



**MEDICAL CERTIFIERS
SYSTEM ADMINISTRATOR
MAINTENANCE TOOLS**






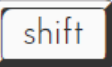

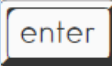
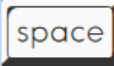







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Keyboard Shortcuts

Ctrl + T or  + 	Enters current date in any date field.
Ctrl + T and  or 	Enters the current date and you can populate a day before or after.
Tab or 	Moves forward from one box/field to another box/field.
Shift Tab or  + 	Moves backward from one box/field to another box/field.
Enter or 	Activates the next button on the page.
1st Letter of a Word	Enters selection from pick list of a dropdown list. Scroll through that letter.
Space Bar or 	Selects a radio button or check box.
Arrow Keys or  or 	Moves from one radio button to the next. Right to Left or Left to Right.
Down Arrow or 	Opens a dropdown list.
Escape or 	Closes a dropdown list.
Ctrl + S or  + 	Saves the current record.
State Abbreviations	Selects the associated State by typing the first letter.
? or 	Saves the current record.

Diacritical Marks

TxEVER will allow the use of Diacritical Marks. To insert a diacritical mark within a name, Press and Hold the "ALT" key and type the 3 digit code. Release the "ALT" key and the respective diacritical mark will appear. Example: **ALT+128 = Ç**

ALT Code	Name	ALT Code	Name
128	Ç Diacritical Mark	212	È Diacritical Mark
142	Ä Diacritical Mark	214	Í Diacritical Mark
144	É Diacritical Mark	216	Ï Diacritical Mark
153	Ö Diacritical Mark	222	Ì Diacritical Mark
154	Ü Diacritical Mark	224	Ó Diacritical Mark
165	Ñ Diacritical Mark	227	Ò Diacritical Mark
181	Á Diacritical Mark	229	Õ Diacritical Mark
182	Â Diacritical Mark	233	Ú Diacritical Mark
183	À Diacritical Mark	235	Ù Diacritical Mark
199	Ã Diacritical Mark	237	Ý Diacritical Mark
211	Ë Diacritical Mark		

LIBRARY MAINTENANCE

Log into TxEVER via the web <https://txever.dshs.texas.gov/TxEverUI/>

The screenshot shows the Texas Department of State Health Services website. At the top left is the Texas Health and Human Services logo. To its right is the text "Texas Department of State Health Services". On the right side is the TxEVER logo. Below the logos is a blue banner with the text "Welcome to the Texas Department of State Health Services!". Underneath is a photograph of a smiling baby being held. A yellow arrow points to the text "LOG IN to TxEVER" on the right side of the photo. Below the photo is a section titled "Services(DSHS)" with a table of telephone numbers and a mailing address. At the bottom, there are two yellow arrows: "Log on to Texas Department of State Health Services" and "User Enrollment Report TxEVER Issue(s)".

What about the Library Maintenance?
This section is a guide for local facility administrator and state administrator.
This section is a step-by-step walk through guide.

