How to Create a National Registry Application for:

The Initial EMR or EMT Student

April 2016
Need to Know Information

• MIEMSS will pay for the first NREMT cognitive exam for students with a Maryland affiliation
  – Do not make any payments to the NR
• Use your correct SSN
• National Registry only certifies EMT for anyone 18 and older
• Upon successful completion, a MD EMT card will be issued
Need to Know Information

• Under 18 have to take the Assessment-EMT exam
  – EMT candidates ages 16 & 17, upon successful completion of the NREMT Assessment-EMT exam, will only receive a Maryland EMT card

• All EMR candidates take the EMR exam
• NREMT will nationally certify EMR
• Upon successful completion, a MD EMR card will be issued
Need to Know Information

- Candidates have 6 exam attempts
- Attempts 1-3 require 15 days between exams
- Attempts 4-6 require documentation of a remediation before exam 4 attempt is authorized by NREMT
- Questions regarding remediation should be directed to the NREMT
- An application must be created for each exam attempt
Let’s get started filling out the National Registry Application
Type in: WWW.NREMT.ORG

- On the home page click on: Create New Account
- A New Account must be completed for all providers
- Establish a user name – make note of it.
- Establish a password – make note of it.
- The following slides will explain each step
Click on Create New Account
Create username and password. Write them down!
Complete the Personal information section

Type in your current Email address

Check off Applying to become nationally certified
Answer all three questions.
Write your answers down.

When all the questions have been asked. Click the Submit button.
After clicking the Submit button

- Answer any required information missed
- A note will appear stating account created
- You will be required to sign in.
- Type in your username
- Type in your password
- Click on login
- Now complete your profile information
The NREMT is now collecting additional demographic information about certified EMS providers. The collection of this information will be used to support providers, funding agencies, and policymakers.

Please update your profile now.*

* Returning users will be prompted to update their profiles.

The information on this page will be used for any application, purchase, or communication regarding the NREMT. The format that you use to type your name on this page will be used on all future documentation from the NREMT.

*Denes Required Field.

### Personal Information

- **Social Security #:**
- **Date of Birth:**

*Note: The format that you use to type your name on this page will be used on all future documentation from the NREMT.*

<table>
<thead>
<tr>
<th>First Name</th>
<th>M</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Mailing Address

- **Address:**
- **City:**
- **State:**
- **Zip:**
- **Country:** United States

*Required information Complete Every item on this page*
*Required information, Complete this page
<table>
<thead>
<tr>
<th>Select Patient Care Provider</th>
</tr>
</thead>
</table>

**Patient Care Provider**

- Select -

**Personnel's service status**

- Select -

**Primary EMS Job Responsibilities:** Please select your primary EMS job responsibility.

- Patient Care Provider
- Education/Preceptor
- Administrator/Manager
- First-line Supervisor
- Other

**Other job responsibilities:** Choose all that apply.

- None - Seeking employment
- Patient Care Provider
- Education/Preceptor
- Law Enforcement (Police)
- Fire Suppression
- First-line Supervisor

Please indicate all the states you are licensed in as an EMS provider. This includes Army, Navy, Air Force, and Federal Government.

**Initial year of state licensure for your highest level of EMS licensure?** This includes Army, Navy, Air Force, and Federal Government.

**Expiration date (month and year):** This includes Army, Navy, Air Force, and Federal Government.

- Leave Blank
This must be correct! Read the statement and then click on Accept.
Create New Entry App

- Click on **Create Initial Entry app**
- Complete each step
- Check the verification box
- Click next
- Repeat this for each Tab
Click on the Create Initial Entry App
Verify your Personal Information, if correct place a check in the box

Click the next button
Make your selection for the card and certificate and check off

Click the Next button
EMT students over 18 Check EMT
ALL EMR students Check EMR

EMT Students Under 18 Check Assessment-EMT
Verify you have selected the correct Application Registry Level.

Click the Next button.
Check YES

Click the Next button
Place the date that your course should end.
Create Initial EMT Application

Step 3: Complete Application

Course Dates
Enter Initial Course Completion Date: 6/16/2016

Program State
Location of Initial EMS Education Program: Maryland

Click the Next button

Select Maryland for the Program state
Select the correct EMS educational program. Do NOT select MIEMSS.
Answer the Disciplinary Action and Criminal Conviction Statements

Have you ever been subject to limitation, probation, suspension, or revocation of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to any agency authorizing the legal right to work?

No

Have you ever had a criminal conviction or a court martial?

No
Place the date of Module 4 plus 2 years
Example:
Module 4 date is 3/11/16
Date entered is 3/11/18

Click the Next button
Click the Next button

Review Application place a check mark in the Verification box
Click the Submit button.

Attestation section Place a check in the I agree to abide by these terms.
During class

• Check to see if your application was accepted
• Periodically check the application
• National Registry WILL NOT send anything by mail
• Any information from the NREMT will be sent to your application
Post Class Actions

• Course completion should show Verified
  – Teaching Agencies verify course completion
  – Any issues pertaining to the Course Completion contact the Teaching Agency
• Exam fee should show Paid
• ATT (Authorization to Test) letter should show
  – ATT may take up to 24hrs after the course completion has been verified
• Read the instructions for Pearson VUE
• Log into the Pearson VUE website to arrange your exam date
Additional Information on obtaining your EMR/EMT Certification

• A successful NREMT Cognitive examination result is required

• A successful practical/psychomotor examination result is required
  – The practical/psychomotor examination is verified by MIEMSS. Any issues with the practical contact MIEMSS
What is Certification will I receive

• EMT’s over the age of 18 and all EMR’s will receive both an NREMT certification and a Maryland Certification
• EMT’s under age 18 will receive a Maryland EMT Certification only
• The Maryland EMR/EMT Certification is the certification that is required to function as an EMS Provider in Maryland
Contact Information

National Registry
• 1.614.888.4484
• nremt.org

MIEMSS
• 410.706.3666 (office)
• 410.706.3208 (Mark New)
• mnew@miemss.org