How to Create a National Registry Application for:

The Initial EMR or EMT Student

September 2022

Need to Know Information

- MIEMSS will pay for the first two NREMT cognitive exams for students with a Maryland affiliation
  - Do not make any payments to the NR
- Use your correct SSN
- Upon successful completion, a MD EMT card will be issued

Need to Know Information

- All EMR candidates take the EMR exam
- NREMT will nationally certify EMR
- Upon successful completion, a MD EMR will be issued.

card

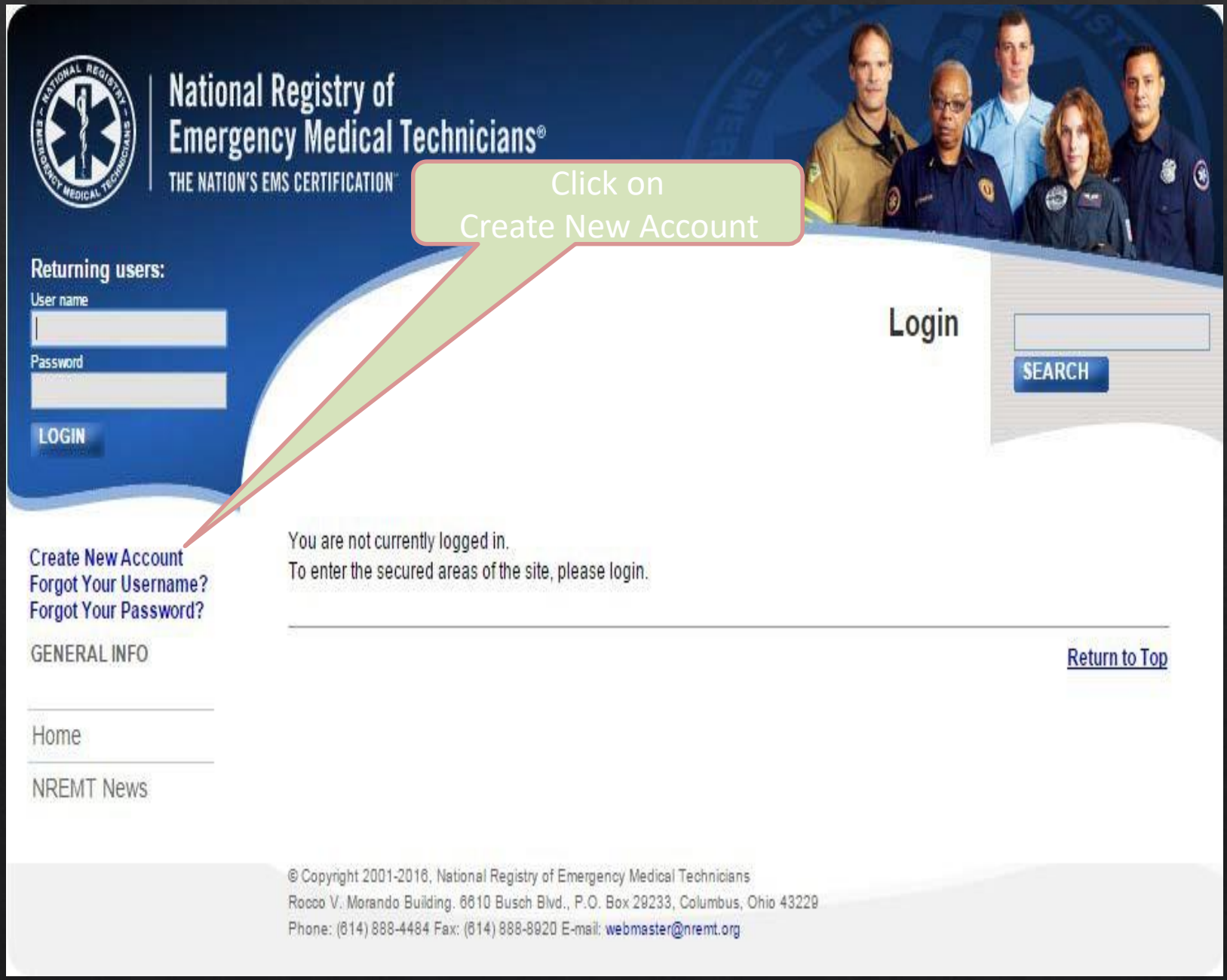
Need to Know Information

- 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 directed to the NREMT. EMTR is not recommended.
- *Remediation should be done on modules of near passing or below passing.
- 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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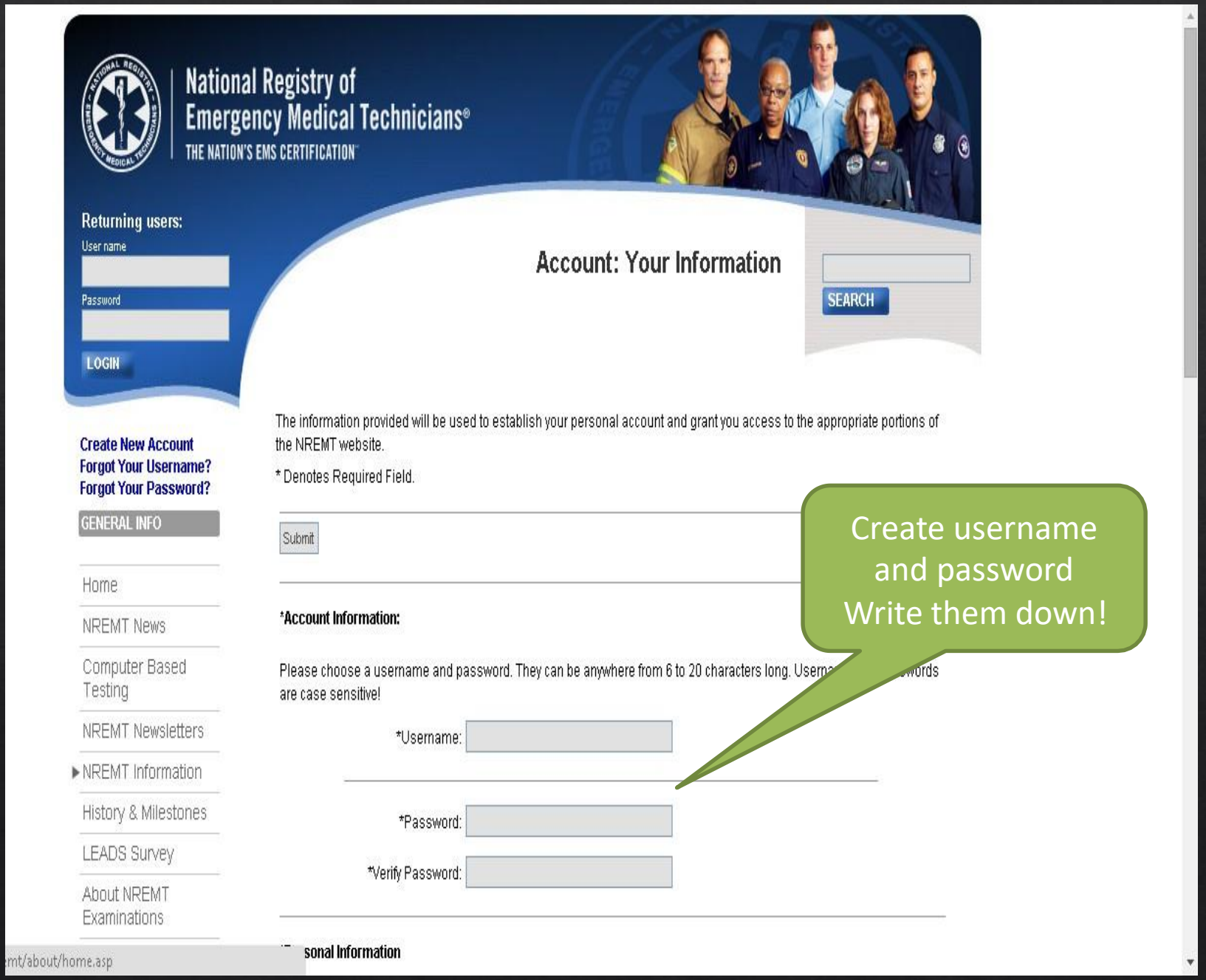
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Returning users:
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Account: Your Information
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Forgot Your Username?
Forgot Your Password?
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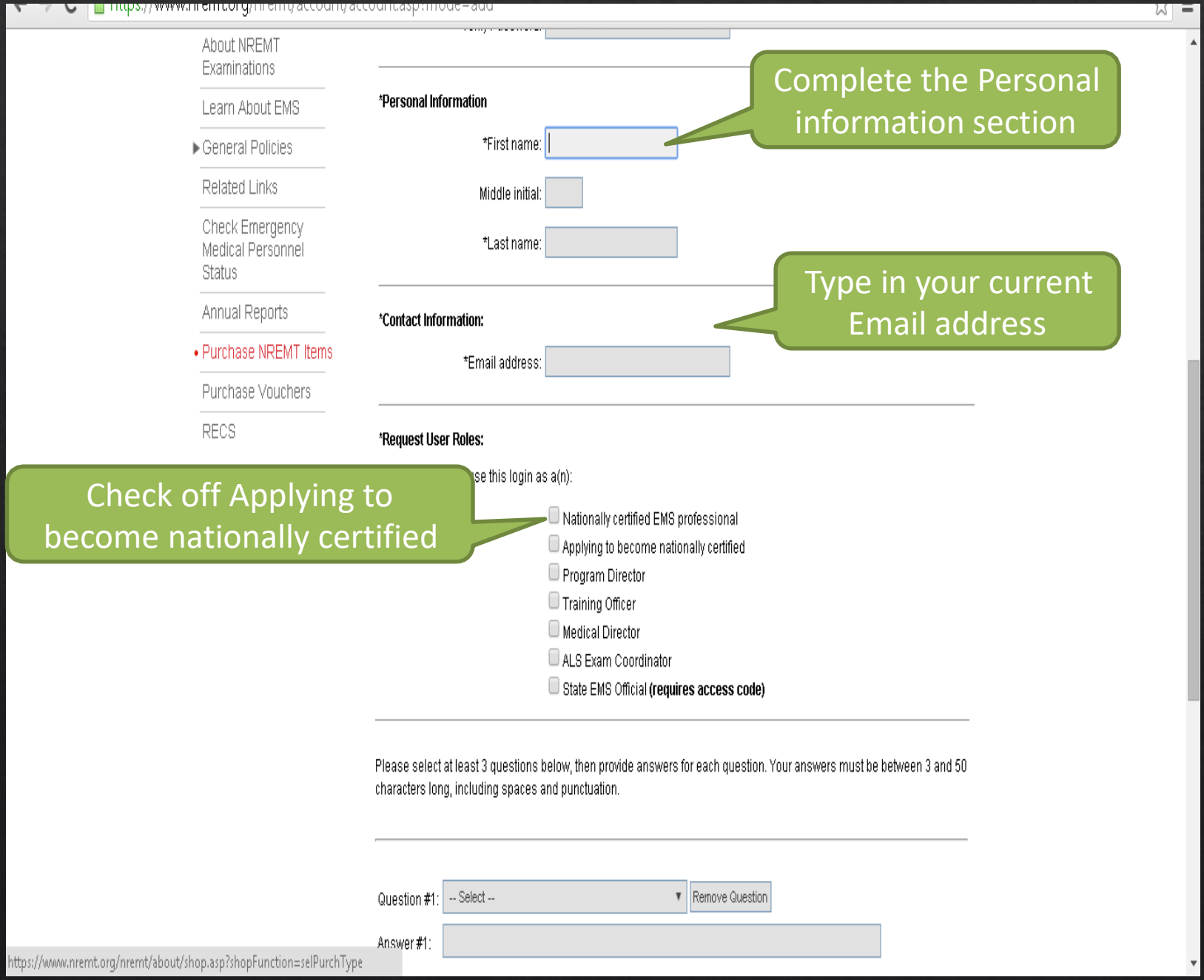
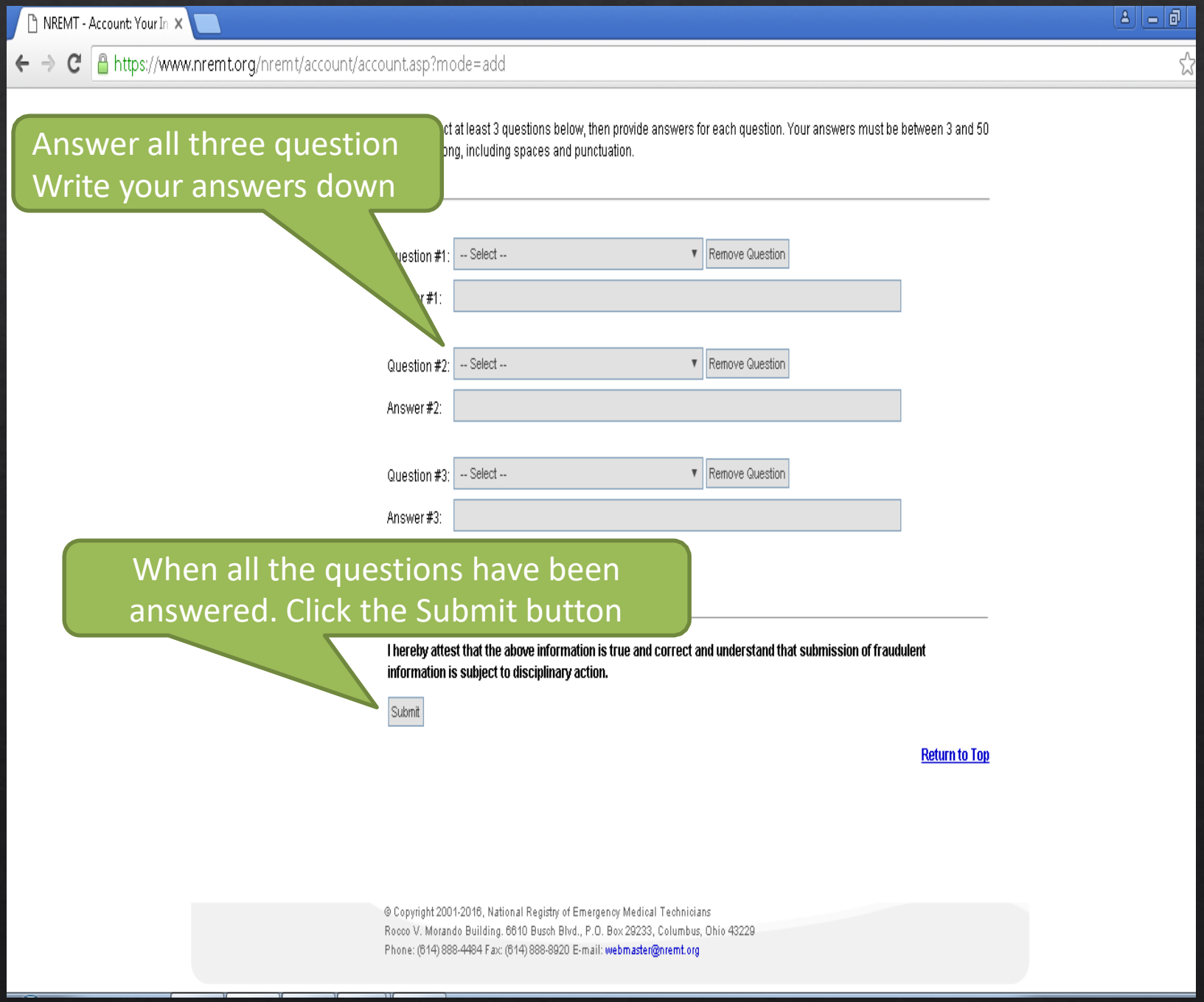
LEADS Survey
About NREMT Examinations
The information provided will be used to establish your personal account and grant you access to the appropriate portions of the NREMT website.
* Denotes Required Field.
Submit
*Account Information:
Please choose a username and password. They can be anywhere from 6 to 20 characters long. Usern words are case sensitive!
*Username:
*Password:
*Verify Password:
sonal Information
Create username and password
Write them down!
mt/about/home.asp


