

# Creating your Log-In and Initial Entry Application for NREMT



# Visit the NREMT Website

- [www.NREMT.org](http://www.NREMT.org)



**National Registry of  
Emergency Medical Technicians®**  
THE NATION'S EMS CERTIFICATION

Returning users:  
User name:   
Password:

Create New Account  
Forgot Your Password?

**GENERAL INFO**

- Home
- NREMT News
- Glossary
- ▶ National EMS Certification Examinations
- Mark King Initiative (MKI) Reinstatement
- ▶ National EMS System
- ▶ Maps

SEARCH

Did you know?  
The National Association of EMTs (NAEMT) is the nation's EMS professional membership association. Membership is open to all EMS professionals. NAEMT provides many membership services including advocacy, education, and research. The NAEMT annual conference, EMS Expo, is one of the largest national gatherings of EMS professionals and a great networking and educational opportunity.

Is your Paramedic program accredited? [Click Here!](#)

Follow These Steps to Apply for Your NREMT Exam [Click Here!](#)

Follow These Steps to Register your Agency for Online Recertification [Click Here!](#)

Quick Links to Most Popular Pages

<a href="#">Apply for your NREMT Exam</a>	<a href="#">Recertification Information</a>
<a href="#">Locate a Psychomotor Exam</a>	<a href="#">Computer Based Testing</a>
<a href="#">State EMS Agency Information</a>	<a href="#">Purchase Duplicate Card</a>



# Creating an account

- Go to “Create New Account”



National Registry of  
Emergency Medical Technicians®  
THE NATION'S EMS CERTIFICATION

Returning users:  
User name:   
Password:   
[LOGIN](#)

[Create New Account](#)  
[Forgot Your Password?](#)

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Quick Links to Most Popular Pages

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<a href="#">Locate a Psychomotor Exam</a>	<a href="#">Computer Based Testing</a>
<a href="#">State EMS Agency Information</a>	<a href="#">Purchase Duplicate Card</a>

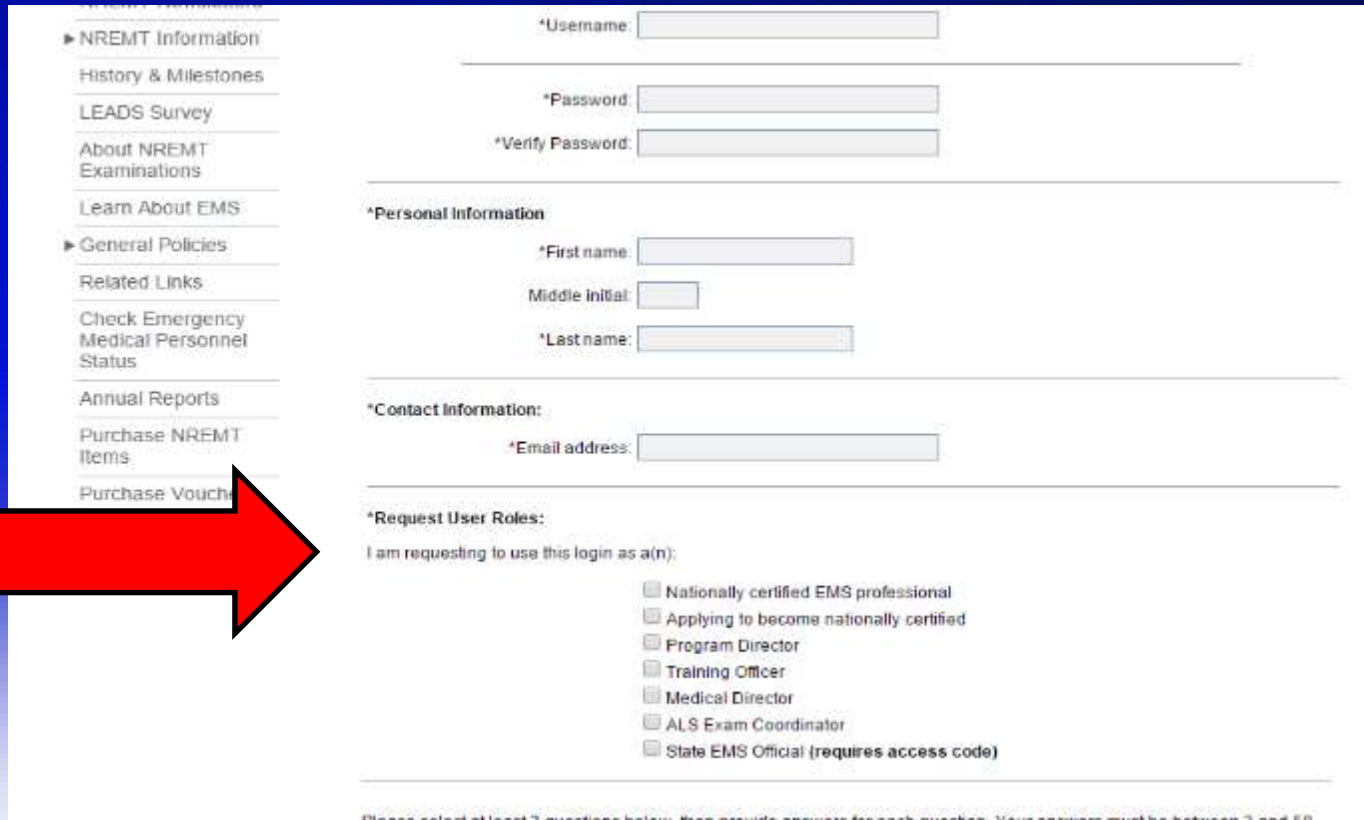
Did you know?  
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**DON'T FORGET YOUR  
USERNAME AND PASSWORD**