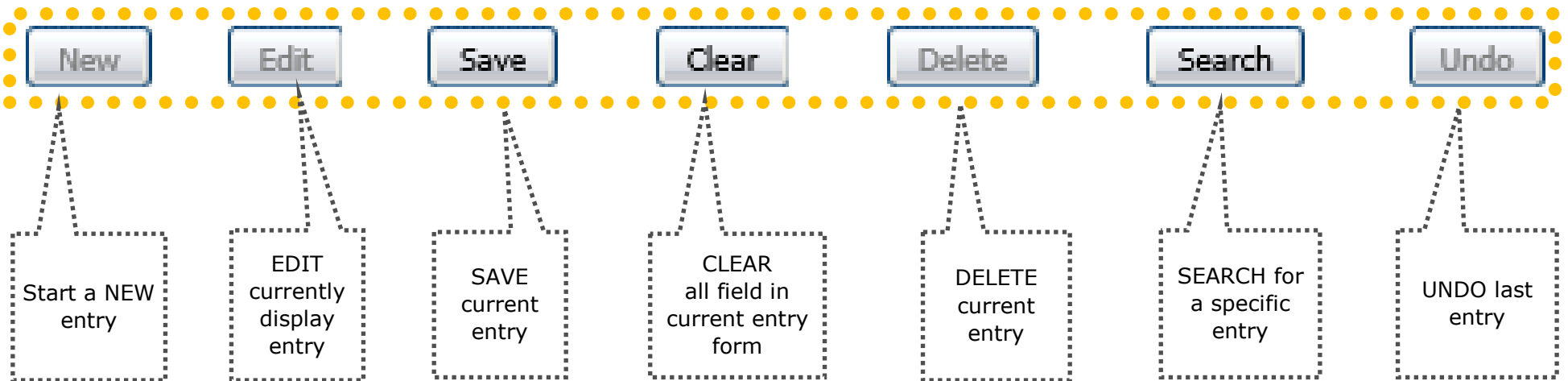
Click here to open the TxEVER log in page

Telephone Numbers:			Mailing Address:
Description	Phone Number	Hours	Texas Department of State Health Services State Office of Vital Records Address: 1100 West 49th Street, Austin, TX 78756 Ph. (512) 776-7111
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F	

Click here to report issues with TxEVER

Click here to enroll

Library Maintenance Common Navigation Buttons



Navigation Buttons

These buttons are common throughout the Library Maintenance in Birth and Death Modules

DEATH MODULE



TEXAS
Health and Human
Services

Texas Department of State
Health Services

FUNCTION ▾

TOOLS ▾

REPORTS ▾

CONFIGURATION ▾

HELP ▾



STATE USER3 , welcome to the Texas Department

[Library Maintenance](#) ▶

[Utilities](#) ▶

[Imports](#) ▶

[Extract](#) ▶

[Place Of Death](#)

[Place Of Disposition](#)

[Physicians](#)

[Physicians Offices/Practices](#)

[JP/ME OFFICE](#)

[JP/MEDICAL EXAMINER](#)

[Funeral Homes](#)

[Funeral Directors](#)

LIBRARY MAINTENANCE IN DEATH MODULE

THIS SECTION IS FOR MEDICAL CERTIFIER LOCAL ADMIN AT Medical
Certifiers LOCATIONS.




The process discuss in this section refers to the steps a local administrator or system administrator needs to take for adding users to library tables containing user information incorporated in a certificate of death.

This section is a step-by-step walk through guide.

Physicians Library Table

**Step 1: Select "DEATH"
Module Tab to access the
User Maintenance**

t.dshs.texas.gov/TxEVERUI/Death/Home.aspx

[ip_to_main_content](#) [GLOBAL](#) [BIRTH](#) [DEATH](#) [FETAL DEATH](#) [ITOP](#) [FEE](#) [MARRIAGE](#) [ADOPTION REGISTRY](#) [IMAGING](#)    [Log](#)



TEXAS
Health and Human
Services

Texas Department of State
Health Services

FUNCTION ▾

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HELP ▾



STATE USER3 , welcome to the Texas Department

[Library Maintenance](#) ▸

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[Place Of Death](#)

[Place Of Disposition](#)

[Physicians](#)

[Physicians Offices/Practices](#)

[JP/ME OFFICE](#)

[JP/MEDICAL EXAMINER](#)

[Funeral Homes](#)

[Funeral Directors](#)

**Step 2: Click the dropdown arrow
next to "TOOLS" to be taken to the
"Library Maintenance"**

Step 3: Select "Physicians"



TEXAS

Texas Department
Health Services

[FUNCTIONS](#)

[RECORD](#)

[TOOLS](#)



--Select a value--

- CERTIFYING PHYSICIAN
- PRONOUNCING AND CERTIFYING PH...
- ADVANCED PRACTICE REGISTERED N...
- PHYSICIAN'S ASSISTANT

Step 5: Fill in all available fields and select a value from dropdown lists

PHYSICIAN

* Indicates a mandatory field

Type: *

Title/Degree: *

Prefix: --Select a value--

First Name: *

Middle Name:

Last Name: *

Suffix: --Select a value--

Street Address: *

Apt/Suite:

State/Country: * TEXAS

County: * --Select a value--

City/Town: * --Select a value--

Zip: * --Select a value-- EXT:

Physician Office/Practice: * --Select a value--

License Number: *

NPI:

TO Email:

CC Email:

Method Of Contact: * E-MAIL

Display in List: * ALWAYS

User: * --Select a value--

Step 6: Click the green search icon. This will permit the search of an office/practice

Step 4: Click on the "New" button

Select a physician office to filter the grid below: LINCOLN PHYSICIAN OFFICE

Select a physician type to filter the grid below: --Select a value--

Helpful Tip: fields marked with a red asterisk (*) are mandatory



Step 7: Enter a value in the search field

PHYSICIAN

* Indicates a mandatory field

Type:	<input type="text"/>	Physician Office/Practice: *	<input type="text" value="--Select a value--"/>
Title/Degree:	<input type="text"/>	License Number: *	<input type="text"/>
Prefix:	<input type="text" value="Select a value--"/>	NPI:	<input type="text"/>
First Name: *	<input type="text"/>	TO Email:	<input type="text"/>
Middle Name:	<input type="text"/>	CC Email:	<input type="text"/>
Last Name: *	<input type="text"/>		
Suffix:	<input type="text"/>		
Street Address: *	<input type="text"/>		
Apt/Suite:	<input type="text"/>		
State/Country: *	<input type="text"/>		
County: *	<input type="text" value="--Select a value--"/>		
City/Town: *	<input type="text" value="--Select a value--"/>		
Zip: *	<input type="text" value="--Select a value--"/>	EXT:	<input type="text"/>

Find Facility ✕

Please enter the facility name(Please enter at least three characters).

OK CLOSE

Step 8: Click the "OK" button

Select a physician office to filter the grid below:

Select a physician type to filter the grid below:

Helpful Tip: fields marked with a red asterisk (*) are mandatory



Step 9: Select a value from the dropdown list

--Select a value--
AUSTIN REGIONAL CLINIC-AUST...

RECORD TOOLS



PHYSICIAN

* Indicates a mandatory field

Type: *
 Title/Degree: *
 Prefix: --Select--
 First Name: *
 Middle Name:
 Last Name: *
 Suffix: --Select a value--
 Street Address: *
 Apt/Suite:
 State/Country: * TEXAS
 County: * --Select a value--
 City/Town: * --Select a value--
 Zip: * --Select a value-- EXT:

Physician Office/Practice: --Select a value--
 License Number: *
 NPI:
 TO Email:
 CC Email:
 Display in List: * E-MAIL
 ALWAYS
 User: * --Select a value--

Step 10: Select from dropdown list "E-MAIL"

E-MAIL
ALWAYS

Step 11: Select from dropdown list "ALWAYS" so that the facility become available throughout the system

New Edit Save Clear Delete Search Undo

physician office to filter the grid below: LINCOLN PHYSICIAN OFFICE
 Select a physician type to filter the grid below: --Select a value--

Step 12: Click on the "SAVE" button. The new facility has been created.

Helpful Tip: fields marked with a red asterisk (*) are mandatory

Search/Update Medical Certifiers Details in Library Table

Method 1

PHYSICIAN

** Indicates a mandatory field*

Type: * CERTIFYING PHYSICIAN

Title/Degree: * MD

Prefix: DR.

First Name: * KEVIN

Middle Name: D

Last Name: * SETH

Suffix: JR.