About NREMT Examinations
Learn About EMS
General Policies
Related Links
Check Emergency Medical Personnel Status
Annual Reports
Purchase NREMT Items
Purchase Vouchers
RECS
*Personal Information
*First name:
Middle initial:
*Last name:
Complete the Personal information section
*Contact Information:
*Email address:
Type in your current Email address
*Request User Roles:
Check off Applying to become nationally certified
Nationally certified EMS professional
Applying to become nationally certified
Program Director
Training Officer
Medical Director
ALS Exam Coordinator
State EMS Official (requires access code)
Please select at least 3 questions below, then provide answers for each question. Your answers must be between 3 and 50 characters long, including spaces and punctuation.
Question #1:
-- Select --
Remove Question
Answer #1:
https://www.nremt.org/nremt/about/shop.asp?shopFunction=selPurchType


NREMT - Account: Your In
https://www.nremt.org/nremt/account/account.asp?mode=add
Answer all three question
Write your answers down
ct at least 3 questions below, then provide answers for each question. Your answers must be between 3 and 50
ong, including spaces and punctuation.
uestion #1:
-- Select --
Remove Question
r #1:
Question #2:
-- Select --
Remove Question
Answer #2:
Question #3:
-- Select --
Remove Question
Answer #3:
When all the questions have been answered. Click the Submit button
I hereby attest that the above information is true and correct and understand that submission of fraudulent information is subject to disciplinary action.
Submit
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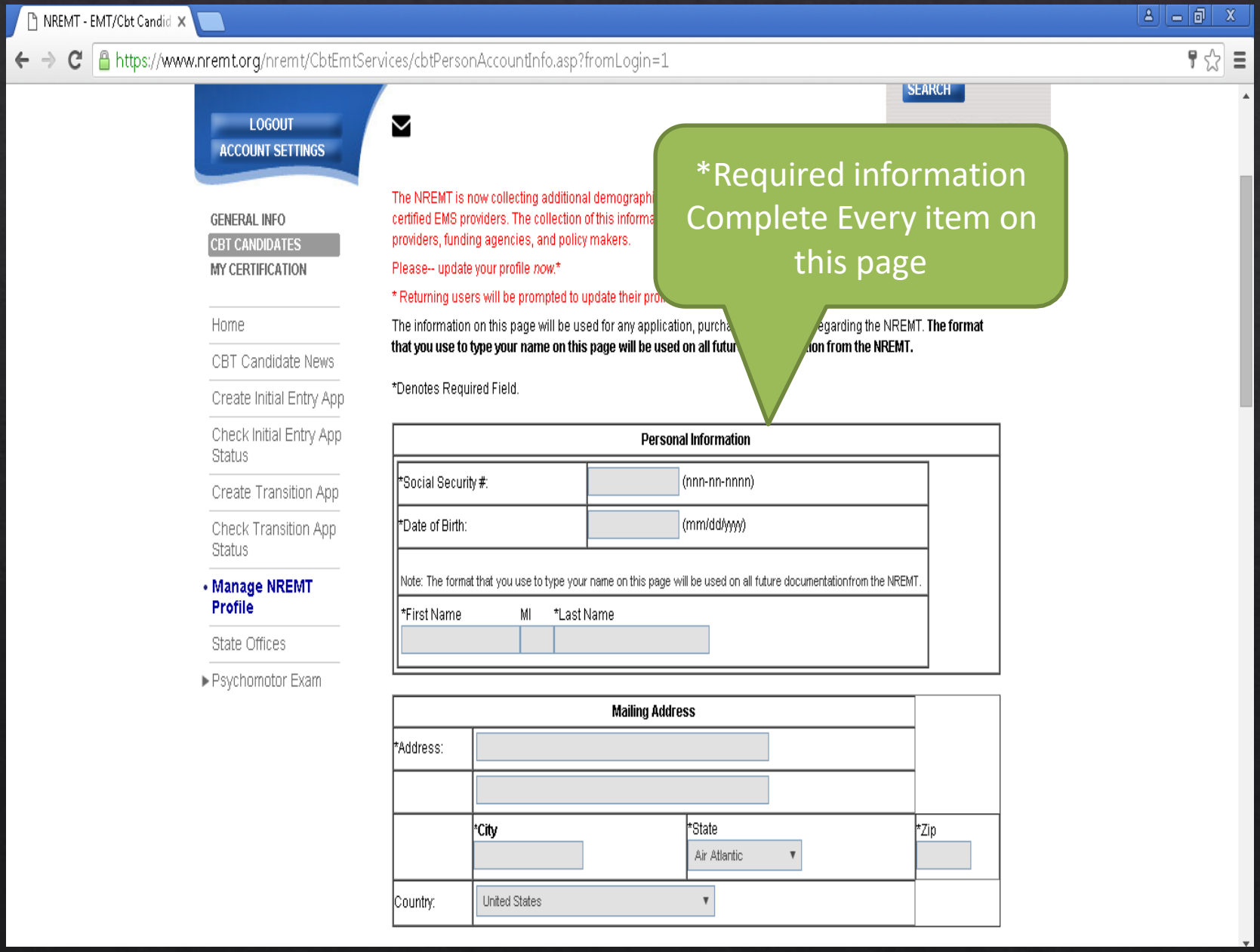
After clicking the Submit button