# Fill out the Information

- Fill out all of the information below



The screenshot shows a registration form for NREMT. On the left is a navigation menu with items like 'NREMT Information', 'History & Milestones', 'LEADS Survey', 'About NREMT Examinations', 'Learn About EMS', 'General Policies', 'Related Links', 'Check Emergency Medical Personnel Status', 'Annual Reports', 'Purchase NREMT Items', and 'Purchase Voucher'. The main form area contains several sections: a login section with fields for \*Username, \*Password, and \*Verify Password; a \*Personal Information section with fields for \*First name, Middle initial, and \*Last name; a \*Contact information section with an \*Email address field; and a \*Request User Roles section. A large red arrow points from the left towards the \*Request User Roles section.

**\*Request User Roles:**  
I am requesting to use this login as a(n):

- 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. You provide answers for each question. Your answers must be between 3 and 60.



Check “Applying to become nationally certified” at the \*Request User Roles Section

# Fill out the Information

- Log In

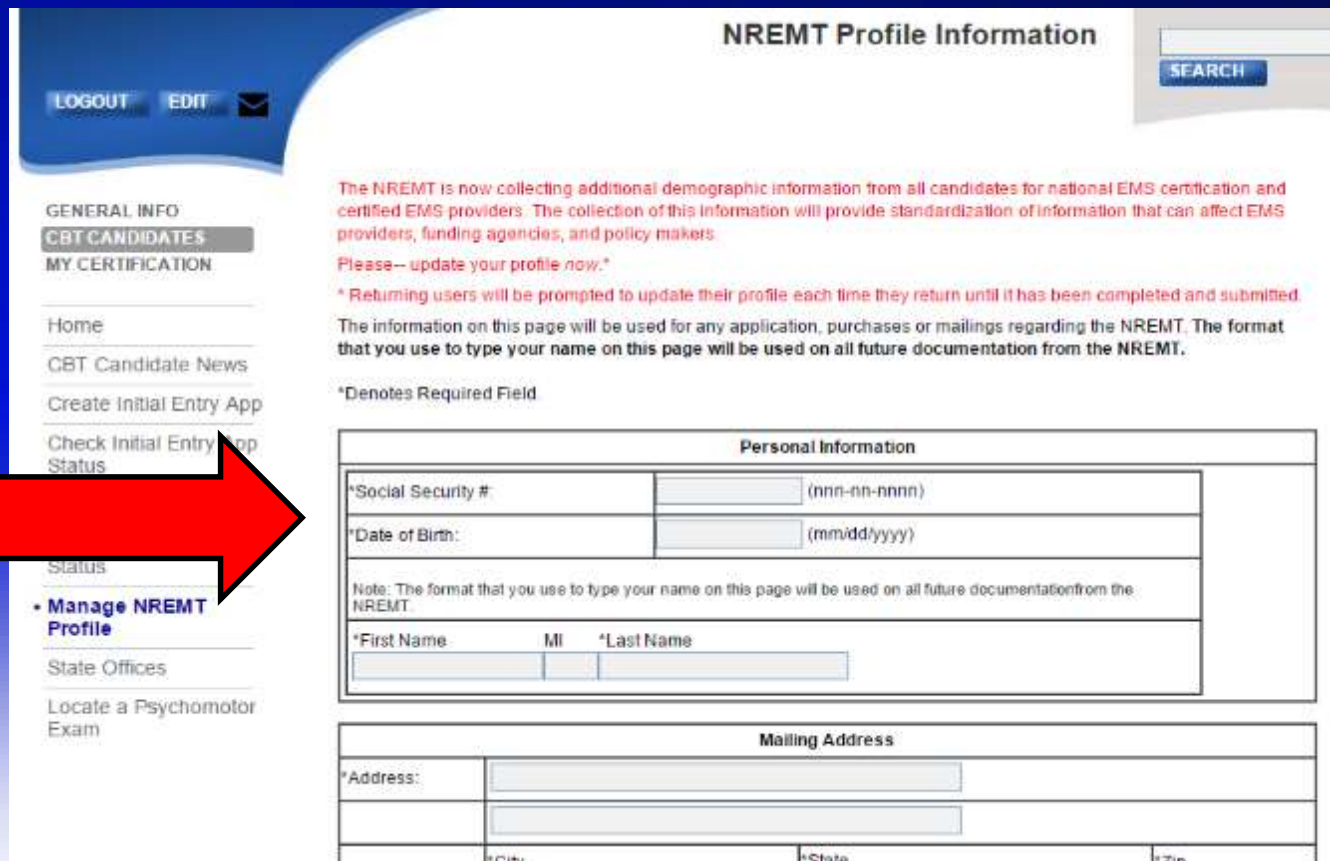


The screenshot shows the NREMT website interface. At the top left is the NREMT logo and the text "National Registry of Emergency Medical Technicians® THE NATION'S EMS CERTIFICATION". To the right is a photo of five EMS professionals. Below the logo is a login section for "Returning users:" with fields for "User name" and "Password", and a "LOGIN" button. A large red arrow points to these fields. To the right of the login section is a "SEARCH" box with a "SEARCH" button. Below the login section are links for "Create New Account" and "Forgot Your Password?". A "GENERAL INFO" section contains links for "Home", "NREMT News", and "Computer Based". A central message states: "Your account has been successfully saved. Once you log in, you will be able to navigate the site. To log in, enter your username and password in the upper left hand corner, under 'Returning Users'." Below this is the text: "The roles you requested are defined below: Registrant or Candidate Role: You have been granted a Registrant/Candidate role. After you successfully login, you will need to fill out an Account Information profile before you are able to submit an online application." A "Return to Top" link is at the bottom right.

Using the username and password from the previous page

# Fill out the Information

- Fill out all of the information below



**NREMT Profile Information**

LOGOUT EDIT

SEARCH

**GENERAL INFO**  
**CBT CANDIDATES**  
MY CERTIFICATION

