State of North Dakota Login ID Instructions

Step 1, go to: **https://secure.apps.state.nd.us/itd/ldap/registration.htm**

SAMPLE REGISTRATION

Step 2, complete the online form, (*) denotes a required field

*First Name: *John*	**Initial:** *A*
*Last Name: *Doe*	**Suffix (Jr, Sr, III, etc.):**
*Address Line 1: *123 Main Street*	
Address Line 2:	
Address Line 3:	
*City : *Bismarck*	
*State/Province : *North Dakota*	
*Zip/Postal Code: *58505* **(55555)**	
*Country: *United States of America*	
*Phone: *701-328-0000* **(111-222-3333) Ext.:**	
Organization: *Funeral Home Name*	

If you are representing an organization when accessing State of North Dakota Online Services, please enter the name of the organization. If you are accessing State of North Dakota Online Services for your own personal use, please leave Organization blank.

*Email Address: *johndoe@yahoo.com Must be a valid address to complete registration*

*Confirm Address: *johndoe@yahoo.com Need to reconfirm e-mail address*

Selecting your ID and Password.

Your ID and password are required each time you login to EVERS.

Login ID Requirements

- Your Login ID must be at least 3 characters long.
- A suggested Login ID would be the first character of your first name followed by your last name.
- Your Login ID must be unique, if someone else has already signed up with your chosen Login ID you need to select a different Login ID.

Password Requirements

- Your password must be at least 6 characters long
- It must contain at least 1 upper case character
- It must contain at least 1 lower case character
- It must contain at least 1 number.

*Login ID: See Above

*Password: See Above

*Confirm Password: Retype password for accuracy

Resetting your Password.
Security questions will be used to verify your identity and allow you to change your password.
 Example:
 Question 1: Favorite Color
 Answer 1: Blue

*Security Question 1: Favorite Color

*Security Answer 1: Blue

*Security Question 2: Favorite Team

*Security Answer 2: Minnesota Vikings

Create Login   ***You will need to click this button to proceed.*** A confirmation e-mail will be sent to the e-mail address you provided. Please make sure the e-mail address you provided is valid.

Step 3, Confirm your Login ID and Password

1. Within the confirmation e-mail will be a web link. You must click on the link provided in the e-mail sent to you. (Again, please make sure the e-mail address you provided is valid.)

2. After clicking on the link, you will be sent to a confirmation page and asked to provide your password that you choose when you registered. Remember that passwords are case-sensitive.

3. After confirming your password, you will be taken to the State of North Dakota's main web page. Your state Login ID is ready! (If you do not get to this web page, your confirmation did not occur and you need to retry your password.)

Step 4, Request access to EVERS

1. Now that you have a registered State Login ID and password, your Login ID must now be configured for accessing the EVERS application.

2. Fax a completed User Authentication for EVERS form to Vital Records.

3. Another confirmation e-mail or a phone call will be made to your preferred method of communication to let you know that your access to the EVERS application is complete.   CONGRATULATIONS, YOU ARE READY TO REGISTER DEATHS!

Hospital Birth User
User Authentication for EVERS
North Dakota Department of Health

_____   _____   _____
First Name   Middle Initial   Last Name

_____
Facility Name and Address

_____
New **User ID** (*State Userid that you just created*)

User Type:

☐   Birth/Fetal Death Data Entry Only

☐   Birth/Fetal Death Submitter

Mail or fax to:
North Dakota Department of Health
Division of Vital Records
Attn: Electronic Death Registration
600 E. Boulevard Ave., Dept. 301
Bismarck, ND 58505-0200
Fax: (701) 328-1850

Contact Information:

☐   Office Phone _____   ☐   Pager _____

☐   Cell Phone _____   ☐   Fax _____

☐   E-Mail _____

Complete all contact information, mark the preferred method of contact by checking the applicable box.

Supervisor's Information:

_____   _____
Name   Title

_____   _____
Phone   E-Mail