- 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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Create Initial Entry App
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Create Transition App
Check Transition App Status
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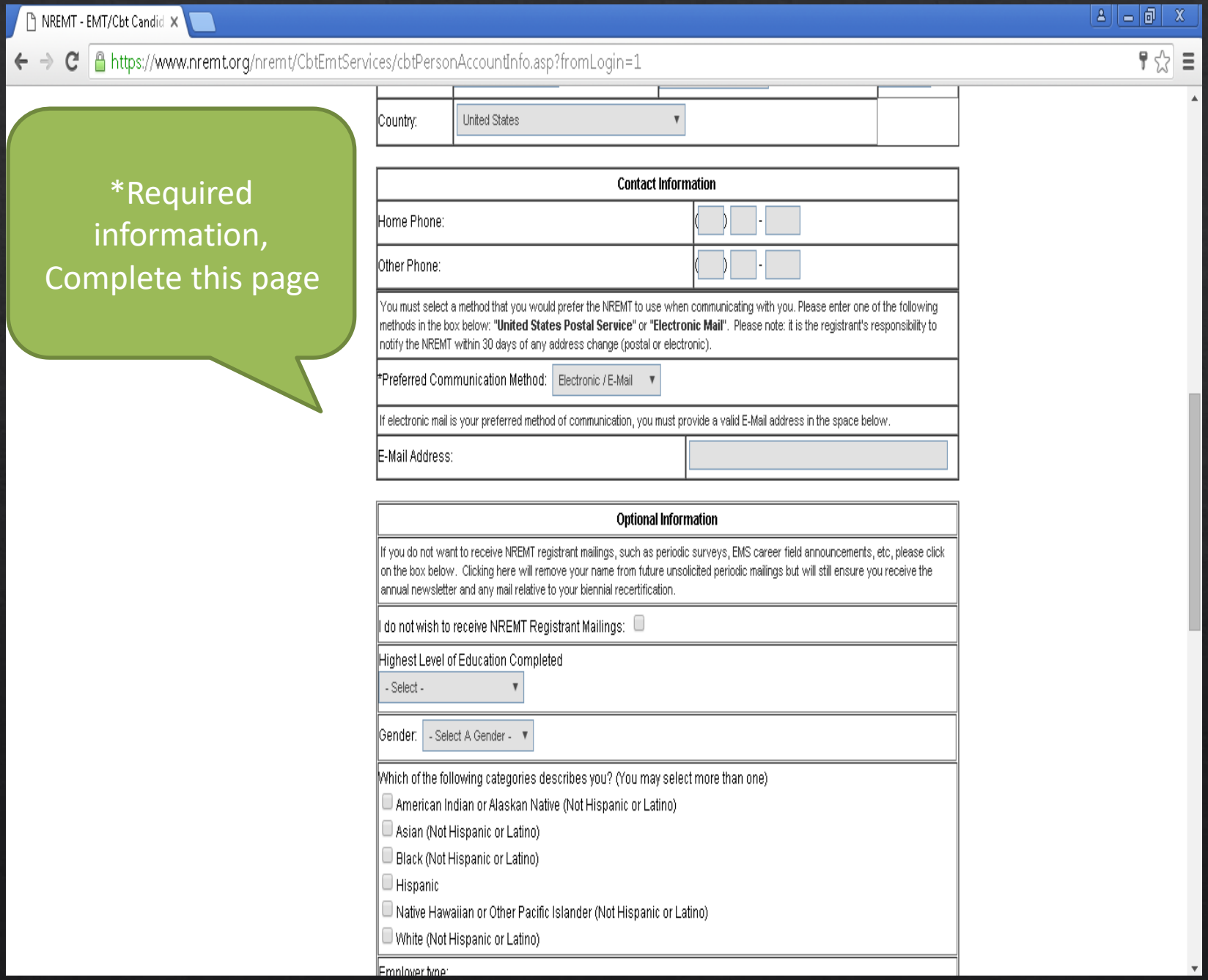
State Offices
Psychomotor Exam
The NREMT is now collecting additional demographi
certified EMS providers. The collection of this informa
providers, funding agencies, and policy makers.
Please-- update your profile now.*
* Returning users will be prompted to update their pro
The information on this page will be used for any application, purcha
egarding the NREMT. The format
that you use to type your name on this page will be used on all futur
ion from the NREMT.
*Denotes Required Field.
*Required information
Complete Every item on
this page
Personal Information
*Social Security #:
(nnn-nn-nnnn)
*Date of Birth:
(mm/dd/yyyy)
Note: The format that you use to type your name on this page will be used on all future documentationfrom the NREMT.
*First Name
MI
*Last Name
Mailing Address
*Address:
*City
*State
Air Atlantic
*Zip
Country:
United States


NREMT - EMT/Cbt Candid
https://www.nremt.org/nremt/CbtEmtServices/cbtPersonAccountInfo.asp?fromLogin=1
*Required information, Complete this page
Country: United States
Contact Information
Home Phone:
Other Phone:
You must select a method that you would prefer the NREMT to use when communicating with you. Please enter one of the following methods in the box below: "United States Postal Service" or "Electronic Mail". Please note: it is the registrant's responsibility to notify the NREMT within 30 days of any address change (postal or electronic).
*Preferred Communication Method: Electronic / E-Mail
If electronic mail is your preferred method of communication, you must provide a valid E-Mail address in the space below.
E-Mail Address:
Optional Information
If you do not want to receive NREMT registrant mailings, such as periodic surveys, EMS career field announcements, etc, please click on the box below. Clicking here will remove your name from future unsolicited periodic mailings but will still ensure you receive the annual newsletter and any mail relative to your biennial recertification.
I do not wish to receive NREMT Registrant Mailings:
Highest Level of Education Completed
- Select -
Gender: - Select A Gender -
Which of the following categories describes you? (You may select more than one)
American Indian or Alaskan Native (Not Hispanic or Latino)
Asian (Not Hispanic or Latino)
Black (Not Hispanic or Latino)
Hispanic
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
White (Not Hispanic or Latino)
Employer type:

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

White (Not Hispanic or Latino)

Employer type:

- Select -

Personnel's service status

- Select -

Primary EMS Job Responsibilities: Please select your primary EMS job responsiblity

- None - Seeking employment
- Patient Care Provider
- Educator/Preceptor
- Administrator/Manager
- First-line Supervisor
- Other

Select Patient Care Provider

Other job responsibilities -- choose all that apply

- None - Seeking employment
- Educator/Preceptor
- Patient Care Provider
- 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

Remove State

Add State

Leave Blank

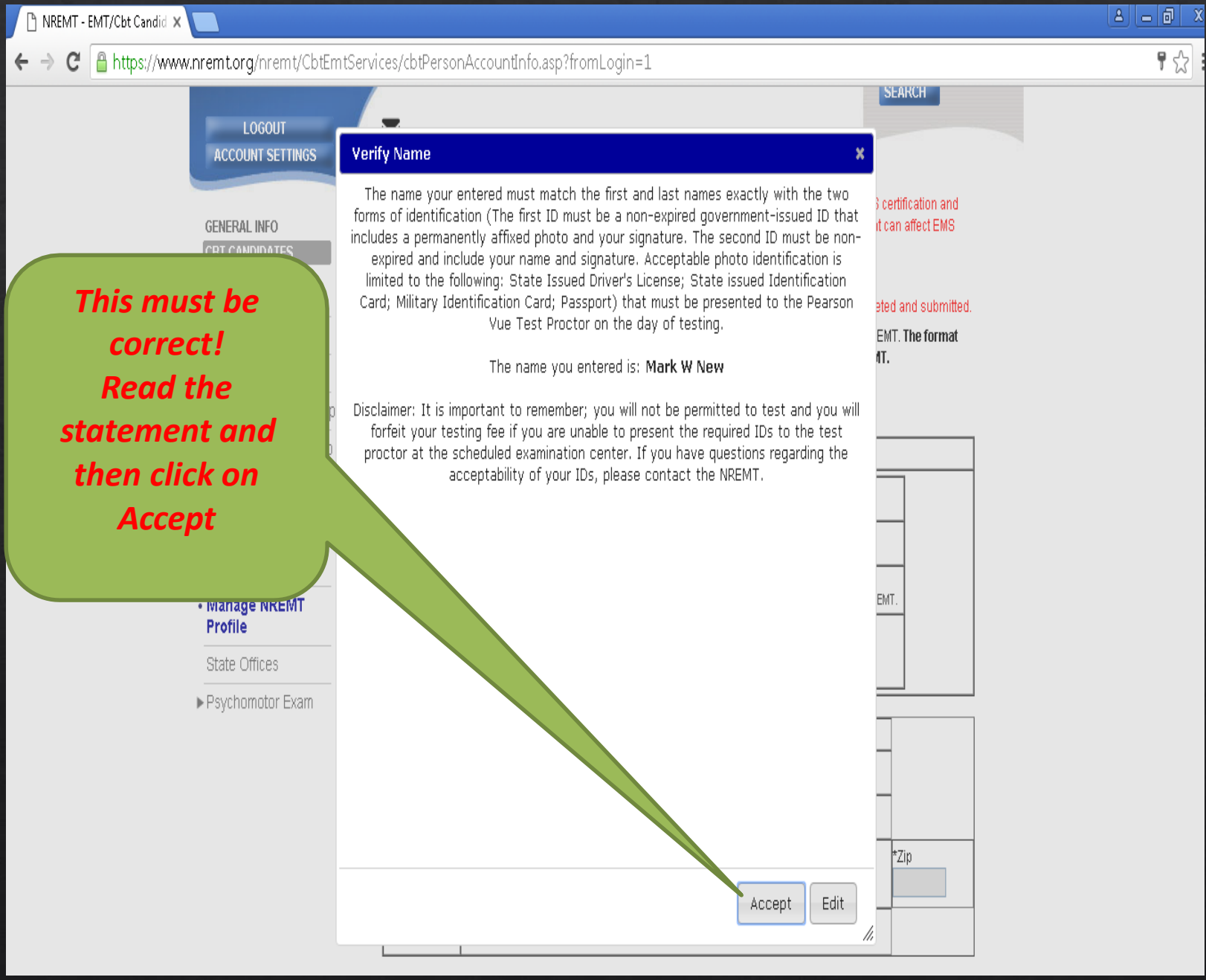
What is the initial year of state licensure for your highest level of EMS licensure? This includes Army, Navy, Air Force, and Federal Government

Leave Blank

What is the expiration date (month and year) [illegible] Air Force, and Federal Government

Month: - Select - Year:

