OREGON HEALTH AUTHORITY
Center for Health Statistics

ITOP Report Provider OVERS Enrollment Form

Submit completed form to:
Email: CHS.OVERSaccess@oha.oregon.gov
Fax: 971-673-1201

Use this form to request an Oregon Vital Events Registration System (OVERS) account. An OVERS account allows Induced Termination of Pregnancy (ITOP) Report Providers to electronically complete and submit their facilities' ITOP reports to the Center for Health Statistics (CHS). All information related to ITOP reports is confidential. Names of facilities and ITOP Report Providers are held confidential as well. This form is available for download at: http://bit.ly/OVERS-ITOP

ITOP Report Provider User Set-up Information – All fields must be completed.

ITOP Report Provider Name: _____
(First) (Middle) (Last)

Work Email Address: _____

Work Phone: _____ **Work Fax**: _____

ITOP Report Provider Facility Name: _____

Facility Address: _____
(Address) (City) (State) (Zip)

Facility Mailing Address
(*if different from above*): _____
(Address) (City) (State) (Zip)

I will use my access in OVERS to submit statistical reports on induced termination of pregnancy for the facility listed. To ensure the security of the system and the reports I submit, I will not share my username or password with others.

_____ _____
Signature of ITOP Report Provider Date Signed

ITOP Report Provider Approval

To ensure that this request for access to use OVERS in submission of ITOP reports is authorized for listed facility; it is required that this form be reviewed and approved by a manager, or other designated authority, at listed facility and provide their signature, written name, and title below.

I authorize the individual named above to submit ITOP reports on behalf of listed facility. I will notify CHS if the individual listed no longer requires access to OVERS to perform their job duties, including if employment is terminated.

_____ _____
Signature of Approving Authority Print Name

_____ _____
Title of Approving Authority Date Signed

CHS USE ONLY

CHS Official: _____ Date Account Created: _____ Username: _____

☐ Info. Complete ☐ Setup in OVERS ☐ Added to listserv ☐ Sent email

Updated: 10/25