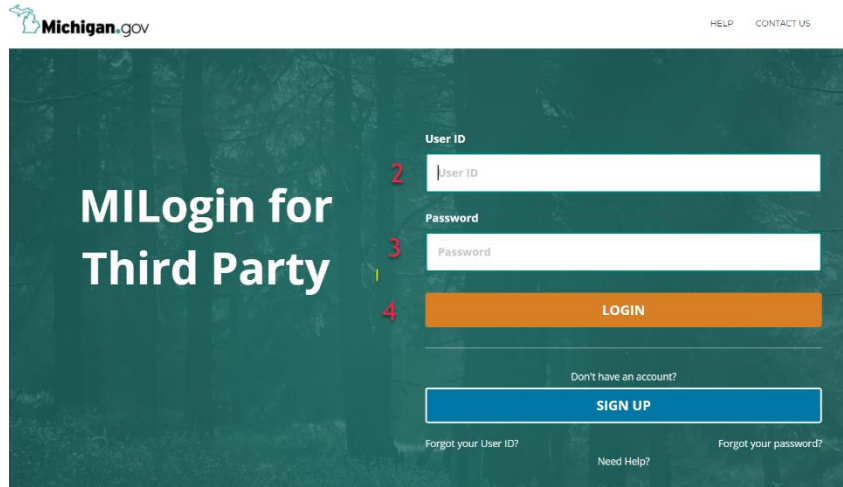


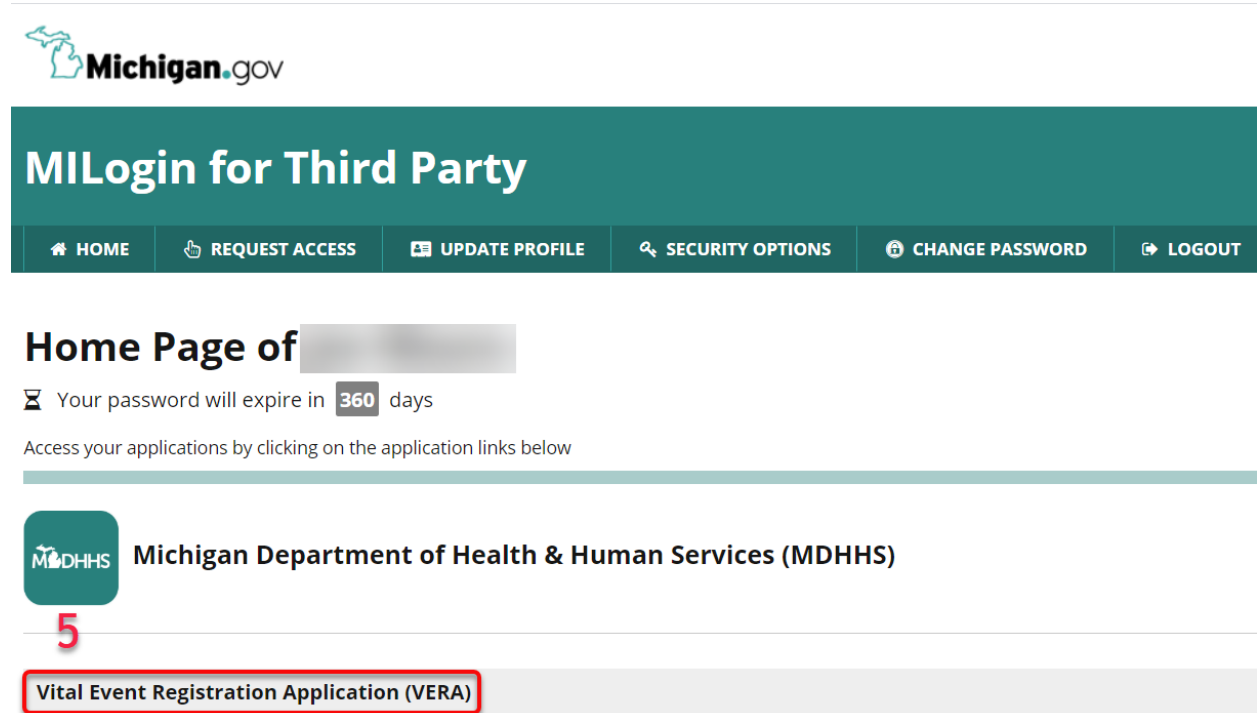
VERA: Create Your Account- Profile Information

To access VERA, after creating your MILogin account and subscribing to the VERA application you will need to complete the profile builder. Instructions can be found on the resources page of www.MichiganVERA.org website. To complete the profile builder, please follow the steps below.

- Step 1:** Go to MILogin website: <https://milogintp.michigan.gov>
- Step 2:** Enter your User ID
- Step 3:** Enter your Password
- Step 4:** Click the **Login** button



Step 5: Click on the link for the **Vital Events Registration Application (VERA)**



- Step 6:** Click on the link to download and complete the **VERA Security Agreement**
Step 7: Email the **VERA Security Agreement** to MDHHS-VERA-Help@Michigan.gov



- Step 8:** Enter the name of your hospital. If multiple hospital access needed, list all hospitals.
Step 9: If you are an authorized certifier, select Yes for the question *Are you a medical certifier?* Authorized medical certifiers must be authorized by request of the person in-charge of the facility – typically a President or CEO. If you were previously able to sign birth certificates, you should select yes.
Step 10: If you have a medical license or NPI number, enter the license number and effective date.
Step 11: Indicate by checking the box(es) if you need access to birth records, fetal death records or both.

Please answer the questions as accurately as possible so that we can get your account verified in the least amount of time.

Facility/Office
Enter the name of your facility
Sparrow Health Systems-St. Lawrence X

Are you a medical certifier?
Yes

Medical license #	Effective date	NPI license #	Effective date
8675309	Jan-01-2020	123456	Apr-01-2020

Event Types
Which event types will you be working with? (select all that apply)
 Birth Fetal death

Name and Contact Information

- Step 12:** Complete your personal information. Use the facility address, work email and work phone.

Name and Contact Information

Prefix: [] First Name: [Xxbill] Middle Name: [] Last Name: [Testing] Suffix: []

Title: [] Title Other: [] Email: [edrsmphi@gmail.com] Phone Number: [517-324-6012]

Address

Street Number: [1210] Pre Directional: [W] Street Name, Rural Route, etc.: [Saginaw] Street Designator: [St] Post Directional: [] Apt #, Suite #, etc.: []

Zip: [48915] City: [Lansing] State: [Michigan] Country: [United States]

Additional Information

[]

Affirmation

Step 13: Check the box affirming that you are authorized to have access to VERA.

Step 14: Click the **Save** button to submit your information.

Affirmation

I affirm that I am the individual identified above, that I am authorized to make this request, and that all information provided herein is true and accurate.

Access to VERA is manually granted. It may take up to five (5) days depending on request volume and staff availability.