Bruce Blankenship (bruce.blankenship@externaluat.uat)

Request

Search for a Facility

Facility Type: Funeral Home

Facility Name: Training ex. (Kerr - for Kerr Funeral Home)

County: [Dropdown]

Search

Click to Add access to the Roles found below:

Roles by Application

EDRS

- EDR_1606_FD (TRAINING FUNERAL HOME FD)
- EDR_1606_FDA (TRAINING FUNERAL HOME FDA)
- Training Funeral Home - AA (Administrative Approver)

Previous Next

Click the boxes for the appropriate role(s) for that facility, and then click the **Next** button. (NOTE: If you are registering for an assistant role, the Administrative Approver at your facility must first approve the request. The Office of Vital Statistics staff will then review the request, and you will receive an email when your request has been approved, or you will be notified of any reason for denial).

The screen shown below allows entry of required credentials (license number, certificate number, etc), and the expiration date of the credential. Also, enter the **exact text as you would like your signature to appear on the death certificate**. Then click the **Next** button.

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New Request | My Requests

Access Request for Bruce Blankenship (bruce.blankenship@externaluat.uat)

The roles you have requested require the following credential details to complete the request. Click Next when finished.

Required Credentials

EDRS Training Funeral Home FD

- 1 Enter your Funeral Director License Number for access to "Training Funeral Home"
- 2 Enter the expiration date for the license number entered above.
- 3 Enter the exact text for your signature. (Example: John A. Doe, M.D.)

Previous Next

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A screen will be displayed to review the roles you have requested, the credentials you have supplied, and the text for your signature. Click the **Previous** button to make any necessary changes. If no changes are required, click the **Submit Request** button.

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New Request | My Requests

Access Request for Bruce Blankenship (bruce.blankenship@externaluat.uat)

Confirm Request

Additional access to an existing account

Requested Application	Requested Role	Requested Action
EDRS	EDR_1606_FD	Add to Role
EDRS	Training Funeral Home - AA	Add to Role

Submitted Credentials

EDRS Training Funeral Home FD

- 1 Enter your Funeral Director License Number for access to "Training Funeral Home"
 - 123456
- 2 Enter the expiration date for the license number entered above.
 - 12/31/2010
- 3 Enter the exact text for your signature. (Example: John A. Doe, M.D.)
 - Bruce Blankenship