Home  
CBT Candidate News  
Create Initial Entry App  
Check Initial Entry App Status  
Status  
• **Manage NREMT Profile**  
State Offices  
Locate a Psychomotor Exam

The NREMT is now collecting additional demographic information from all candidates for national EMS certification and certified EMS providers. The collection of this information will provide standardization of information that can affect EMS providers, funding agencies, and policy makers.  
Please— update your profile now.\*  
\* Returning users will be prompted to update their profile each time they return until it has been completed and submitted.  
The information on this page will be used for any application, purchases or mailings 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.  
\*Denotes Required Field

**Personal Information**

*Social Security #	<input type="text"/>	(nnn-nn-nnnn)
*Date of Birth:	<input type="text"/>	(mm/dd/yyyy)
Note: The format that you use to type your name on this page will be used on all future documentation from the NREMT.		
*First Name	MI	*Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Mailing Address**

*Address:	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
*City	*State	*Zip

# Fill out the Information

- Continue to fill out Initial Entry Application



Profile Saved

LOGOUT EDIT

SEARCH

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](#).

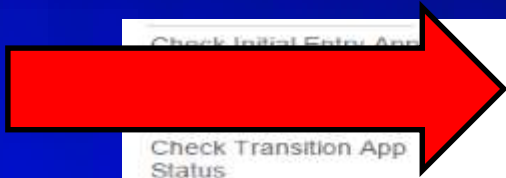
[Return to Top](#)

GENERAL INFO  
CBT CANDIDATES  
MY CERTIFICATION

Home  
CBT Candidate News  
Create Initial Entry App  
Check Initial Entry App Status  
Create Transition App  
Check Transition App Status  
Manage NREMT Profile  
State Offices  
Locate a Psychomotor

# Fill out the Information

- Continue to fill out Initial Entry Application



## Verify Information

Check Initial Entry App  
Check Transition App Status  
Manage NREMT Profile  
State Offices  
Locate a Psychomotor Exam

Zip: XXXXXXXX  
County: XXXXXXXX  
Home Phone: XXX (XXX) XXX  
Work Phone: XXXXXXXX

If you want to review or make any corrections to the information, click [Manage Account Information](#)

**NREMT Application Level**

\* Application Level: EMT

**Application Entry Requirements**

It is critical that you understand the [Entry Requirements](#) before continuing the online portion of your online application. The [Entry Requirements](#) outline everything you will need to complete your online application. Please select the appropriate link from the list below to view the corresponding requirements.

You must check the following acknowledgement to continue your online application.

