

Instructions for applying online  
for the National Registry  
Computer Based Test

- All written exams will be delivered via computer based test (CBT) beginning January 1, 2007. You will need to apply for the written exam (CBT) with the National Registry.
  - [www.nremt.org](http://www.nremt.org)
- EMT-Specialist and Paramedic applicants will also need to submit a practical exam reservation form with MDCH or UPEMS.
  - MDCH [www.michigan.gov/ems](http://www.michigan.gov/ems) (517) 241-0179
  - UPEMS (906) 228-4182

# Applying with the National Registry

**[WWW.NREMT.ORG](http://WWW.NREMT.ORG)**



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## NREMT News

Check here regularly for important new information from

### View our Video



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Click on "Login"  
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Login

## Login

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## Login

You are not currently logged in.  
To enter the secured areas of the site, please login.

If you already have  
an account enter  
your username  
and password

Username:

Password:

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[Forgot Password?](#)

If this is your first time  
applying you must first "Set  
Up a New Account"

Set Up New Account

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Once you create an account you will receive verification that your account has been saved. You should save your user name and password in a secure location for later use.

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## Account Saved

Your account has been successfully saved and you are now able to navigate the site. The roles you are assigned are:

### 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.

[Go to login page](#)

Now login to create  
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**Now click on  
“Manage  
NREMT Profile”**

**This step must  
be completed  
prior to  
creating an  
application**

**Note: every  
time you login  
you will come  
to this page**

You will need to fill out your NREMT Profile before you are able to submit an online application. To do so, click [Manage NREMT Profile](#) or on the [Manage NREMT Profile](#) quick link below.

### Quick Links to Most Popular Pages

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[Manage NREMT Profile](#)

### Registered EMS Education

To see which Programs are currently registered with the NREMT for CBT testing, choose a State below, then click on the List of EMS Programs link. This information is not saved to your account. If you don't see your program listed, please contact your Program Director. Online applications to test cannot be submitted if your Program is not registered.

*EMS Education Program	
*Location of Initial Training Institution or Agency (State):	<input type="text"/>
*EMS Education Program:	<a href="#">List of EMS Education Programs</a>

## NREMT Profile Information

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.**

If your current mailing address is outside of the United States, please [click here](#) or click on the designated link below.

\*Denotes Required Field.

**Complete your NREMT Profile Information. Be sure you enter your SS# and Date of Birth correctly.**

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 1:	<input type="text"/>
Address 2:	<input type="text"/>

**Be sure to type your name correctly. Your certificate will appear as you enter your name here.**

**Note: You must check the method you wish to be notified. If you select electronic you must have an E-mail address**

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 method:	Electronic / E-Mail 
If electronic mail is your preferred method of communication, please provide the NREMT with a valid E-Mail address in the space below.	
E-Mail Address:	

**This section is optional. Please take a moment and complete these questions to assist with national statistical data.**

Optional Information
I wish to receive NREMT registrant mailings, such as periodic surveys, 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 reregistration.
I do not wish to receive NREMT Registrant Mailings: <input type="checkbox"/>
Highest Level of Education Completed
- Select - 
Please indicate the type of service you are or will be affiliated with.
- Select - 
Will you be paid for your services as a(n) ?

You have now completed your  
account profile, continue to  
complete the online application  
for examination



# National Registry of Emergency Medical Technicians\*

THE NATION'S EMS CERTIFICATION

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CBT Candidates

## CBT Candidates

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**Now click on  
"Create New  
Application"**

## Currently Registered EMS Education Programs

To see which Programs are currently registered with the NREMT for CBT testing, choose a State below, then click on the List of EMS Programs link. This information is not saved to your account. If you don't see your program listed, please contact your Program Director. Online applications to test cannot be submitted if your Program is not registered.

*EMS Education Program	
*Location of Initial Training Institution or Agency (State):	<input type="text"/> <input type="button" value="v"/>
*EMS Education Program:	<a href="#">List of EMS Education Programs</a>

# Candidate Application

## Personal Information Summary

Information, such as your Name, Social Security Number and Mailing Address for this application are maintained in your Personal Account Information.