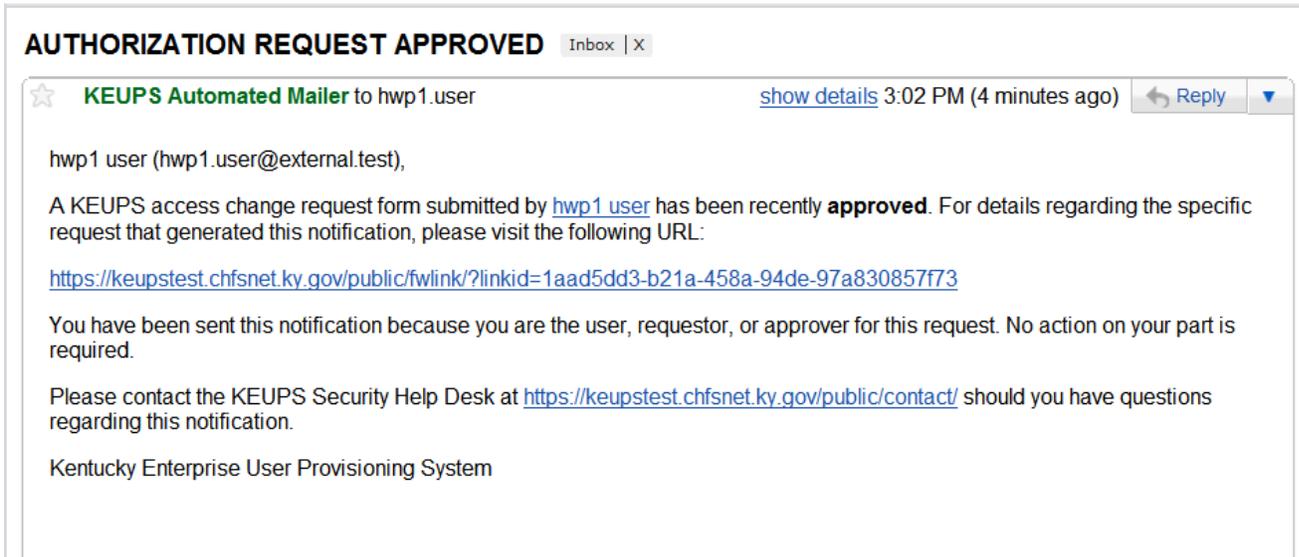
Previous Submit Request

After clicking the **Submit Request** button the following screen will be displayed with your Username. At this point, your request has been forwarded to the Office of Vital Statistics (OVS) for approval.



The screenshot shows the Kentucky.gov website interface. At the top, it says "Kentucky.gov" and "KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES". Below that, there are links for "New Request" and "My Requests". The main heading is "Access Request for Bruce Blankenship (bruce.blankenship@externaluat.uat)". A green checkmark icon is followed by the text: "Your request has been processed. You will receive an email updating you with the status of this request." At the bottom left, the version number "3.0.9.34083" is visible, and at the bottom right, the copyright notice "Copyright © 2010 Commonwealth of Kentucky. All Rights Reserved." is present.

Once OVS has approved the request, you should receive an automated confirmation email like the one below. If you do not receive this confirmation email with 3 working days, please contact the Helpdesk at (877) 545-6175 or KY.EDRS@ky.gov.



The screenshot shows an email interface. The subject line is "AUTHORIZATION REQUEST APPROVED" with "Inbox | X" next to it. The sender is "KEUPS Automated Mailer" to "hwp1.user", with a "show details" link and a timestamp of "3:02 PM (4 minutes ago)". The email body starts with "hwp1 user (hwp1.user@external.test),". The main text says: "A KEUPS access change request form submitted by [hwp1 user](#) has been recently **approved**. For details regarding the specific request that generated this notification, please visit the following URL: <https://keupstest.chfsnet.ky.gov/public/fwlink/?linkid=1aad5dd3-b21a-458a-94de-97a830857f73>". It then states: "You have been sent this notification because you are the user, requestor, or approver for this request. No action on your part is required." and "Please contact the KEUPS Security Help Desk at <https://keupstest.chfsnet.ky.gov/public/contact/> should you have questions regarding this notification." The email ends with "Kentucky Enterprise User Provisioning System".

Congratulations! You have now completed the one-time KY-EDRS facility and role registration!!

After you receive this email, you can now access EDRS by returning to the KEUPS login screen and entering your username and password. After you successfully login, you should now see the link to KY-EDRS. You can now enter the KY-EDRS anytime you need to electronically process a death certificate.



Sign Out

For assistance,
please [contact us](#).

KEUPS Home

UAT OVS, Welcome to KEUPS

Applications

Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
KY-EDRS	Kentucky Electronic Death Registration System
Request	This is the Request workflow application



Messages

Date	Message
12/4/2009	Welcome DCBS UAT Testers



Administrative Approver Role

Each facility requires at least one Administrative Approver. This person will approve any requests for Funeral Director **Assistant**, Medical Certifier **Assistant**, or Coroner **Assistant** roles for that facility. Generally, a funeral director, physician, or coroner will act as the Administrative Approver for a facility. However, a funeral director, physician, or coroner may delegate this role to an assistant. To designate an assistant to an Administrative Approver role, you will have to complete the Administrative Approver User Profile Form (paper copy only) shown on the last two pages of this user guide, and **mail this original paper form with the signature to the Office of Vital Statistics at the address shown on the form.** After allowing time for the mailed form to reach the Office of Vital Statistics, the assistant should also register for the AA (Administrative Approver) role in the KY-EDRS, following the steps shown above. Upon receipt of the electronic request, the Office of Vital Statistics will check to ensure that a properly completed and authorized paper form has been received. If so, approval will be granted to the assistant for the Administrative Approver role, and the assistant will be notified by email of the approval.

Processing Requests as an Administrative Approver

If you are the administrative approver for your facility, it is your responsibility to approve any requests for Funeral Director **Assistant**, Medical Certifier Assistant, or Coroner Assistant. You will need to login using your username and password. Select **Request** from the screen shown below.