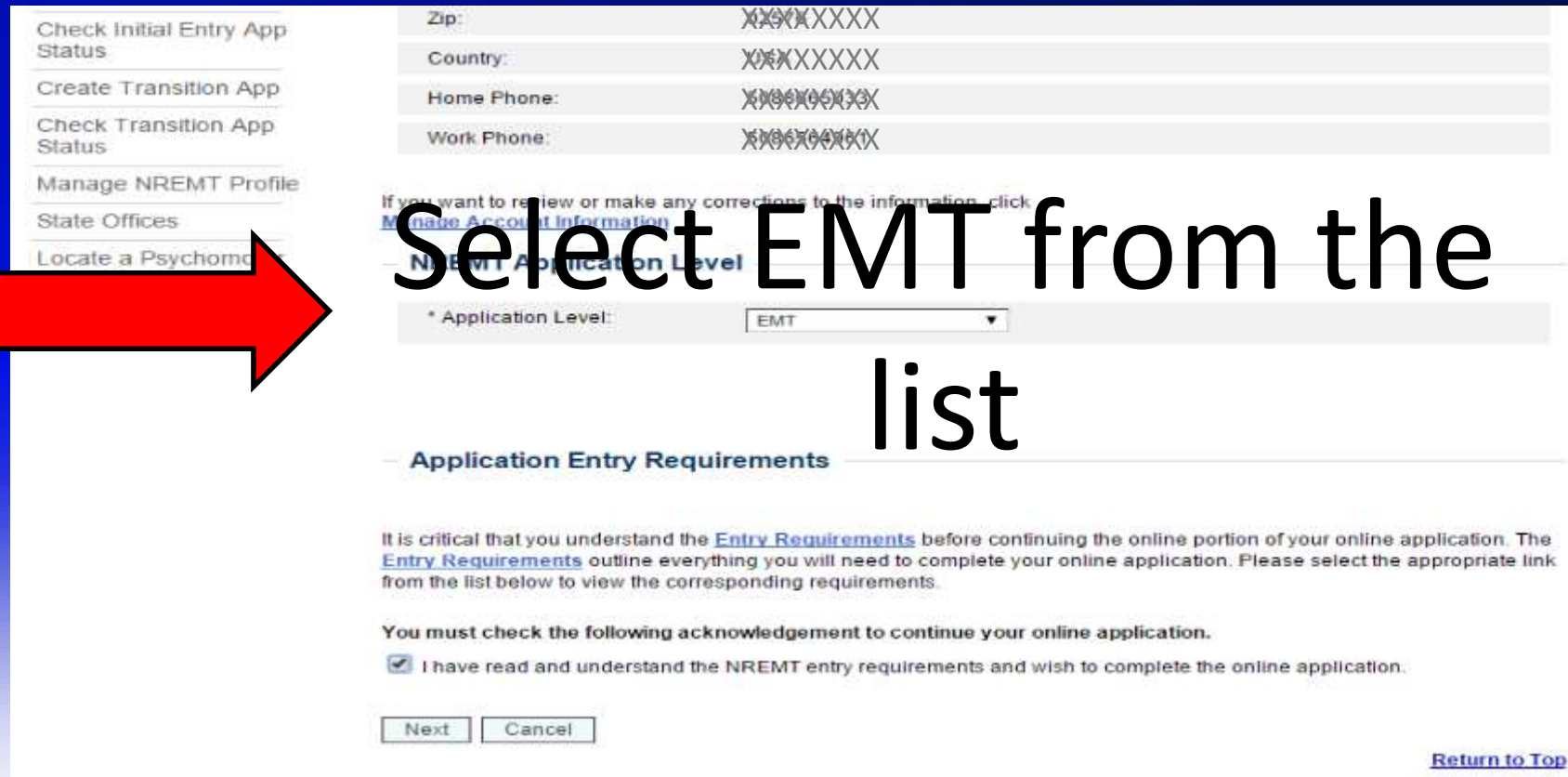
I have read and understand the NREMT entry requirements and wish to complete the online application.

[Return to Top](#)



# Fill out the Information

- Continue to fill out Initial Entry Application



The screenshot shows the NREMT application form. On the left is a navigation menu with links: 'Check Initial Entry App Status', 'Create Transition App', 'Check Transition App Status', 'Manage NREMT Profile', 'State Offices', and 'Locate a Psychomotor'. The main form area contains fields for 'Zip', 'Country', 'Home Phone', and 'Work Phone', all with placeholder text 'XXXXXXXX'. Below these is a link for 'Manage Account Information'. The 'NREMT Application Level' section features a dropdown menu with 'EMT' selected. A large red arrow points from the left towards this dropdown. Below the dropdown is the 'Application Entry Requirements' section, which includes a paragraph of text, a checkbox for acknowledging requirements (which is checked), and 'Next' and 'Cancel' buttons. A 'Return to Top' link is in the bottom right corner.

Zip: XXXXXXXX

Country: XXXXXXXX

Home Phone: XXXXXXXX

Work Phone: XXXXXXXX

If you want to review or make any corrections to the information, click [Manage Account Information](#).

**NREMT Application Level**

\* Application Level: EMT

**Application Entry Requirements**

It is critical that you understand the [Entry Requirements](#) before continuing the online portion of your online application. The [Entry Requirements](#) outline everything you will need to complete your online application. Please select the appropriate link from the list below to view the corresponding requirements.

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I have read and understand the NREMT entry requirements and wish to complete the online application.

[Return to Top](#)

# Fill out the Information

- Continue to fill out Initial Entry Application

Check Initial Entry App Status

Create Transition App

Check Transition App Status

Manage NREMT Profile

State Offices

Locate a Psychomotor Exam

Zip: XXXXXXXX

Country: XXXXXXXX

Home Phone: XXXXXXXX

Work Phone: XXXXXXXX

If you want to review or make any corrections to the information, click [Manage Account Information](#)

**NREMT Application Level**

\* Application Level: EMT

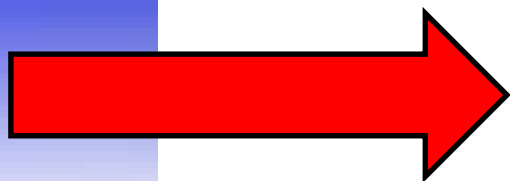
**Application Entry Requirements**

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You must check the following acknowledgement to continue your online application.

I have read and understand the NREMT entry requirements and wish to complete the online application.

