New Jersey Medical Reserve Corps (MRC) registration process
For individuals who DO NOT have NJLMN accounts.

(Comments in green are answers to commonly asked questions at each step)

Any questions, email the NJLMN helpdesk at njlmn@njlincs.net

Go to https://njlmn.njlincs.net and click on “Register as an existing or new MRC Volunteer”.
(If you google NJLMN you might see a result with a “2”- njlmn2.njlincs.net. This link does NOT take you to the right place.)

- Select the last option, BEGIN YOUR REGISTRATION:

Thank you for choosing to volunteer with the NJMRC. Before we set you up to volunteer, you will need to register with the NJLMN. Users who have volunteered in the past are also required to register with the NJLMN. The registration process includes building your NJLMN profile where we gather information such as your email, password and address.

After you complete the NJLMN registration, your account with the NJLMN will be created and you will proceed to complete the NJMRC application to volunteer. Some information in the NJMRC application is required, as we will need to communicate with our volunteers.

Again, thank you and let's begin your registration.

- If you ARE REGISTERED with the NJLMN, you need only sign in by providing your username and password, HERE.
- If you ARE REGISTERED but do not remember your password please use the forgot password page HERE.
- If you ARE REGISTERED but do not remember your username please contact the NJLMN helpdesk HERE.
- If you ARE NOT REGISTERED and want to volunteer with the NJMRC as a new or existing volunteer please START YOUR REGISTRATION.
READ and click on “CONTINUE”:

Check off that you’ve read the Terms of Agreement and click on “Continue”:

Enter your email address and click on “Submit”. This will become your NJLMN username to log in.

If you receive a message saying “Please provide a different email address” the account already exists.
Complete the account creation form shown below.

- Please ensure all required fields (denoted with an *) are completed
- **Password:** minimum 6 characters – no other restrictions
- The “Contact Information” section is for personal/home information.
- **Organization section:**
  - For Public Health Role and Organization Type, choose the closest and if you feel none of them are a fit, choose OTHER
  - For Organization Name, if you are retired/not working, please enter a word to best describe your status, ie-student, retiree, volunteer
  - For Organization address information, if you aren’t currently affiliated with an organization, use your home information
- Make sure you click on SUBMIT when complete!
CREATE AN ACCOUNT
for test@njonline.net

Complete this form to create your account profile and join the New Jersey Learning Management Network (NJLMN).

Use this account to sign onto the NJLMN, register for courses, access your registrations, transcripts and other features of the NJLMN.

Thank you and Welcome to the NJLMN.

PLEASE FILL IN ALL REQUIRED FILEDS NOTED WITH AN *. DO NOT SUBMIT FORM UNTIL ALL REQUIRED FILEDS HAVE BEEN ENTERED.

**PASSWORD**
(0-10 Characters)

<table>
<thead>
<tr>
<th>Contact Information</th>
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<tbody>
<tr>
<td>First Name</td>
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<td>Middle Initial</td>
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<td>Last Name</td>
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<tr>
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<td>Mobile Phone</td>
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<th>Organization Information</th>
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<tr>
<td>Public Health Role</td>
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<td>Other [Role]</td>
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<td>Organization Zip</td>
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<th>Education</th>
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<tr>
<td>Highest Level of Education</td>
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<tr>
<td>License (If applicable)</td>
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<tr>
<td>Certificate (If applicable)</td>
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<tr>
<td>Years Of Interest (If applicable)</td>
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| Continuing Education Credits |
| Select the type of Continuing Education credit you are interested in: |
| Public health CE |
| AGO |
| CHES |
| Other |

**EMAIL OPT in/out**

Would you be interested in receiving email notification(s) of new NJLMN training and education opportunities?

Users of the New Jersey Learning Management Network (NJLMN) may choose to receive email notifications of new training and education opportunities through the NJLMN. The information in these messages comes from the Department of Health and Senior Services and NJLMN partners, including Course Sponsors, Local Site Coordinators, and Continuing Education providers.

As the host of the NJLMN, NJDOH is obligated by Industry Guidelines to have consent from account holders and provide them with an option to opt in or out from an email list or service. To ensure compliance with these guidelines, we would like you to choose one of the two choices provided for the question below. This does not affect the emails you receive through NJLMN regarding course schedule changes and technical issues; you will continue to receive emails containing planning or logistical information relating to courses for which you are registered. If you believe that you are receiving NJLMN marketing emails in error, please contact njlmn@njinos.net.

* Accept  □ Decline □

Submit
You will see the following:

```
Your request to create an account is being processed, please do not hit the back button or reload this page.
```

And THEN you will see this:

```
Thank You!

Thank you for choosing to be a part of the New Jersey Medical Reserve Corps! The NJMRC is a dedicated group of individuals whom New Jersey can rely upon in the event of a public health emergency or to fill a public health need.

Once you click CONTINUE your application will load.

Please take the time to fill in all required fields or your application will not be submitted.
```

- Click on CONTINUE

- You will see the following pop-up warning:

```
Your application will not be completed until you

- Select your county of residence,

- Complete the required fields

- And click the SAVE MRC Application button at the bottom of the form.
```

- Complete the application including all required fields:
### MRC Application

**County Of Residence**
- select

**MRC ID**
- 701005
  - (If you have an existing ID please update this field with your current ID. If you do not remember or do not have an ID do not modify this number it is auto-generated and used for your MRC ID)

**Contact Information**
- We will use this information to notify you via mail.
- 129 Laredo Drive
- Morganville
- NJ
- 07751

**Best Contact Number**
- This number will be used to contact you via phone call and text/SMS.

**Emergency Contact Information**
- Last name
- First name
- Relationship
- Street Address
- City
- State
- Zip
- Cell Phone
- Email

**Additional Information**
- Language Spoken
- Fluent
- Language Written And Read
- Fluent
- Are you willing to travel and volunteer outside your county?
- select
- Are you willing to participate in a natural disaster emergency response?
- select
- Have you been domiciled against emasculation?
- select
- Do you have any special health if so please explain
- If you have committed to any other organization in the event of employment or in the event of a public health emergency, please explain
- Do you have particular requirements that you may not be able to fulfill?
- select
- If you answered yes please describe your particular disability

**Medical and Non-Medical Licenses and Certifications**

- Add Medical Licenses or Certifications
- Add Non-Medical Licenses or Certifications

**Expectations of NJ Medical Reserve Corps Volunteers**

As a volunteer with the New Jersey Medical Reserve Corps, I will be called upon to assist in the event of a public health emergency. I agree to attend an educational program to explain my role in disaster preparedness. I will be assigned duties based on my level of training and experience. I understand that submitting this application does not guarantee acceptance into the NJ Medical Reserve Corps. The information contained in this application is, to the best of my knowledge, truthful. I agree to serve my fellow citizens to the best of my professional ability.

- I Agree to the above statement

**Failure to agree to the above statement invalidates application.**

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**SAVE MRC Application**
A good place to put additional pertinent expertise/certifications/experience not covered in any of the pulldown choices is here:

- When complete, click on
  
  **SAVE MRC Application**

  **What happens next:**
  - Your application will be routed to the appropriate MRC Unit Coordinator based on your county of residence
  - Any technical questions along the way, email the NJLMN helpdesk at njmn@njlincs.net

  **THANK YOU VERY MUCH FOR TAKING THE TIME TO VOLUNTEER**

  Welcome to the New Jersey Medical Reserve Corps