Street Address: * EAST DR

Apt/Suite: 809

State/Country: * TEXAS

County: * DALLAS

City/Town: * ADDISON

Zip: * 12312 EXT: 1231

Physician Office/Practice: * LINCOLN PHYSICIAN OFFICE

License Number: * 123123123

NPI: 1231231231

TO Email: kevin@licphy.com

CC Email:

Method Of Contact: * E-MAIL

Display in List: * ALWAYS

User: * ADMIN

New Edit Save Clear Delete Search Undo

Select a physician office to filter the grid below: --Select a value--

Select a physician type to filter the grid below: --Select a value--

Physician Office Name	Type	Title	Prefix	First Name	Middle Name	Last Name	Suffix	Street Address	Apt/Suite
-----------------------	------	-------	--------	------------	-------------	-----------	--------	----------------	-----------

Page 1 of 1

Step 1b: Click the green search icon. This will permit the search of an office/practice

Helpful Tip: fields marked with a red asterisk (*) are mandatory

PHYSICIAN

* Indicates a mandatory field

CERTIFYING PHYSICIAN	Physician Office/Practice: *	LINCOLN PHYSICIAN OFFICE
MD	License Number: *	123123123
DR.	NPI:	1231231231
KEVIN	TO Email:	kevin@licphy.com
D	CC Email:	
SETH	Method Of Contact: *	E-MAIL
EAST	Display in List: *	ALWAYS
	User: *	ADMIN

Find Facility

Please enter the facility name(Please enter at least three characters).

OK CLOSE

Select a physician office to filter the grid below: --Select a value

Select a physician type to filter the grid below: --Select a value--

Physician Office Name	Type	Title	Prefix	First Name	Middle Name	Last Name	Suffix	Street Address
-----------------------	------	-------	--------	------------	-------------	-----------	--------	----------------

Page 1 of 1

Step 2b: Enter a value in the search field

Step 3b: Click the "OK" button

Helpful Tip: fields marked with a red asterisk (*) are mandatory

PHYSICIAN

* Indicates a mandatory field

Type: * --Select a value--

Title/Degree: *

Prefix: --Select a value--

First Name: *

Middle Name:

Last Name: *

Suffix: --Select a value--

Street Address: *

Apt/Suite:

State/Country: * TEXAS

County: * --Select a value--

City/Town: * --Select a value--

Zip: * --Select a value-- EXT:

Physician Office/Practice: * --Select a value--

License Number: *

NPI:

TO Email:

CC Email:

E-MAIL

ALWAYS

Step 4b: Select a value from the dropdown list

--Select a value--

AUSTIN REGIONAL CLINIC-AUST...

--Select a value--

CERTIFYING PHYSICIAN

PRONOUNCING AND CERTIFYING PH...

ADVANCED PRACTICE REGISTERED N...

PHYSICIAN'S ASSISTANT

New Edit Save Clear Delete Search Undo

Select a physician office to filter the grid below: --Select a value--

Select a physician type to filter the grid below: --Select a value--

Physician Office Name	Type	Title	Prefix	First Name	Middle Name	Last Name	Suffix	Street Address	Apt/Suite	State/C
No Records										

Step 5b: Select a value from dropdown list

Helpful Tip: fields marked with a red asterisk (*) are mandatory

PHYSICIAN

* Indicates a mandatory field

Type: *
Title/Degree: *
Prefix:
First Name: *
Middle Name:
Last Name: *
Suffix:
Street Address: *
Apt/Suite:
State/Country: *
County: *
City/Town: *

PRONOUNCING AND CERTIFYING PHYSICIAN
MD
DR.
MAJOR
MAJOR
--Select a value--
300 WEST 49TH STREET
TEXAS
TRAVIS
AUSTIN
78751
EXT: *

Physician Office/Practice: *
AUSTIN REGIONAL CLINIC-AUS
J4545
juanita.moshier@dshs.texas.gov
E-MAIL
ALWAYS
MMAJOR

New Edit Save Clear Delete Search Undo

Step 7b: Click "Edit" button to update details for the selected user and proceed as to step 5 above shown, or click "Delete" button to delete the user from the table