[Return to Top](#)

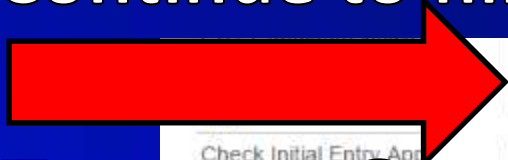


## Accept & Next

# Fill out the Information

- Continue to fill out Initial Entry Application

Enter Course End Month



Initial Course Completion Date	
*Initial Course Completion Date:	12/2014 (mm/yyyy)
<b>Refresher Course</b>	
If your Initial Course Completion date is two years old, you must enroll in the NREMT Refresher Course. Please click the link below to be taken to the Refresher Course application. <a href="#">Link to NREMT Refresher Course Application</a>	
<b>EMS Education Program</b>	
*Location of Initial Training Institution or Agency (State):	Massachusetts
*EMS Education Program:	<a href="#">List of EMS Education Programs</a>
If your EMS Program is not listed, please contact your Program Director. If your Program no longer exists, contact the NREMT at (614) 888-4484.	
Name and address fields below will be populated upon your Training Institution selection.	
EMS Education Program Name:	National EMS Institute, Inc (4651)
Program Director:	MARK COHENNO
Address1:	300 TREMONT ST
Address2:	ENROLLMENT CENTER
City:	CARVER
State:	MA
Zipcode:	02330
Program Section:	<a href="#">List of Program Sections</a>
Not all Program Directors have set up sections. Click the link if you have been instructed by your Program Director to select a section. The section field below will populate if you make a selection from the pop up window.	
Program Section:	



# Fill out the Information

- Continue to fill out Initial Entry Application

CBT Candidate News

- **Create Initial Entry App**
- Check Initial Entry App Status
- Create Transition App
- Check Transition App Status

Locate a Psychomotor Exam

**Enter Massachusetts**

Initial Course Completion Date	
*Initial Course Completion Date:	12/2014 (mm/yyyy)
Refresher Course	
If your initial course completion date is over two years old, you must be entering the NREMT on current Refresher Course. Please click the link below to be taken to the Refresher Course application.	
<a href="#">Enter NREMT on Refresher Course</a>	
EMS Education Program	
*Location of Initial Training Institution or Agency (State):	Massachusetts
*EMS Education Program:	<a href="#">List of EMS Education Programs</a>
If your EMS Program is not listed, please contact your Program Director. If your Program no longer exists, contact the NREMT at 1-800-451-4882.	
Name and address fields below will be populated upon your Training Institution selection.	
EMS Education Program Name:	National EMS Institute, Inc (4651)
Program Director:	MARK COHENNO
Address1:	300 TREMONT ST
Address2:	ENROLLMENT CANTER
City:	CARVER
State:	MA
Zipcode:	02330
Program Section:	<a href="#">List of Program Sections</a>
Not all Program Directors have set up sections. Click the link if you have been instructed by your Program Director to select a section. The section field below will populate if you make a selection from the pop up window.	
Program Section:	

# Fill out the Information

- Continue to fill out Initial Entry Application

CBT Candidate News

- **Create Initial Entry App**
- Check Initial Entry App Status
- Create Transition App
- Check Transition App Status
- Manage NREMT Prof

Initial Course Completion Date	
*Initial Course Completion Date:	12/2014 (mm/yyyy)

Refresher Course	
If your initial course completion date is over two years old, you must be entering the NREMT on current Refresher Course. Please click the link below to be taken to the Refresher Course application.	
<a href="#">Enter NREMT on Refresher Course</a>	

EMS Education Program	
*Location of Initial Training Institution or Agency (State):	Massachusetts
*EMS Education Program:	List of EMS Education Programs
If your EMS Program is not listed, please contact your Program Director. If your Program no longer exists, contact the NREMT at (614) 888-4484.	

Name and Address fields below will be populated upon your Training Institution selection

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Program Director:	MARK COHENNO
Address1:	300 TREMONT ST
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City:	CARVER
State:	MA
Zipcode:	02330

Program Section:	List of Program Sections
Not all Program Directors have set up sections. Click the link if you have been instructed by your Program Director to select a section. The section field below will populate if you make a selection from the pop up window.	
Program Section:	

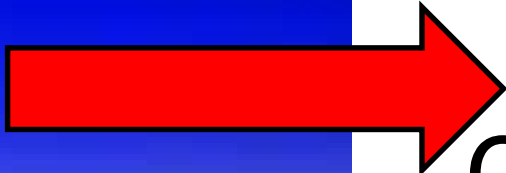
Select National EMS Institute Inc.



# Fill out the Information

- Continue to fill out Initial Entry Application

Program Section:	List of Program Sections
Not all Program Directors have set up sections. Click the link if you have been instructed by your Program Director to select a section. The section field below will populate if you make a selection from the pop up window.	
Program Section:	
<b>Registration Information</b>	
If you possess current state certification as an EMT-Basic / EMT, please enter your current state EMT certification number.	
State EMT Number:	
NREMT/State EMT Expiration Date:	(mm/yyyy) <small>If an expiration date is entered, be sure it's valid on the test date.</small>
<b>CPR Credential Verification</b>	
*CPR Credential Expiration Date:	12/2016 (mm/yyyy)
<b>Consent, Waiver, and Felony Statement</b>	
Have you ever been subject to revocation, suspension, or termination of your right to practice a health care occupation or voluntarily surrendered a health care license in any state or to an agency authorizing the legal right to work?	No
*Have you ever been convicted of a felony or a general court martial?	No
<b>Additional Options</b>	
Do you want to receive a printed card or will you print your own?	I would like to receive a printed card
Do you want to receive a printed certificate or will you print your own?	I would like to receive a printed certificate
I, Andrew Knight, hereby affirm and declare that the above information on this application is true and correct. I understand and agree that I may be disqualified from taking the NREMT examination or seeking NREMT certification	