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Sign Out

KEUPS Home

For assistance, please contact us.

UAT OVS, Welcome to KEUPS

Applications

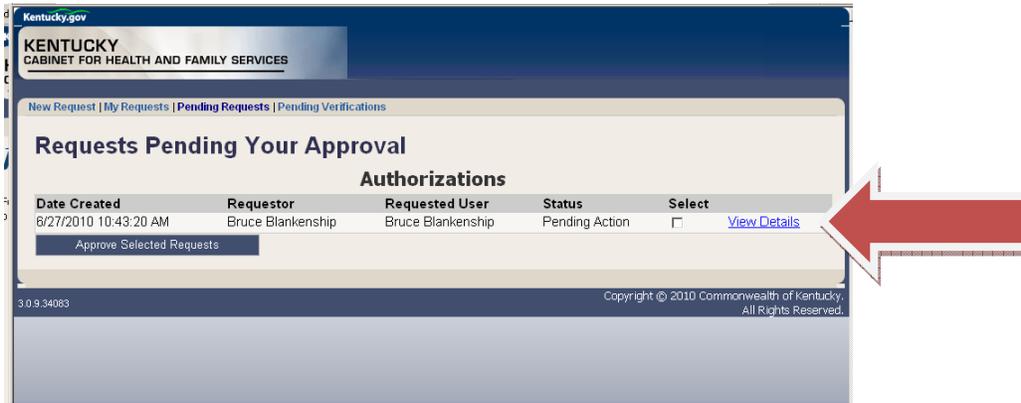
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Date	Message
12/4/2009	Welcome DCBS UAT Testers

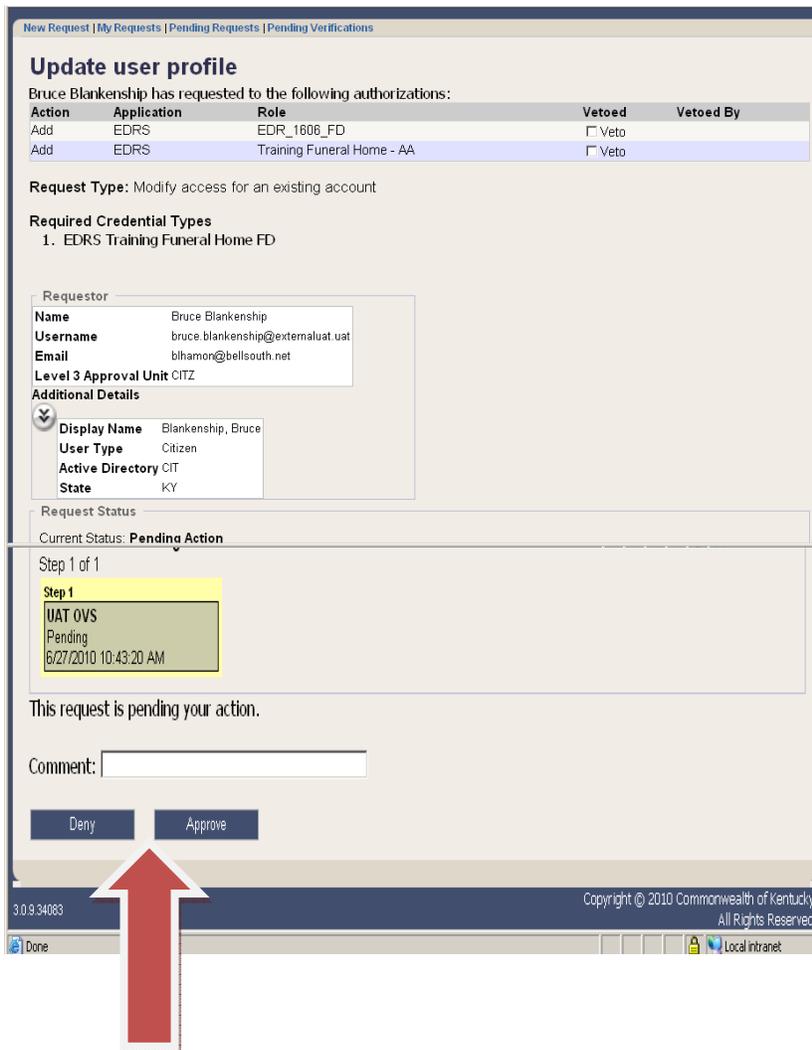
Local intranet

A screen showing requests pending your approval will be shown.



