DEPARTMENT OF HEALTH

Minnesota Registration & Certification System (MR&C)
Medical Certifier / Designated Staff
User Agreement

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.*