**CPR date is 2 years from  
Start date of your course**

**If your class begins 12/14 CPR will expire 12/16**



# Fill out the Information

- Continue to fill out Initial Entry Application

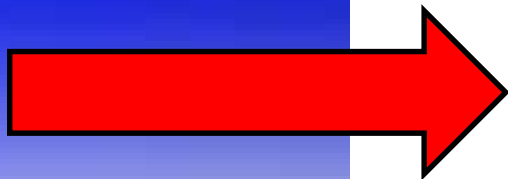
Leave program section &  
Registration info blank

Program Section:	List of Program Sections
Not all Program Directors have set up sections. Click the link if you have been instructed by your Program Director to select a section. The section field below will populate if you make a selection from the pop up window.	
Program Section:	
If you possess current state certification as an EMT-Basic / EMT, please enter your current state EMT certification number.	
State EMT Number:	
NREMT/State EMT Expiration Date:	
If an expiration date is entered, be sure it's valid on the test date.	
CPR Credential Verification	
*CPR Credential Expiration Date:	12/2016 (mm/yyyy)
Licensing Action and Felony Statement	
*Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to an agency authorizing the legal right to work?	No
*Have you ever been convicted of a felony or a general court martial?	No
Additional Options	
Do you want to receive a printed card or will you print your own?	I would like to receive a printed card
Do you want to receive a printed certificate or will you print your own?	I would like to receive a certificate
I, andrew knight, hereby affirm and declare that the above information on this application is true and correct. I understand and agree that I may be disqualified from taking the NREMT examination or seeking NREMT certification	

# Fill out the Information

- Continue to fill out Initial Entry Application

Program Section:	List of Program Sections
Not all Program Directors have set up sections. Click the link if you have been instructed by your Program Director to select a section. The section field below will populate if you make a selection from the pop up window.	
Program Section:	
<b>Registration Information</b>	
If you possess current state certification as an EMT-Basic / EMT, please enter your current state EMT certification number.	
State EMT Number:	
NREMT/State EMT Expiration Date:	(mm/yyyy) <small>If an expiration date is entered, be sure it's valid on the test date.</small>
<b>CPR Credential Verification</b>	
*CPR Credential Expiration Date:	12/2016 (mm/yyyy)
<b>Licensing Action and Felony Statement</b>	
*Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to an agency authorizing the legal right to work?	No ▼
*Have you ever been convicted of a felony or a general court martial?	No ▼
<b>Additional Options</b>	
Do you want to receive a printed card or will you print your own?	I would like to receive a printed card ▼
Do you want to receive a printed certificate or will you print your own?	I would like to receive a certificate ▼
I, andrew knight, hereby affirm and declare that the above information on this application is true and correct. I understand and agree that I may be disqualified from taking the NREMT examination or seeking NREMT certification	



Fill out truthfully



# Fill out the Information

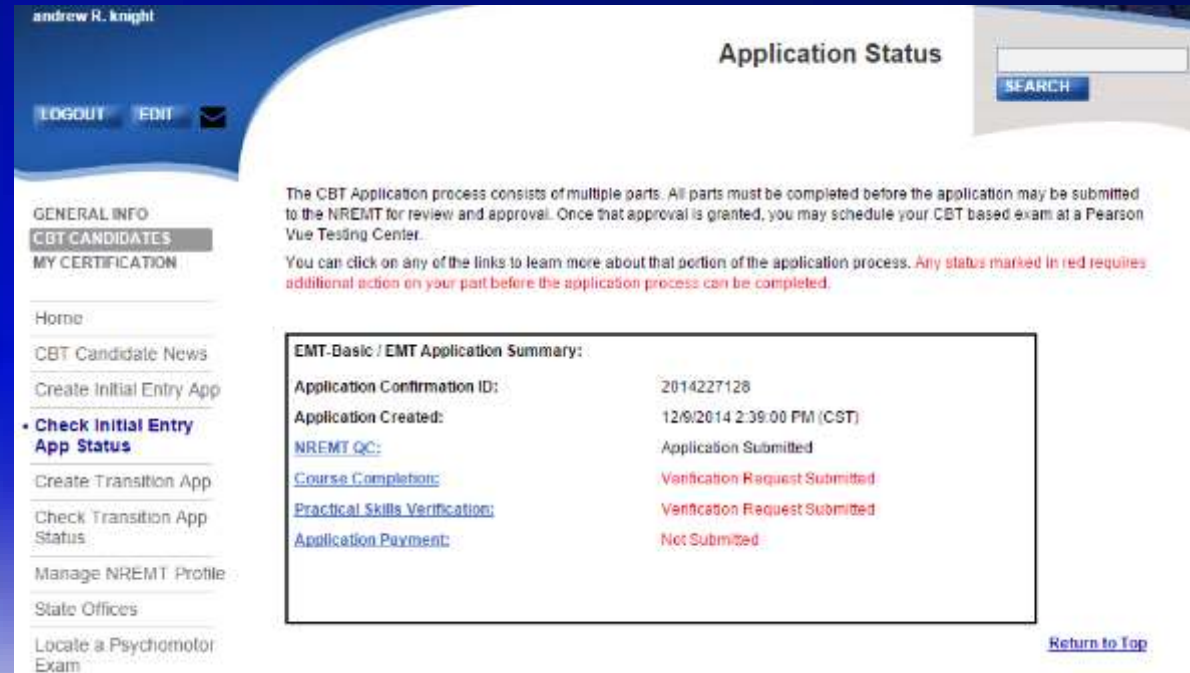
- Continue to fill out Initial Entry Application