Click **View Details**.

The screen shown below provides additional details for the access request. You may now click **Approve** or **Deny** to approve or deny the access request from this user.



The Office of Vital Statistics will review the request and grant final approval. The new user will receive an email notification of the approval status.



CABINET FOR HEALTH AND FAMILY SERVICES (CHFS)
OFFICE OF VITAL STATISTICS (OVS)
KENTUCKY-ELECTRONIC DEATH REGISTRATION (KY-EDRS)

This form must be completed in order to allow an assistant having a need to access the Office of Vital Statistics Kentucky-Electronic Death Registration System, via secure portal access, as a subsidiary Admin Approver. It must be completed in ink or typed, all information must be accurate and complete, and the form must contain the appropriate authorized signature. When the form is completed, it **MUST BE SENT** for verification and approval to the appropriate authorities.

SECTION 1: FUNERAL DIRECTOR, MEDICAL CERTIFIER OR CORONER INFORMATION

FULL NAME: _____ REQUEST DATE: _____
USERNAME: _____ EMAIL: _____
PRIMARY PHONE: (____) _____ ALTERNATE PHONE: (____) _____
FACILITY NAME: _____
FACILITY FEDERAL ID #: _____ LICENSE #: _____ EXP: _____
JOB TITLE/FUNCTION: _____
BUSINESS MAILING ADDRESS: _____
CITY: _____ ZIP: _____ COUNTY: _____

SECTION 2: AUTHORIZATION SIGNATURE

As an authorized Admin Approver within the KY-EDRS, I am submitting this request to delegate and authorize the individual listed in Section 3 to be an Admin Approver, as a subsidiary to the access granted to me as an authorized Admin Approver.

AUTHORIZED USER SIGNATURE: _____ DATE: _____
Print Name (*must be legible*): _____

SECTION 3: ASSISTANT INFORMATION

FULL NAME: _____ USERNAME: _____
EMAIL: _____
JOB TITLE/FUNCTION: _____

SECTION 4: ASSISTANT USER SIGNATURE

I attest to the best of my knowledge that the information provided above is true, accurate, and complete.

USER SIGNATURE: _____ DATE: _____

FOR OFFICE OF VITAL STATISTICS ONLY

OVS ADMINISTRATOR: _____ DATE: _____

Print Name (*must be legible*): _____

Date Request Received: _____ Date Issued/Notified: _____

Deletion Date: _____

Reason (circle one): Non-use Resigned Retired Dismissed Other _____

CHECKLIST FOR COMPLETING THE AUTHORIZATION REQUEST FOR THE KENTUCKY-ELECTRONIC DEATH REGISTRATION SYSTEM (KY-EDRS)

_____ **Section 1: FUNERAL DIRECTOR, MEDICAL CERTIFIER OR CORONER INFO**

ALL fields must be completed. *Handwritten information must be legible.* Access will not be granted if this section is incomplete, and the form will be returned.

_____ **Section 2: AUTHORIZATION SIGNATURE**

Signature must be original. We will not permit anyone to sign for another person; the authorization signature must be from that person. Clear signatures must be provided. *Access will not be granted if signature is missing or name is illegible, and the form will be returned.*

_____ **Section 3: ASSISTANT INFORMATION**

ALL fields must be completed. *Handwritten information must be legible.* Access will not be granted if this section is incomplete, and the form will be returned.

_____ **Section 4: ASSISTANT USER SIGNATURE**

Signature must be original. We will not permit anyone to sign for another person; the user signature must be from that person. Clear signatures must be provided. *Access will not be granted if signature is missing or name is illegible, and the form will be returned.*

ADMIN APPROVER USER PROFILE FORM MAILING INSTRUCTIONS

Once the 'Admin Approver' has been completed and signed by all required parties, please mail the form containing the original signatures to:

Office of Vital Statistics
Administration & Quality Assurance Section
275 East Main Street 1E-A
Frankfort, KY 40621