Leave Blank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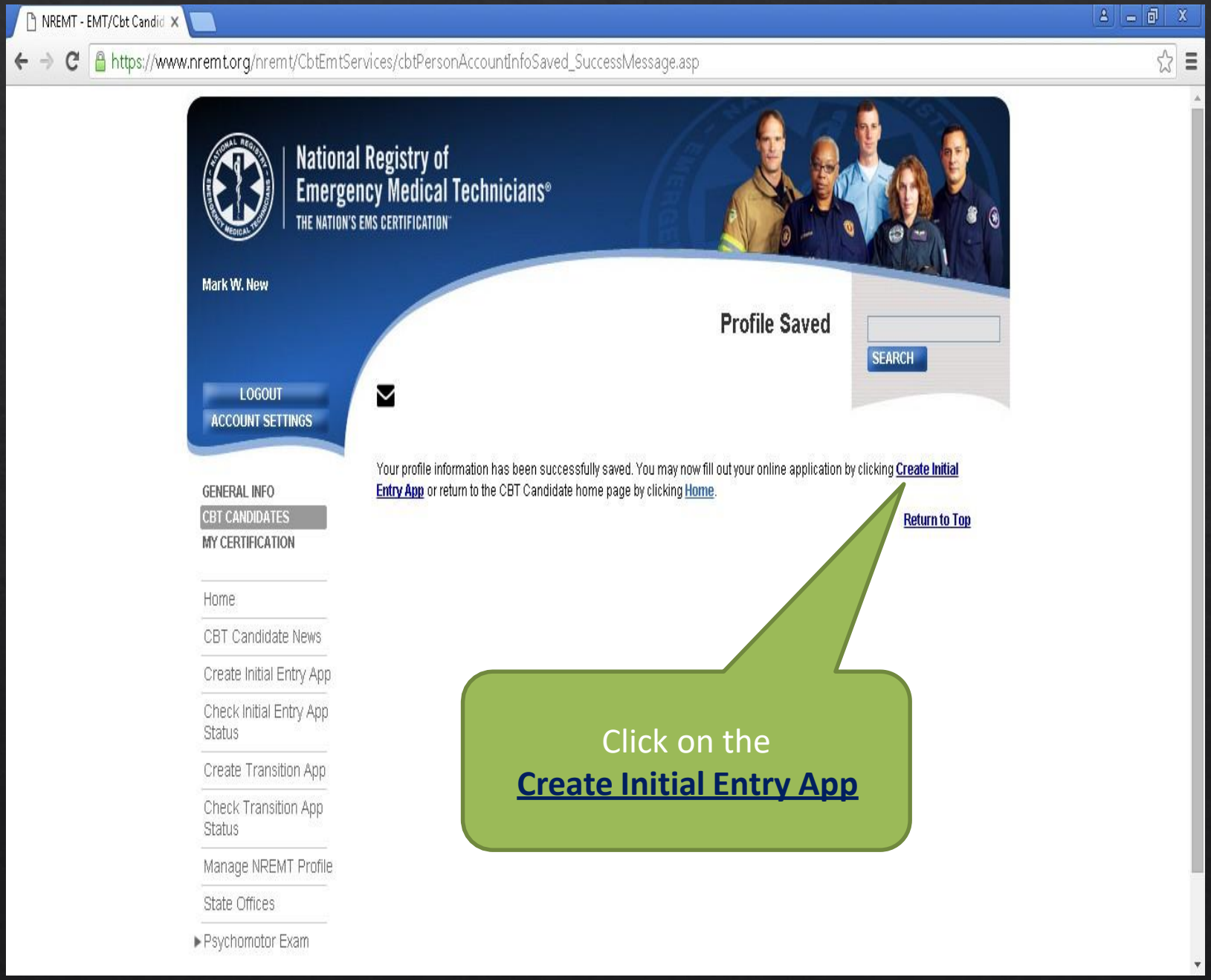
Verify Name
The name your entered must match the first and last names exactly with the two forms of identification (The first ID must be a non-expired government-issued ID that includes a permanently affixed photo and your signature. The second ID must be non-expired and include your name and signature. Acceptable photo identification is limited to the following: State Issued Driver's License; State issued Identification Card; Military Identification Card; Passport) that must be presented to the Pearson Vue Test Proctor on the day of testing.
The name you entered is: Mark W New
Disclaimer: It is important to remember; you will not be permitted to test and you will forfeit your testing fee if you are unable to present the required IDs to the test proctor at the scheduled examination center. If you have questions regarding the acceptability of your IDs, please contact the NREMT.
Accept
Edit
*Zip
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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Mark W. New
Profile Saved
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Your profile information has been successfully saved. You may now fill out your online application by clicking Create Initial Entry App or return to the CBT Candidate home page by clicking Home.
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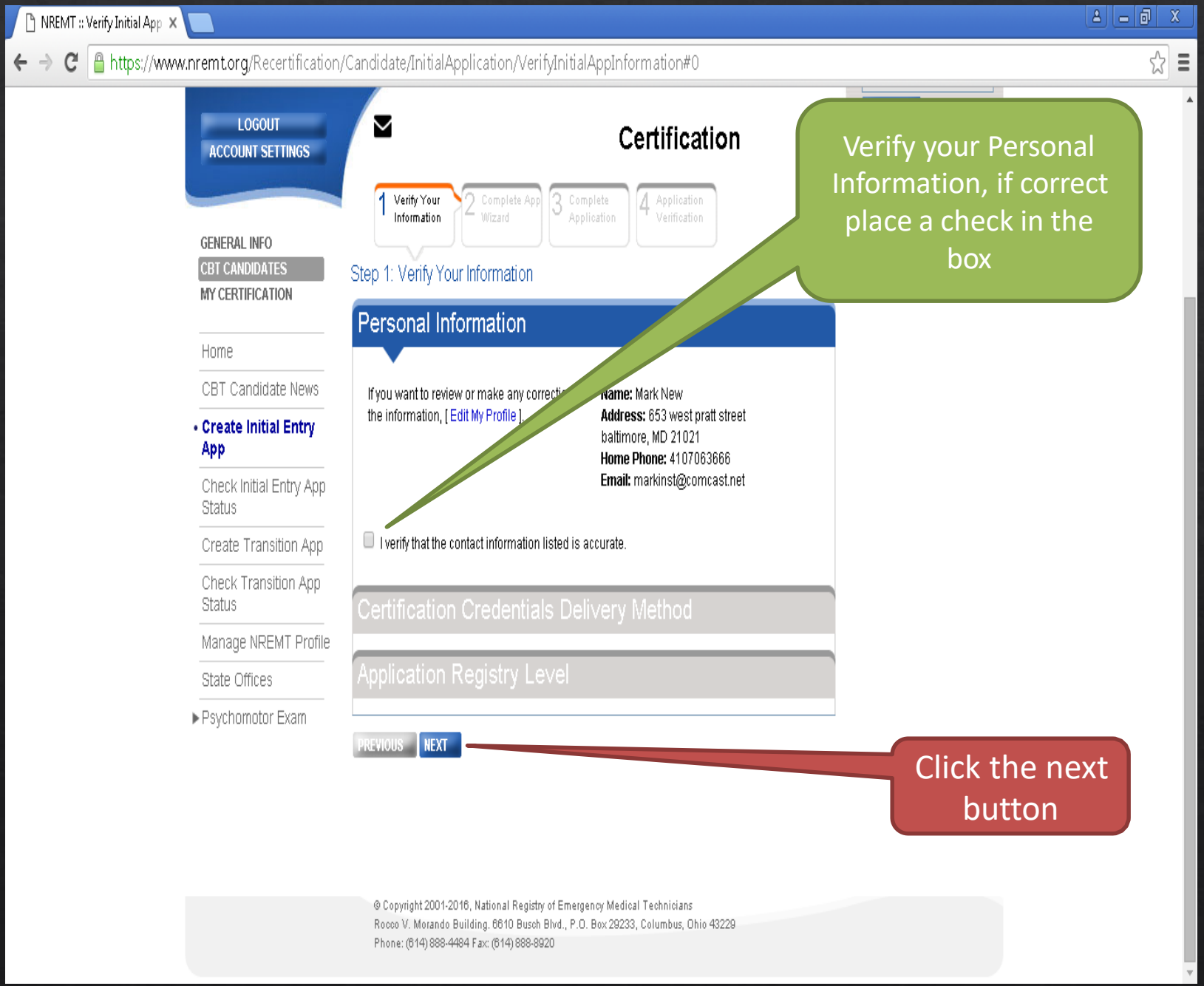
Psychomotor Exam
Click on the
Create Initial Entry App