Program Section:	List of Program Sections
Not all Program Directors have set up sections. Click the link if you have been instructed by your Program Director to select a section. The section field below will populate if you make a selection from the pop up window.	
Program Section:	
<b>Registration Information</b>	
If you possess current state certification as an EMT-Basic / EMT, please enter your current state EMT certification number.	
State EMT Number:	
NREMT/State EMT Expiration Date:	(mm/yyyy) <small>For expiration date is entered, be sure it is valid on the test date.</small>
<b>CPR Credential Verification</b>	
CPR Credential Expiration Date:	12/2016 (mm/yyyy)
<b>Licensing Action and Felony Statement</b>	
*Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care license in any state or to an agency authorizing the legal right to work?	No ▼
*Have you ever been convicted of a felony or a general court martial?	No ▼
<b>Additional Options</b>	
Do you want to receive a printed card or will you print your own?	I would like to receive a printed card ▼
Do you want to receive a printed certificate or will you print your own?	I would like to receive a certificate ▼
I, Andrew Knight, hereby affirm and declare that the above information on this application is true and correct. I understand and agree that I may be disqualified from taking the NREMT examination or seeking NREMT certification.	

Select receive printed card  
For both

# Fill out the Information

- Continue to fill out Initial Entry Application



andrew R. knight

Application Status

LOGOUT EDIT

SEARCH

GENERAL INFO  
CBT CANDIDATES  
MY CERTIFICATION

Home  
CBT Candidate News  
Create Initial Entry App  
• **Check Initial Entry App Status**  
Create Transition App  
Check Transition App Status  
Manage NREMT Profile  
State Offices  
Locate a Psychomotor Exam

The CBT Application process consists of multiple parts. All parts must be completed before the application may be submitted to the NREMT for review and approval. Once that approval is granted, you may schedule your CBT based exam at a Pearson Vue Testing Center.

You can click on any of the links to learn more about that portion of the application process. Any status marked in red requires additional action on your part before the application process can be completed.

EMT-Basic / EMT Application Summary:	
Application Confirmation ID:	2014227128
Application Created:	12/9/2014 2:39:00 PM (CST)
NREMT QC:	Application Submitted
Course Completion:	Verification Request Submitted
Practical Skills Verification:	Verification Request Submitted
Application Payment:	Not Submitted

[Return to Top](#)

Check Initial Entry App  
Status

# Fill out the Information

- Continue to fill out Initial Entry Application

andrew R. knight

Application Status

LOGOUT EDIT

SEARCH

GENERAL INFO  
CBT CANDIDATES  
MY CERTIFICATION

Home  
CBT Candidate News  
Create Initial Entry App  
• Check Initial Entry

Status  
Manage NREMT Profile  
State Offices  
Locate a Psychomotor Exam

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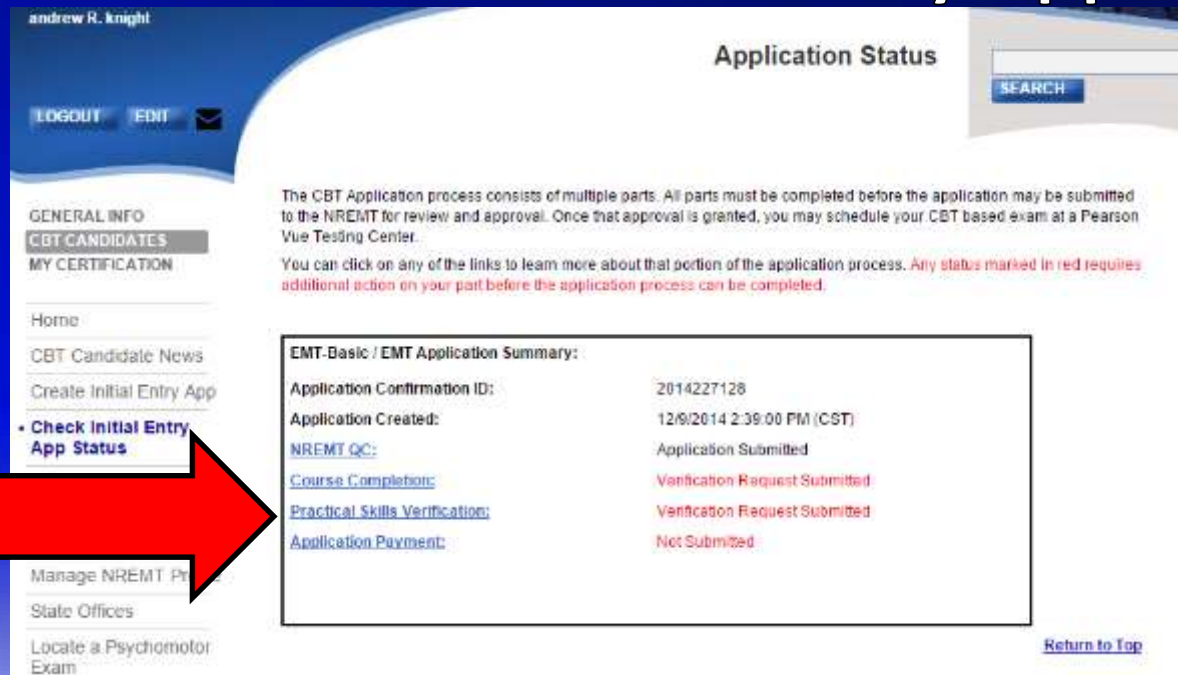
EMT-Basic / EMT Application Summary:	
Application Confirmation ID:	2014227128
Application Created:	12/9/2014 2:39:00 PM (CST)
NREMT QC:	Application Submitted
Course Completion:	Verification Request Submitted
Practical Skills Verification:	Verification Request Submitted
Application Payment:	Not Submitted