**Note: The format that you see your name on this page will be used on Certificates, Registry Cards and correspondence.**

Applicant Name:	:
Address 1:	:
Address 2:	
City:	:
State:	
Zip:	:
Home Phone:	
Work Phone:	:

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

**The information in your summary will automatically populate the boxes. If any information is incorrect click on “Manage Account Information” prior to proceeding**

## NREMT Application Level

Choose the level of the NREMT exam you wish to take. If you have been instructed to take an NREMT Assessment Exam ... be sure to make the appropriate selection.

(Note: An assessment exam is NOT a practice exam.)

\*Application Level:

**Review the entry requirements and check the appropriate box to proceed**

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### 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.

If you want to review the entry requirements, click

[Review Entry Requirements](#)

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

- I have read and understand the NREMT registration requirements and wish to complete the online application.**

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### NREMT Entry Through Refresher Course

If your initial training completion date is beyond 24 months and you have maintained state certification, you must document completion of state-approved EMT-Basic refresher training that meets all objectives of the current National Standard Refresher curriculum.

- I wish to complete the online application and enter the NREMT through Refresher Training Requirements.**

Next

Cancel

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## Paramedic Application

To complete the online portion of your application, please provide the information requested below. When you click on the submit button at the bottom of this page, your application will be submitted to the NREMT for review.

Your application information will also be forwarded to your program director and/or State EMS Office for verification of successful course completion.

\*Denotes Required Field.

Initial Course Completion Date	
*Initial Course Completion Date:	<input type="text"/> (mm/dd/yyyy)

**Enter your initial education course completion date.**

Refresher Course
If your initial course completion date is over two years old, you are entering the NREMT on an exception. Please click the link below to the correct online application.
<a href="#">Enter NREMT on an Exception</a>

**Select "MI" to obtain a list of Michigan approved Education Program Sponsors**

EMS Education Program	
*Location of Initial Training Institution or Agency (State):	<input type="text"/> <input type="button" value="v"/>
*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.	

EMS Education Program	
*Location of Initial Training Institution or Agency (State):	<input type="text"/> ▼
*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 HREMT at (614) 888-4484.	
Name and address fields below will be populated upon your Training Institution selection.	
EMS Education Program Name:	<input type="text"/>
Program Director:	<input type="text"/>
Address1:	<input type="text"/>
Address2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zipcode:	<input type="text"/>
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:	<input type="text"/>

Once you select your education program the section below will automatically populate.

Note: This section will show the Program Director **NOT YOUR INSTRUCTOR'S NAME**

Registration Information	
Please enter your current NREMT number. If you do not possess current National registration, please list your current State EMT certification number.	
*NREMT/State EMT Number:	<input type="text"/>
*NREMT/State EMT Expiration Date:	<input type="text"/> (mm/yyyy) <small>If an expiration date is entered, be sure it is valid on the test date.</small>

**If you do not have a National Registry certification or a state license leave blank**

CPR Credential Verification	
*CPR Credential Expiration Date:	<input type="text"/> (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 licensure in any state or to an agency authorizing the legal right to work?	<input type="text" value="- Select -"/>
*Have you ever been convicted of a felony?	<input type="text" value="- Select -"/>

**Your card must be current. If your card is expired you must obtain a new card before you will be eligible to test**

I, Tony Sorensen, understand that I am submitting an application requesting authorization to take the NREMT examination.

In addition, I understand that knowingly or intentionally submitting fraudulent or misleading information may subject me to disciplinary actions by the NREMT, EMS Program Director, and/or State EMS officials.



## CBT Candidates

### CBT Candidate News

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## Application Saved

Your electronic application has been saved. Your information will be forwarded to your program upon successful course completion.

You can follow the progress of your application by clicking [Check Application Status](#).

## Survey Opportunity

We need your opinion!

The National Registry is interested in your opinion about the application process. If you would be interested in taking a survey about the application you just completed, please click the button below.