NREMT :: Verify Initial App
https://www.nremt.org/Recertification/Candidate/InitialApplication/VerifyInitialAppInformation#0
LOGOUT
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Certification
1 Verify Your Information
2 Complete App Wizard
3 Complete Application
4 Application Verification
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Check Transition App Status
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Psychomotor Exam
Step 1: Verify Your Information
Personal Information
If you want to review or make any correcti
the information, [Edit My Profile].
Name: Mark New
Address: 653 west pratt street
baltimore, MD 21021
Home Phone: 4107063666
Email: markinst@comcast.net
I verify that the contact information listed is accurate.
Certification Credentials Delivery Method
Application Registry Level
PREVIOUS
NEXT
Verify your Personal Information, if correct place a check in the box
Click the next button
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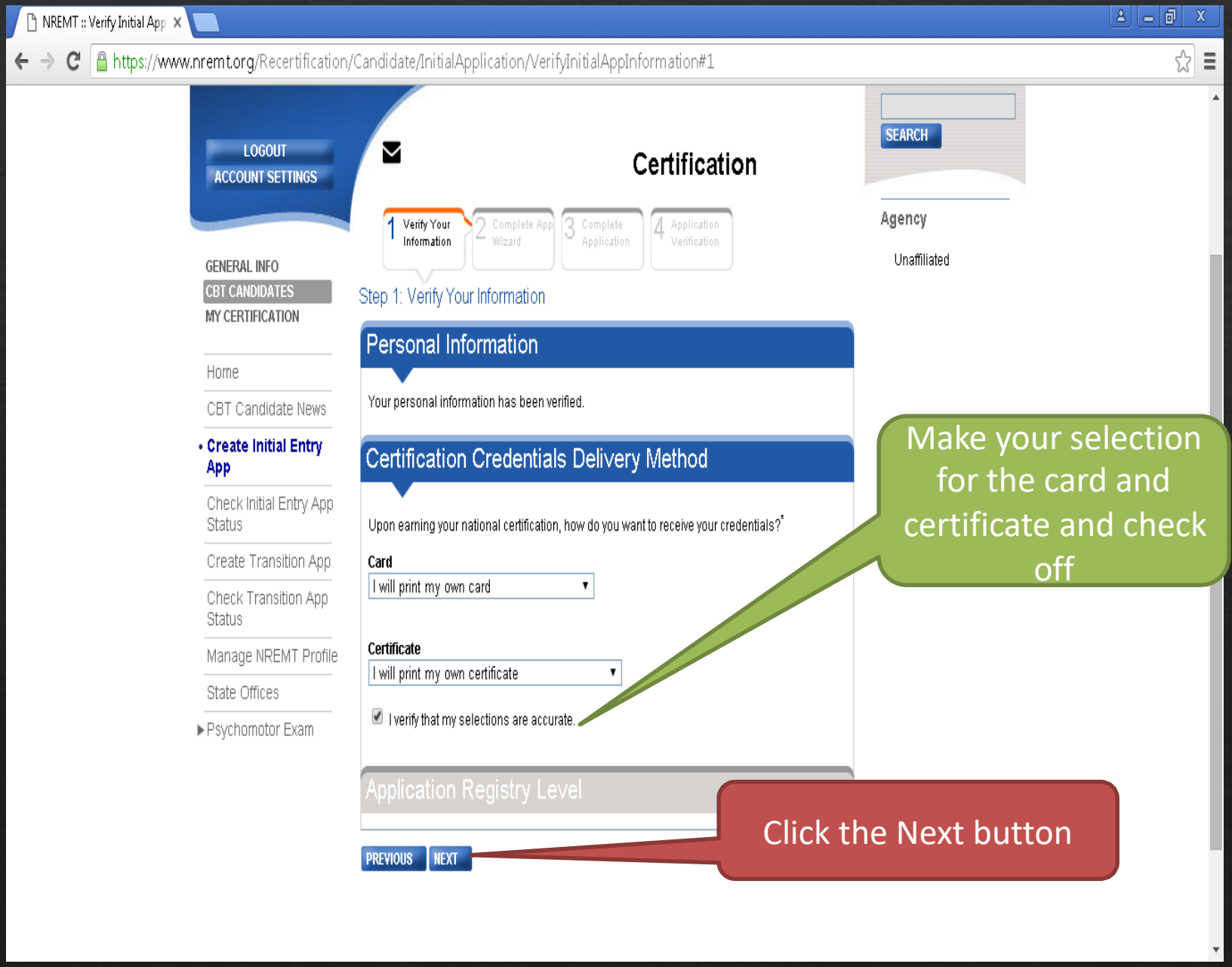
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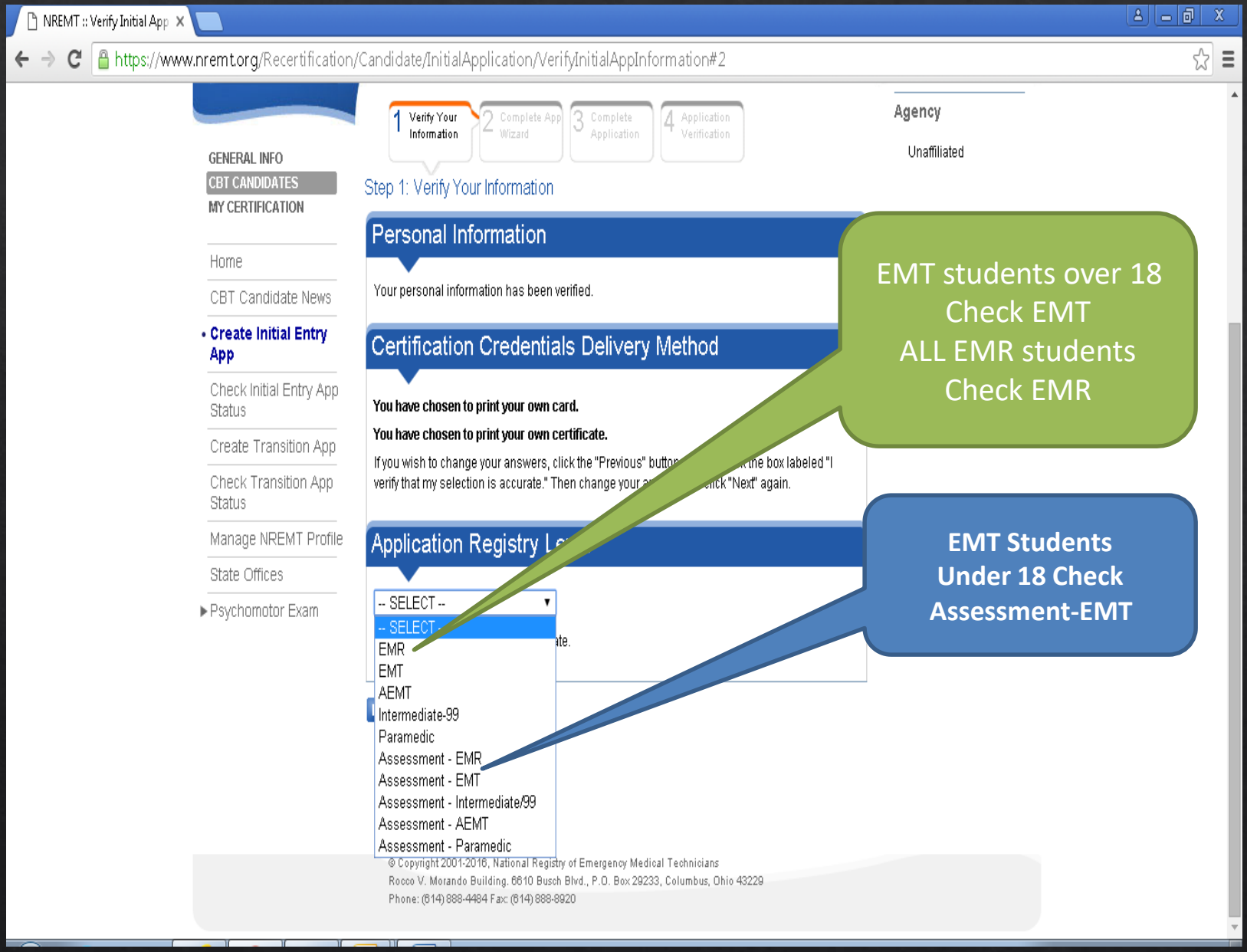
Step 1: Verify Your Information
Personal Information
Your personal information has been verified.
Certification Credentials Delivery Method
Upon earning your national certification, how do you want to receive your credentials?*
Card
I will print my own card
Certificate
I will print my own certificate
I verify that my selections are accurate.
Application Registry Level
PREVIOUS
NEXT
Make your selection for the card and certificate and check off
Click the Next button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Step 1: Verify Your Information
Personal Information
Your personal information has been verified.
Certification Credentials Delivery Method
You have chosen to print your own card.
You have chosen to print your own certificate.
Application Registry
-- SELECT --
EMR
EMT
AEMT