Return to Top

Course completion will be verified  
By us when your course is complete

# Fill out the Information

- Continue to fill out Initial Entry Application



andrew R. knight

Application Status

LOGOUT EDIT

SEARCH

GENERAL INFO

CBT CANDIDATES

MY CERTIFICATION

Home

CBT Candidate News

Create Initial Entry App

• **Check Initial Entry App Status**

Manage NREMT Pr

State Offices

Locate a Psychomotor Exam

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**EMT-Basic / EMT Application Summary:**

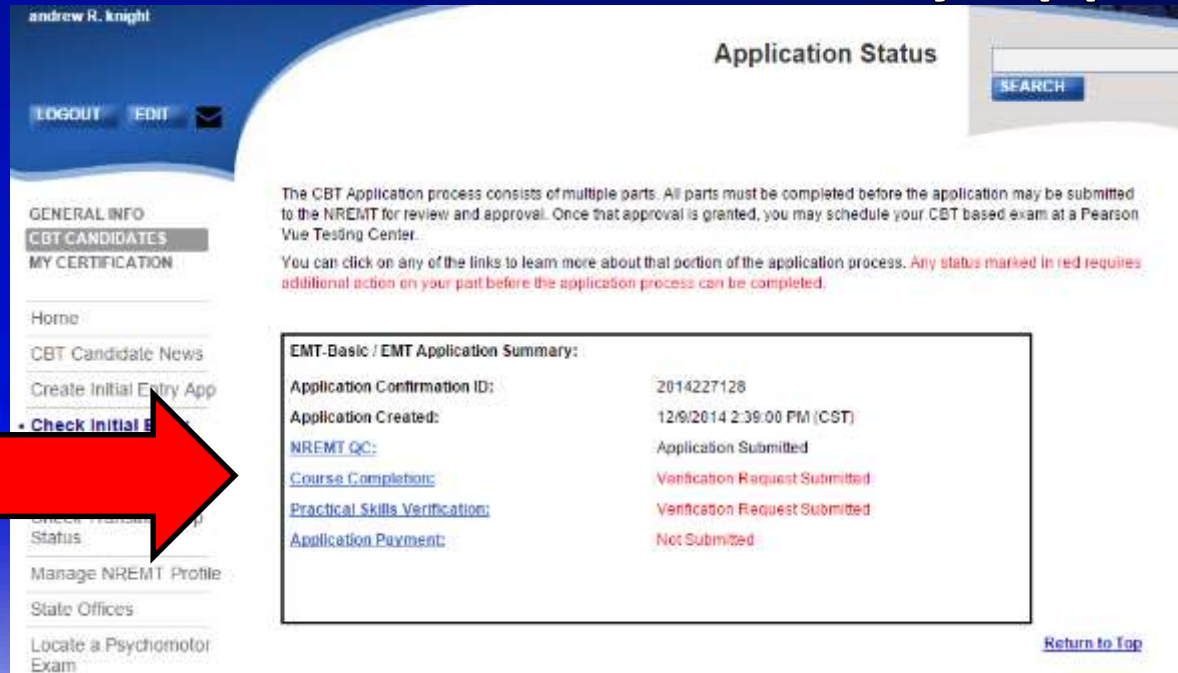
Application Confirmation ID:	2014227128
Application Created:	12/9/2014 2:39:00 PM (CST)
NREMT QC:	Application Submitted
Course Completion:	Verification Request Submitted
Practical Skills Verification:	Verification Request Submitted
Application Payment:	Not Submitted

[Return to Top](#)

Practical Skills verification will be Submitted after your practical exam

# Fill out the Information

- Continue to fill out Initial Entry Application



andrew R. knight

Application Status

LOGOUT EDIT

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GENERAL INFO

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MY CERTIFICATION

Home

CBT Candidate News

Create Initial Entry App

**• Check Initial Entry Application**

Check Application Status

Manage NREMT Profile

State Offices

Locate a Psychomotor Exam

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NREMT QC:	Application Submitted
Course Completion:	Verification Request Submitted
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Application Payment:	Not Submitted

[Return to Top](#)

You have 90 days to take your test  
Once you have paid. Wait until you  
Are ready to test to pay. May take up to  
48 hours to post.

# Fill out the Information

This slide show will be available online to you to refer to when going through the registration process.

Visit the “Student Center” tab of our website at

[www.NationalEMSIInstitute.com](http://www.NationalEMSIInstitute.com)

Student center password is NEI2015 (all caps)

If you have questions ask your instructors do not contact  
Massachusetts Department of OEMS!!!