Step 6b: In the list below, select one medical certifier

Select a physician office to filter the grid below: AUSTIN REGIONAL CLINIC-AUSTIN
Select a physician type to filter the grid below: PRONOUNCING AND CERTIFYING PHYSICIAN

Physician Office Name	Type	Title	Prefix	First Name	Middle Name	Last Name	Suffix	Street Address	Apt/Suite	State/C
AUSTIN REGIONAL CI	PRONOUNCING AND	DOCTOR	DR.	MEDICAL		DOCTORRC		4456 MEDICAL DRIVE		TEXAS
AUSTIN REGIONAL CI	PRONOUNCING AND	MD	DR.	MAJOR		MAJOR		300 WEST 49TH STRE		TEXAS
AUSTIN REGIONAL CI	PRONOUNCING AND	PHYSICIAN	DR.	WENDY		WESTFALLS		4545 AIRPORT BOULE		TEXAS

Page 1 of 1

Helpful Tip: fields marked with a red asterisk (*) are mandatory

Search/Update Medical Certifiers Details in Library Table

Method 2

PHYSICIAN

* Indicates a mandatory field

Type: * CERTIFYING PHYSICIAN
Title/Degree: * MD
Prefix:
First Name: *
Middle Name:
Last Name: *
Suffix:
Street Address: *
Apt/Suite:
State/Country: *
County: *
City/Town: *
Zip: *

Physician Office/Practice: * LINCOLN PHYS
License Number: * 123123
NDI:

Step 1c: Enter the medical certifiers name and click the "Find" button

Search Physician

First Name: Middle Name: Last Name: License:

MAJOR

Find Clear

Physician Office Name	Type	Title	Prefix	First Name	Middle Name	Last Name
AUSTIN REGIONAL CL	PRONOUNCING AND	MD	DR.	MAJOR		MAJOR

of 1 | Displaying Records 1 - 1 of 1

Step 2c: Select the medical certifiers in the list, then click the "OK" button

OK CLOSE

Prefix First Name Middle Name Last Name Suffix Street Address Apt/Suite State/C

Page 1 of 1

PHYSICIAN

* Indicates a mandatory field

Type: *
Title/Degree: *
Prefix:
First Name: *
Middle Name:
Last Name: *
Suffix:
Street Address: *
Apt/Suite:
State/Country: *
County: *
City/Town: *

PRONOUNCING AND CERTIFYING PHYSICIAN
MD
DR.
MAJOR
MAJOR
--Select a value--
300 WEST 49TH STREET
TEXAS
TRAVIS
AUSTIN
78751
EXT: *

Physician Office/Practice: *
AUSTIN REGIONAL CLINIC-AUS
J4545
juanita.moshier@dshs.texas.gov
E-MAIL
ALWAYS
MMAJOR

New Edit Save Clear Delete Search Undo

Step 5c: Click "Edit" button to update details for the selected user and proceed as to step 5 above shown, or click "Delete" button to delete the user from the table

Step 3c: In the list below, assure the correct medical certifier is selected

Select a physician office to filter the grid below: AUSTIN REGIONAL CLINIC-AUSTIN
Select a physician type to filter the grid below: PRONOUNCING AND CERTIFYING PHYSICIAN

Physician Office Name	Type	Title	Prefix	First Name	Middle Name	Last Name	Suffix	Street Address	Apt/Suite	State/C
AUSTIN REGIONAL CI	PRONOUNCING AND	DOCTOR	DR.	MEDICAL		DOCTORRC		4456 MEDICAL DRIVE		TEXAS
AUSTIN REGIONAL CI	PRONOUNCING AND	MD	DR.	MAJOR		MAJOR		300 WEST 49TH STRE		TEXAS
AUSTIN REGIONAL CI	PRONOUNCING AND	PHYSICIAN	DR.	WENDY		WESTFALLS		4545 AIRPORT BOULE		TEXAS

Page 1 of 1

Helpful Tip: fields marked with a red asterisk (*) are mandatory