Intermediate-99
Paramedic
Assessment - EMR
Assessment - EMT
Assessment - Intermediate/99
Assessment - AEMT
Assessment - Paramedic
EMT students over 18
Check EMT
ALL EMR students
Check EMR
EMT Students
Under 18 Check
Assessment-EMT
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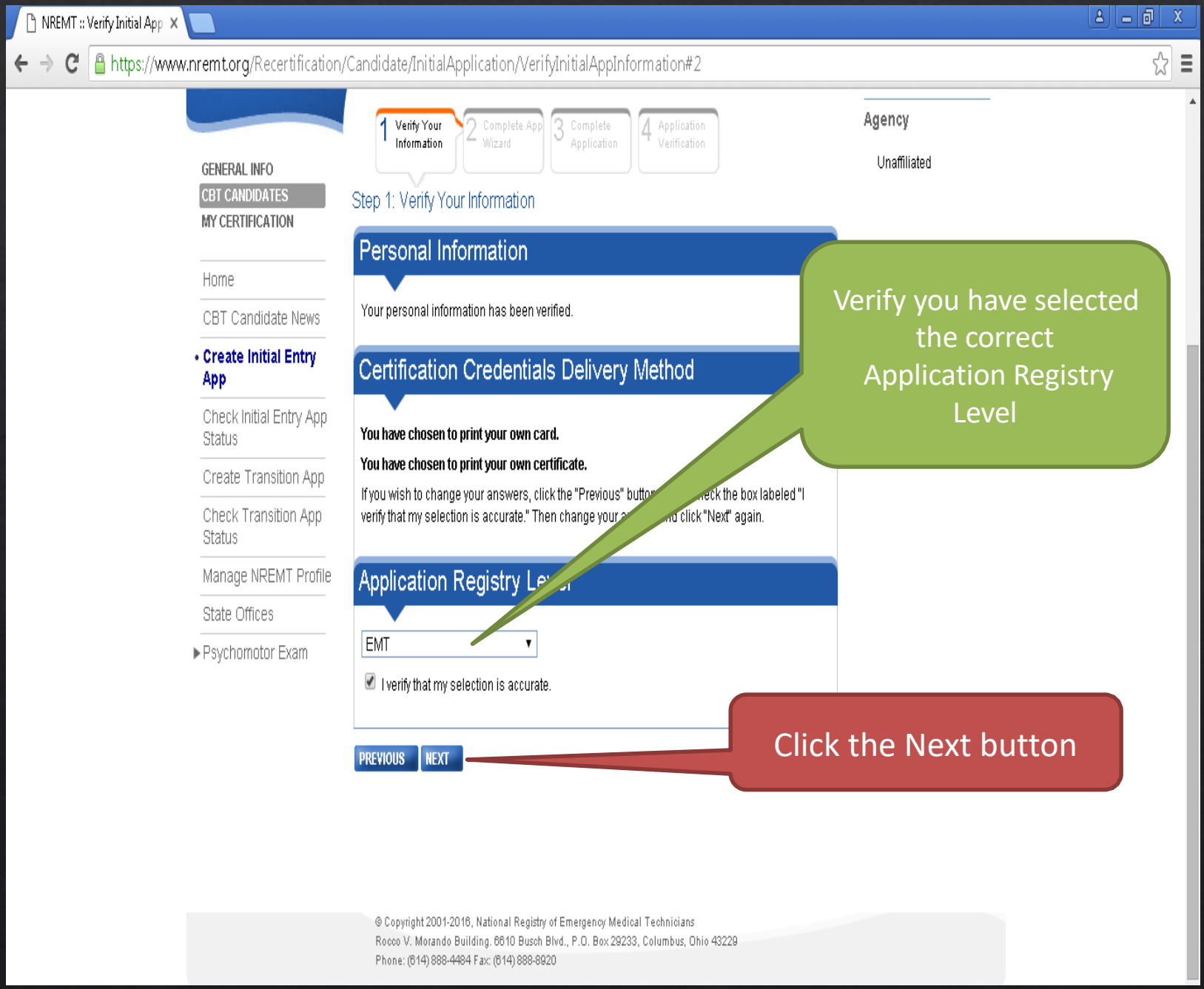
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Step 1: Verify Your Information
Personal Information
Your personal information has been verified.
Certification Credentials Delivery Method
You have chosen to print your own card.
You have chosen to print your own certificate.
Application Registry Level
EMT
I verify that my selection is accurate.
PREVIOUS
NEXT
Verify you have selected the correct Application Registry Level
Click the Next button
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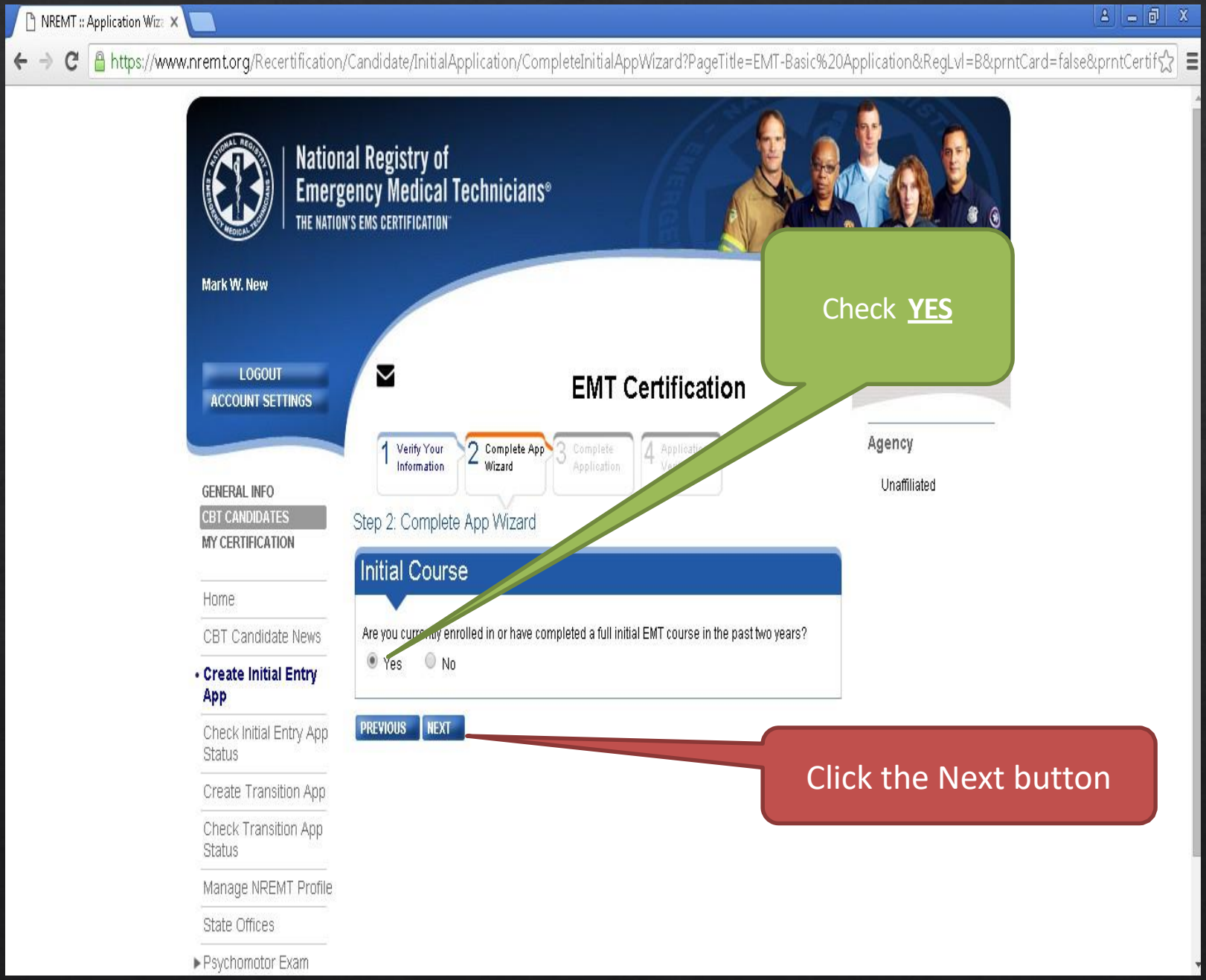
NREMT :: Application Wiz
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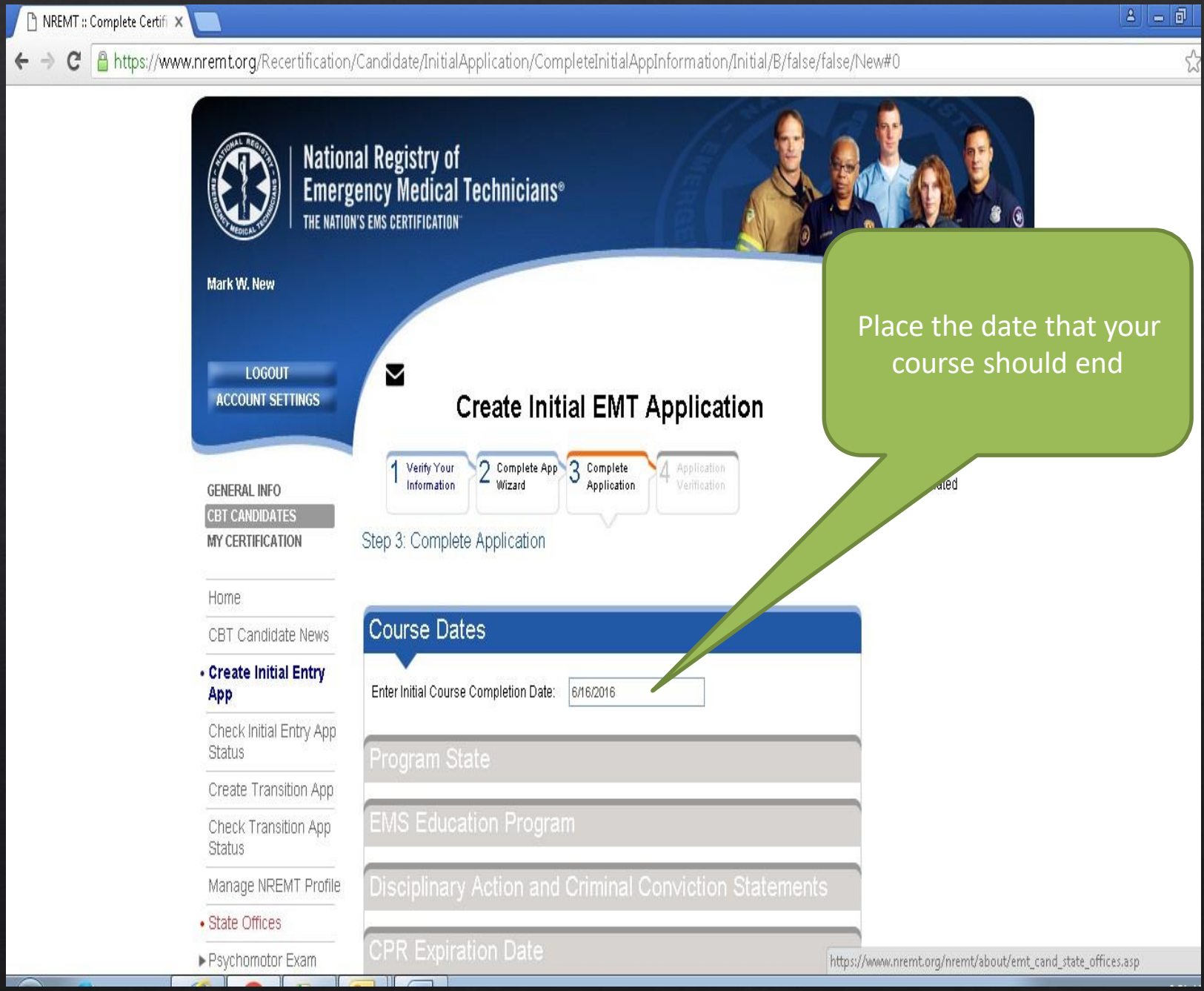
Step 2: Complete App Wizard
Initial Course
Are you currently enrolled in or have completed a full initial EMT course in the past two years?
Yes
No
PREVIOUS
NEXT
Check YES
Click the Next button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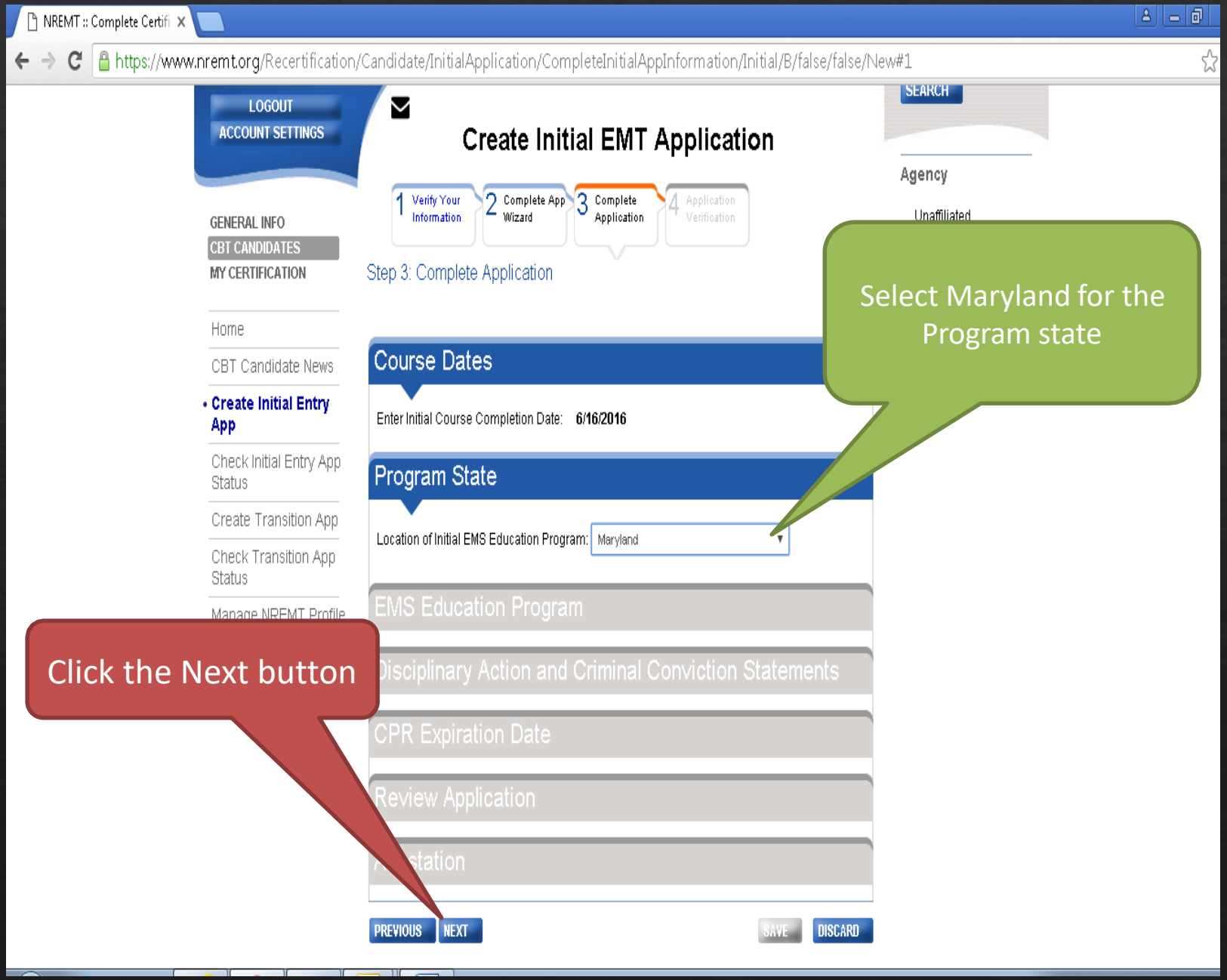
Course Dates
Enter Initial Course Completion Date:
6/16/2016
Program State
EMS Education Program
Disciplinary Action and Criminal Conviction Statements
CPR Expiration Date
https://www.nremt.org/nremt/about/emt_cand_state_offices.asp
Place the date that your course should end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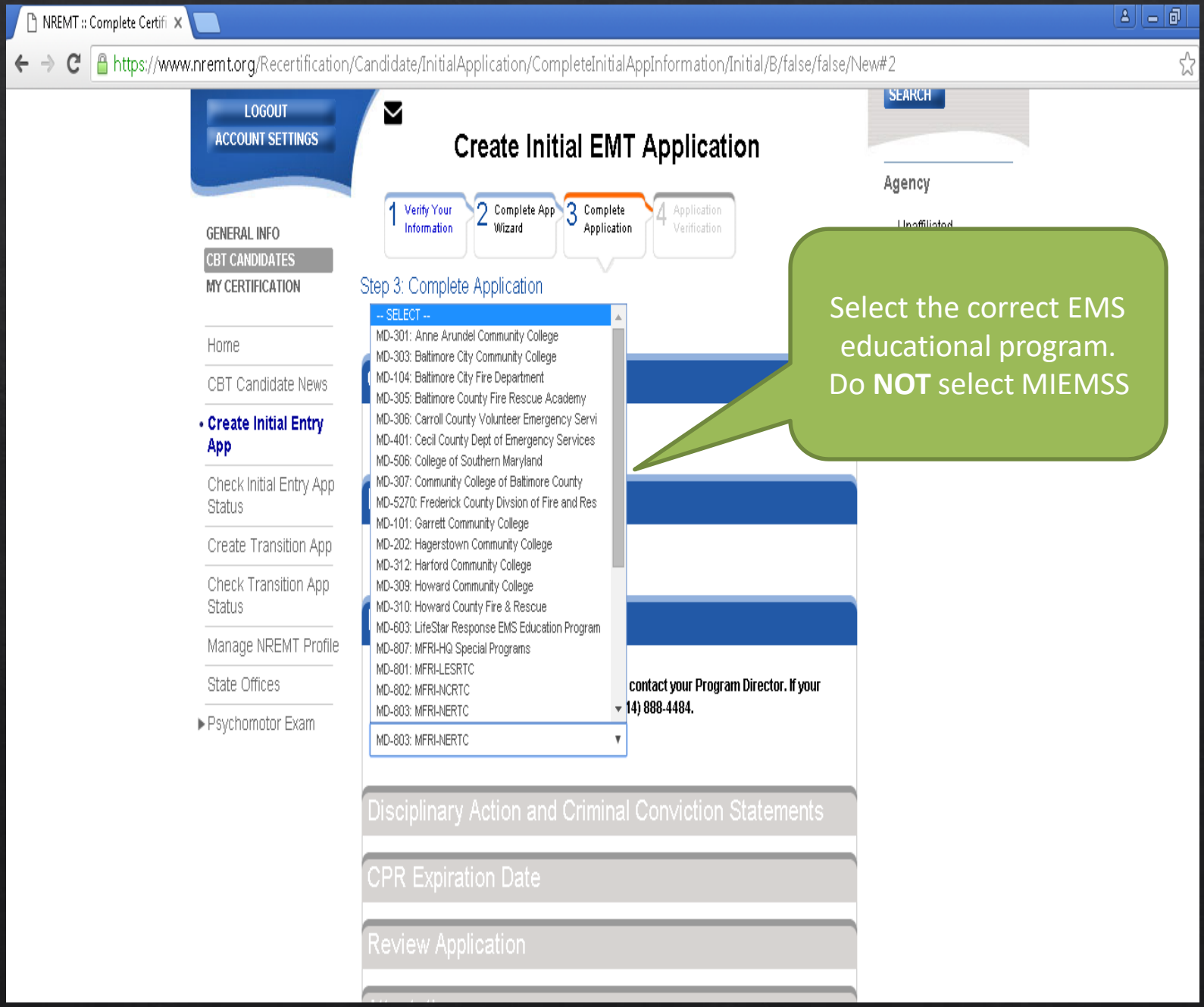
Check Transition App Status
Manage NREMT Profile
Select Maryland for the Program state
Course Dates
Enter Initial Course Completion Date: 6/16/2016
Program State
Location of Initial EMS Education Program: Maryland
EMS Education Program
Disciplinary Action and Criminal Conviction Statements