Take the Survey

**You have now completed your NREMT application. Your Education Program Sponsor must now verify that you have successfully completed an approved program.**

Please complete the survey about the online registration process

You will be notified by the National Registry when your application is complete or you may return to the NREMT website at anytime to check on your application status.



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**Once you have received a certificate of completion from your Education Program Sponsor you may then submit your application fee.**

## Application Status

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 will take your CBT based exam at a Pearson/Vue Testing Center.

You can click on any of the section headers to learn more about each portion of the application process. **Any status marked in red must be resolved before the application process can be completed.**

You will receive a confirmation number and date the application was created

Application Summary	
Application Confirmation:	
Application Created:	
<a href="#">Course Completion Verification</a>	
Course Completion Status:	Verification Request Submitted
EMS Program Action Date:	
<a href="#">Pay Application Fee</a>	
Application Payment:	Not Submitted
Payment Action Date:	
Payment Method:	

Click here to pay fee. This can also be done later



## CBT Candidates

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Check Application

When you pay your fee you will have to select payment type. Selecting "Money Order" will produce a Money Order Tracking Slip for you to print and include with your payment to the National Registry

## Pay Application Fee

This application fee is non-refundable and may not be transferred to another person or to another NREMT application which you choose to complete in the future.

**Please note: If you schedule an exam with Pearson/Vue and fail to show up for that exam, and did not cancel the exam, you will need to pay another application fee to test.**

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Registration Level:	Paramedic
The non-refundable/non-transferable application fee required is:	\$110.00

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\*Payment Type:

A dropdown menu is shown with a light blue circle around it. The menu is open, showing four options: '- Select -' (top), '- Select -' (second), 'Credit/Debit', and 'Money Order' (bottom, highlighted). The text 'Ca' is partially visible to the left of the menu.

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The National Registry  
Of  
Emergency  
Medical  
Technicians®



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### Money Order Tracking Slip

You have selected to submit a money order as the method of payment. Please print this Money Order Tracking Slip. Once the tracking slip is printed, attach your money order made payable to the National Registry of Emergency Medical Technicians (NREMT) to the tracking slip, and mail it to the following address:

National Registry of EMTs  
**Attention: CBT Tracking Slip**  
P.O. Box 29233  
Columbus, Ohio 43229

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Your online application payment status will be marked as Pending. Once the money order is received and processed at the NREMT, your payment status will be marked as Paid. Please allow 10 business days AFTER you have mailed the money order for processing to be completed.

**Today's Date:** 12/13/2006 7:22:31 AM

**Application:** 2006014876

**Applicant:**

**If you select  
“money order”  
you will receive a  
form similar to  
this to print and  
send with your  
money order.**

# Verification

- Once you have completed all elements of the National Registry application process you will receive verification that you are eligible to test which includes a website or toll free number you will call to schedule your exam. You must also print the form as proof to verify you are eligible to take the test for the testing center.

**CBT Test Sites – Michigan locations 10/1/06**



Emergency Medical Technician-Specialist,  
and Paramedic applicants – do not forget  
to contact the MDCH or UPEMS office to  
obtain a practical exam reservation form.

MDCH [www.michigan.gov/ems](http://www.michigan.gov/ems)

(517) 241-0179

UPEMS (906) 228-4182

# Exam Status Notification

- Applicants will usually received notification of status of their written (CBT) exam within 24 hours of exam completion.
- EMT-S and Paramedic applicants will receive their National Registry certification after they have successfully completed the written (CBT) and practical exams.

# National Registry Certification is not a Michigan License

- Do not forget to apply for Michigan licensure. You may do this upon successful completion of your education program or anytime up to 2 years from course completion.
- The State of Michigan electronically downloads exam results direct from the National Registry. If your application for licensure is on file your license will be issued as soon as successful completion of examination is verified and all other elements of the application process are complete.
- You may obtain applications from the State of Michigan website

[www.michigan.gov/ems](http://www.michigan.gov/ems)