

IDAHO
ELECTRONIC DEATH REGISTRATION SYSTEM SURVEY

Is your facility interested in participating in an Electronic Death Registration System:

Yes No

Does your work site have a computer that can be used in the participation of EDR:

Yes No

Are there future plans on acquiring a new/different computer within the next 4 months?

Yes No

Is your facility in partnership with another entity (corporate partner):

Yes No

If answer is Yes, would Idaho Vital Statistics need to speak to them directly concerning this program?

Yes No

Contact Information (phone and email) for the other entity: _____

COMPUTER INFORMATION

Which computer operating system is currently being used:

Internet access provider, speed, and access to the internet (phone, cable, other):

CPU Processor Type and Speed:

Memory (RAM):

Printer brand and type _____

Can this printer print legal size documents (8 ½ X 14 inch paper)

Yes No

SURVEY CONTINUED ON BACK

LEVEL OF PARTICIPATION

Who is the person at your facility that we should direct future correspondence and communication to:

Contact Information (name, phone, and email if applicable): _____

What would be the preferred method of communication for dissemination of information:

Email/Internet Physical Mail Phone

Does your facility use a funeral home package or another external software package that is currently used to prepare death certificates:

Yes No

Supplier of Software _____

If needed, would another entity completing the death certificate (physician, coroner, etc.) be able to use your facility for access to the WebEDR:

Yes No

Any additional comments or questions:

THANK YOU FOR YOUR PARTICIPATION !!