CPR Expiration Date
Review Application
Attestation
Click the Next button
PREVIOUS
NEXT
SAVE
DISCARD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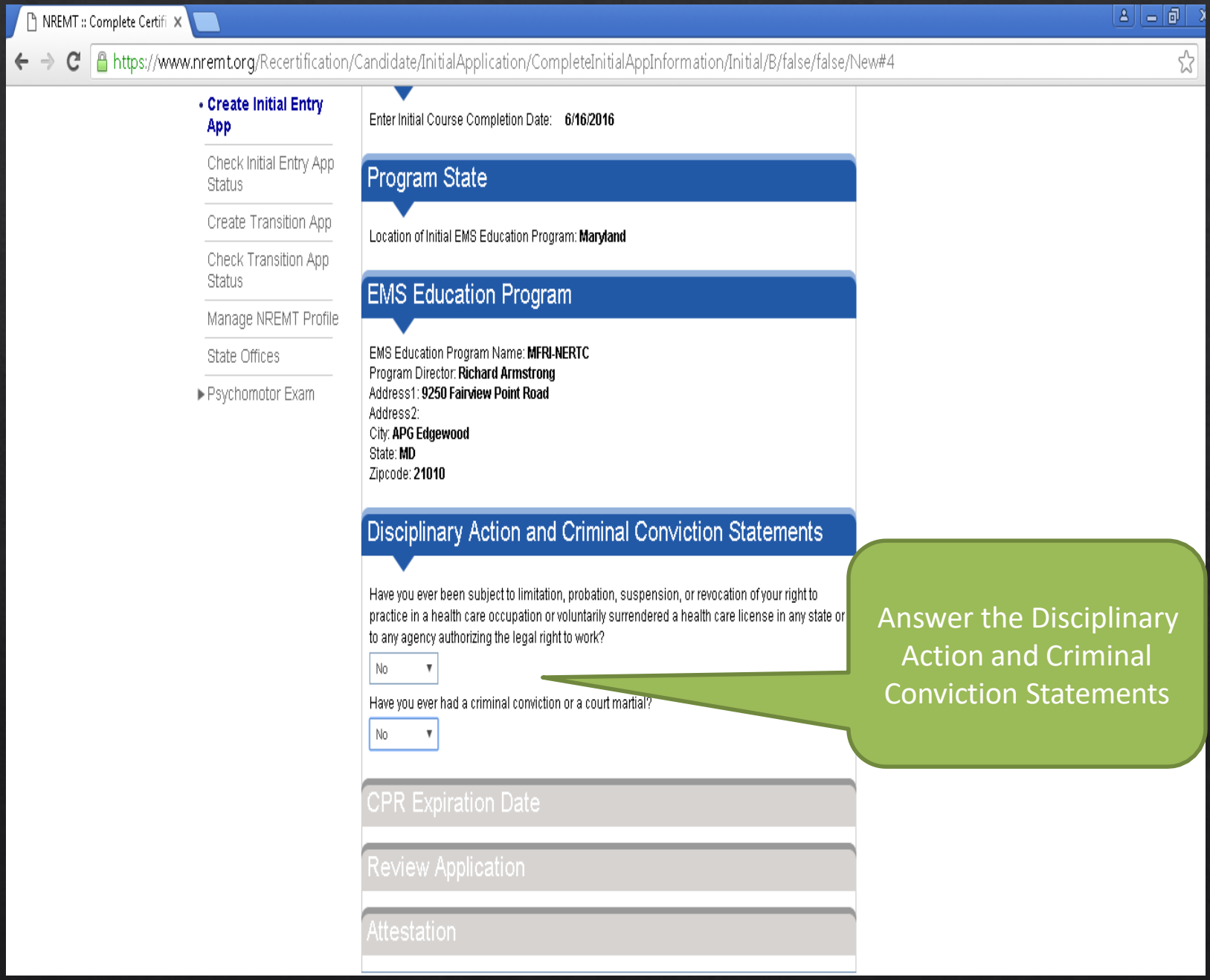
Step 3: Complete Application
-- SELECT --
MD-301: Anne Arundel Community College
MD-303: Baltimore City Community College
MD-104: Baltimore City Fire Department
MD-305: Baltimore County Fire Rescue Academy
MD-306: Carroll County Volunteer Emergency Servi
MD-401: Cecil County Dept of Emergency Services
MD-506: College of Southern Maryland
MD-307: Community College of Baltimore County
MD-5270: Frederick County Divsion of Fire and Res
MD-101: Garrett Community College
MD-202: Hagerstown Community College
MD-312: Harford Community College
MD-309: Howard Community College
MD-310: Howard County Fire & Rescue
MD-603: LifeStar Response EMS Education Program
MD-807: MFRI-HQ Special Programs
MD-801: MFRI-LESRTC
MD-802: MFRI-NCRTC
MD-803: MFRI-NERTC
MD-803: MFRI-NERTC
contact your Program Director. If your
14) 888-4484.
Disciplinary Action and Criminal Conviction Statements
CPR Expiration Date
Review Application
Select the correct EMS educational program. Do NOT select MIEMSS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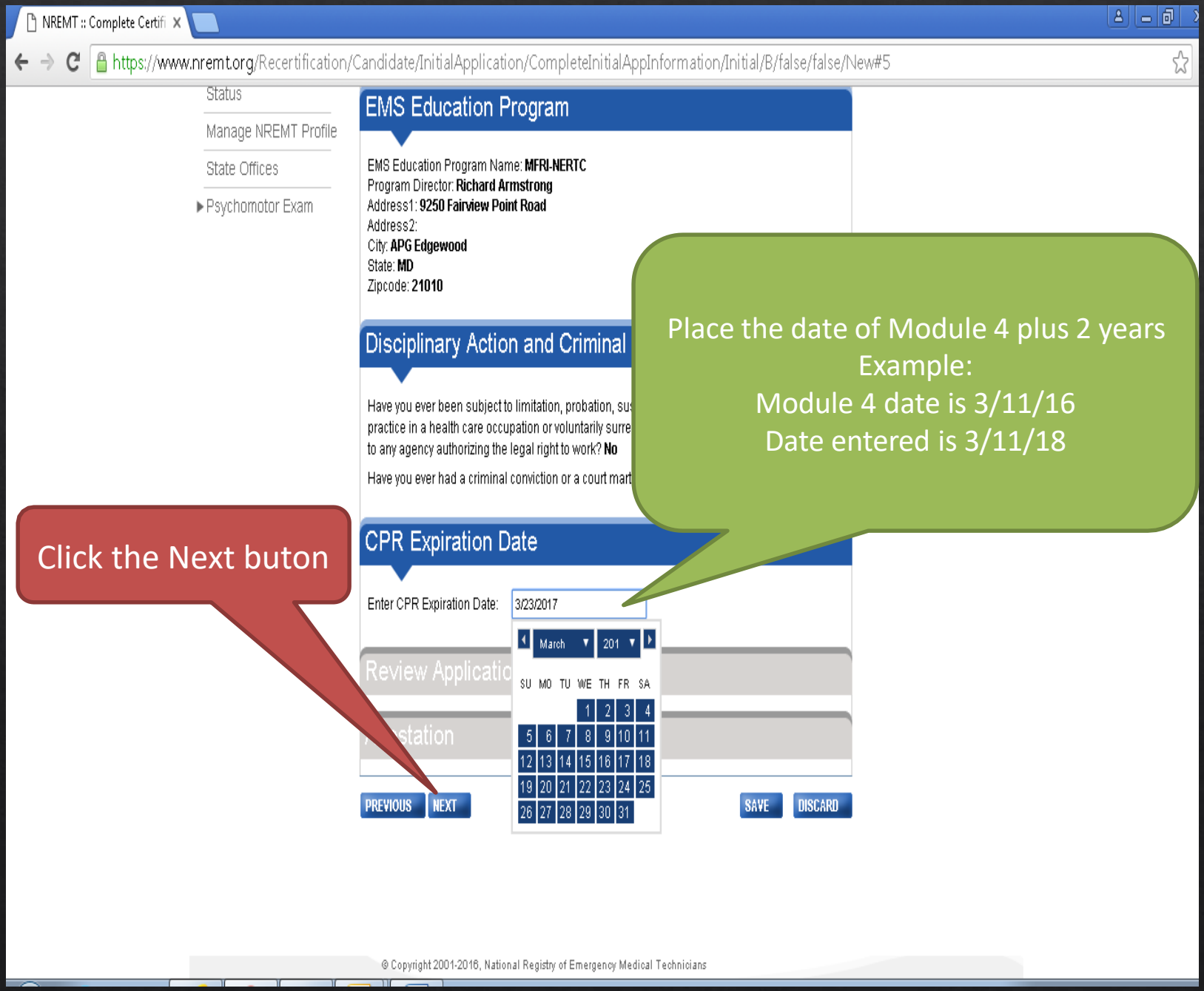
• Create Initial Entry App
Check Initial Entry App Status
Create Transition App
Check Transition App Status
Manage NREMT Profile
State Offices
Psychomotor Exam
Enter Initial Course Completion Date: 6/16/2016
Program State
Location of Initial EMS Education Program: Maryland
EMS Education Program
EMS Education Program Name: MFRI-NERTC
Program Director: Richard Armstrong
Address1: 9250 Fairview Point Road
Address2:
City: APG Edgewood
State: MD
Zipcode: 21010
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
CPR Expiration Date
Review Application
Attestation
Answer the Disciplinary Action and Criminal Conviction Statements


NREMT :: Complete Certifi
https://www.nremt.org/Recertification/Candidate/InitialApplication/CompleteInitialAppInformation/Initial/B/false/false/New#5
Status
Manage NREMT Profile
State Offices
Psychomotor Exam
EMS Education Program
EMS Education Program Name: MFRI-NERTC
Program Director: Richard Armstrong
Address1: 9250 Fairview Point Road
Address2:
City: APG Edgewood
State: MD
Zipcode: 21010
Disciplinary Action and Criminal
Have you ever been subject to limitation, probation, su
practice in a health care occupation or voluntarily surre
to any agency authorizing the legal right to work? No
Have you ever had a criminal conviction or a court mart
CPR Expiration Date
Enter CPR Expiration Date:
3/23/2017
March
201
SU MO TU WE TH FR SA
1 2 3 4
5 6 7 8 9 10 11
12 13 14 15 16 17 18
19 20 21 22 23 24 25
26 27 28 29 30 31
Review Applicatio
station
PREVIOUS
NEXT
SAVE
DISCARD
Click the Next buton
Place the date of Module 4 plus 2 years
Example:
Module 4 date is 3/11/16
Date entered is 3/11/18
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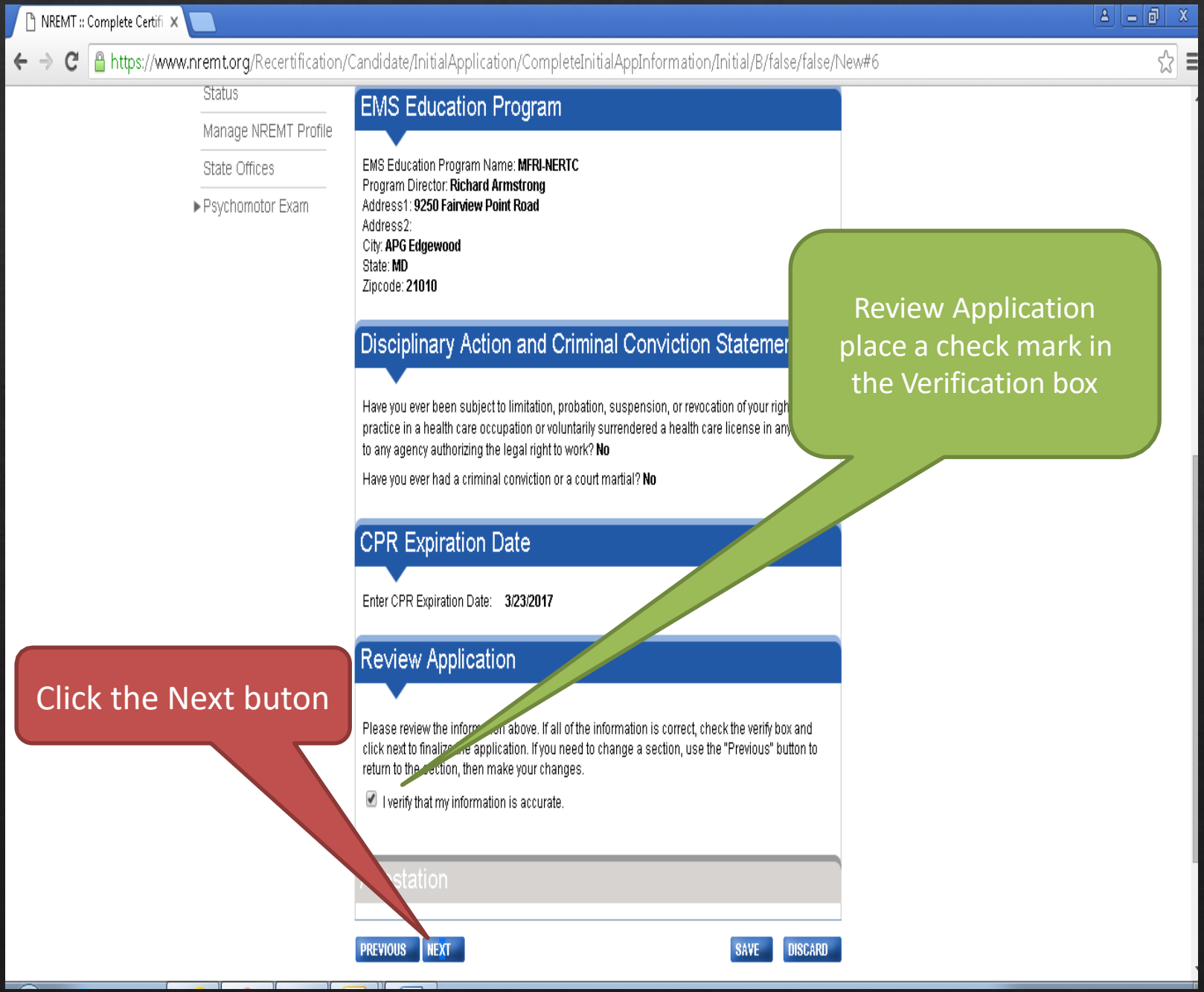
NREMT :: Complete Certifi
https://www.nremt.org/Recertification/Candidate/InitialApplication/CompleteInitialAppInformation/Initial/B/false/false/New#6
Status
Manage NREMT Profile
State Offices
Psychomotor Exam
EMS Education Program
EMS Education Program Name: MFRI-NERTC
Program Director: Richard Armstrong
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State: MD
Zipcode: 21010
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Have you ever been subject to limitation, probation, suspension, or revocation of your righ
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to any agency authorizing the legal right to work? No
Have you ever had a criminal conviction or a court martial? No
CPR Expiration Date
Enter CPR Expiration Date: 3/23/2017
Review Application
Please review the inform on above. If all of the information is correct, check the verify box and
click next to finaliz e application. If you need to change a section, use the "Previous" button to
return to the ection, then make your changes.
I verify that my information is accurate.
station
PREVIOUS
NEXT
SAVE
DISCARD
Review Application place a check mark in the Verification box
Click the Next buton

NREMT :: Complete Certifi
https://www.nremt.org/Recertification/Candidate/InitialApplication/CompleteInitialAppInformation/Initial/B/false/false/New#7
CPR Expiration Date
Enter CPR Expiration Date: 3/23/2017
Review Application
You have reviewed your information and verified that it is accurate.
Attestation
I, Mark New , hereby affirm and declare that the above information on this applicatio
true and correct. I understand and agree that I may be disqualified from taking the
NREMT examination or seeking NREMT certification and registration or my NREMT
certification and registration may be revoked in the event that any of the statements
made by me on this application or any information submitted by me are false
failed to provide material information.
I also agree to abide by all policies and procedures of the
I understand and agree that: (1) the giving or
aid in an examination as
evidenced either by observation or by
analysis of incorrect answers of one or
more participants in the exami
; (2) the unauthorized possession, reproduction or
removal from the testi
enter of any examination materials, including the nature or
I agree to abide by these terms.
PREVIOUS
SUBMIT
SAVE
DISCARD
Attestation section Place a check in the I agree to abide by these terms
Click the Submit button

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

- EMR and EMT receive both an NREMT certification and a
  Maryland Certification
- 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)
- licensure-support@miemss.org