

New Jersey Medical Reserve Corps (MRC) registration process

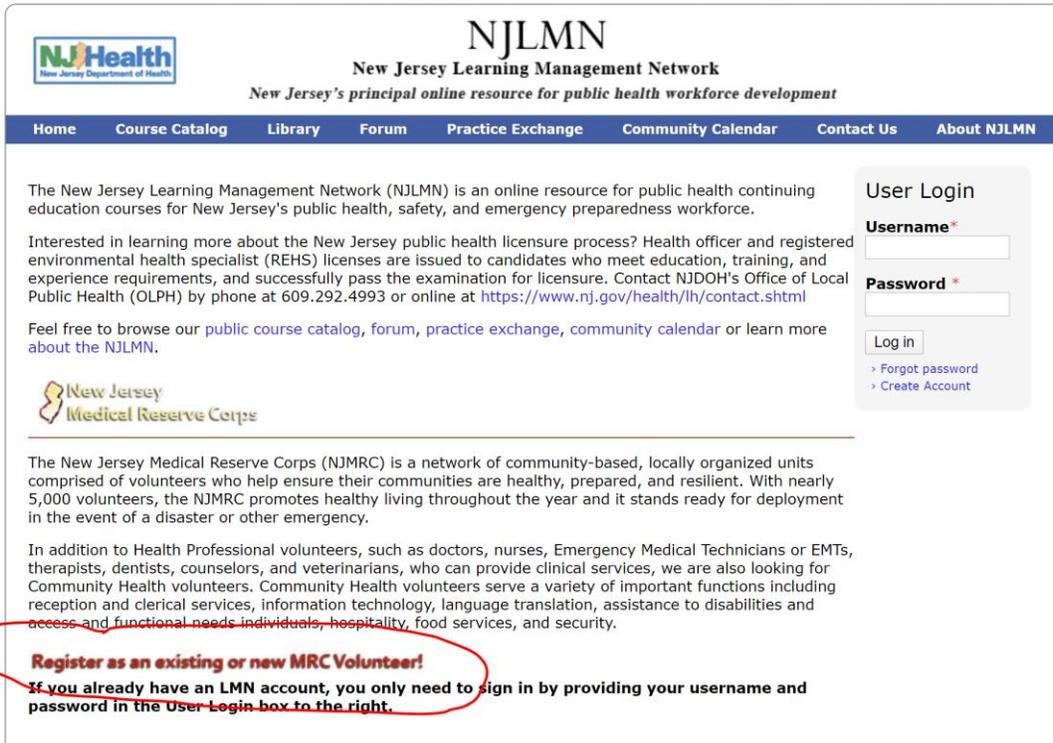
For individuals who DO NOT have NJLMN accounts.

(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.)*



NJLMN
New Jersey Learning Management Network
New Jersey's principal online resource for public health workforce development

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The New Jersey Learning Management Network (NJLMN) is an online resource for public health continuing education courses for New Jersey's public health, safety, and emergency preparedness workforce.

Interested in learning more about the New Jersey public health licensure process? Health officer and registered environmental health specialist (REHS) licenses are issued to candidates who meet education, training, and experience requirements, and successfully pass the examination for licensure. Contact NJDOH's Office of Local Public Health (OLPH) by phone at 609.292.4993 or online at <https://www.nj.gov/health/lh/contact.shtml>

Feel free to browse our [public course catalog](#), [forum](#), [practice exchange](#), [community calendar](#) or learn more about the NJLMN.

New Jersey Medical Reserve Corps

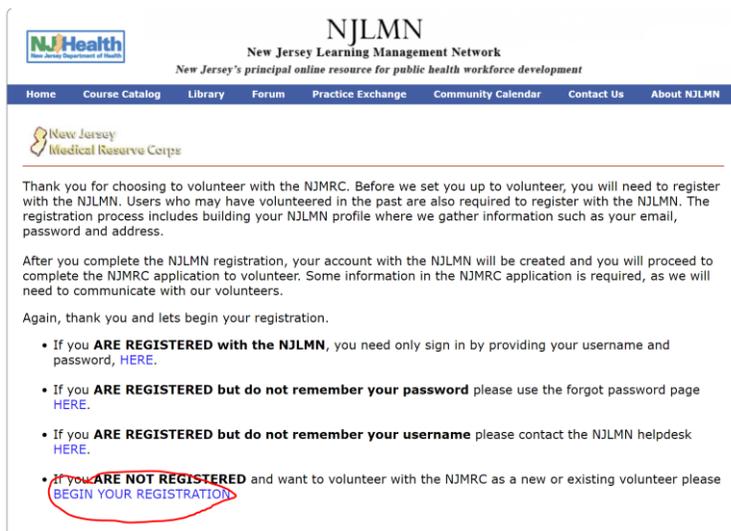
The New Jersey Medical Reserve Corps (NJMRC) is a network of community-based, locally organized units comprised of volunteers who help ensure their communities are healthy, prepared, and resilient. With nearly 5,000 volunteers, the NJMRC promotes healthy living throughout the year and it stands ready for deployment in the event of a disaster or other emergency.

In addition to Health Professional volunteers, such as doctors, nurses, Emergency Medical Technicians or EMTs, therapists, dentists, counselors, and veterinarians, who can provide clinical services, we are also looking for Community Health volunteers. Community Health volunteers serve a variety of important functions including reception and clerical services, information technology, language translation, assistance to disabilities and access and functional needs individuals, hospitality, food services, and security.

Register as an existing or new MRC Volunteer!
If you already have an LMN account, you only need to sign in by providing your username and password in the User Login box to the right.

User Login
Username*
Password*
Log in
[Forgot password](#)
[Create Account](#)

- Select the last option, BEGIN YOUR REGISTRATION:



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New Jersey Medical Reserve Corps

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 may 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 lets 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 **BEGIN YOUR REGISTRATION**

- READ and click on “CONTINUE”:

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Create New NJLMN Account

Important Advisory from the New Jersey Learning Management Network:

- If you are unsure if you have an account or you tried to create an account and were unsuccessful, please DO NOT try to create another account. Contact the NJLMN staff by using the [Contact Us page](#) and we'll gladly help you.

Account Creation Guidance

In order to create an account you will be asked to:

- 1. Sign off on a Terms of Agreement**
In accordance with New Jersey Department of Health (NJDOH) authorized staff from : (1) the NJDOH; and, (2) authorized affiliated system administrators and instructors will have access to the records stored in your account profile and transcripts in order to: (a) verify certification request information ; (b) verify relevant training ; and, (c) conduct legal background checks as required. This education and training information will only be available to the representatives designated herein above, for the purpose of assessing training needs and assisting the State in the processing of your certification(s).
- 2. Provide an Email Address**
Please provide a personal email address which is accessed only by you. Do not use a family email address or a joint organization email (eg. staff@abc.com.) If you do not have an email address, we recommend that you can obtain a free one from any of the larger email providers such as [GMAIL](#), [HOTMAIL](#) or [YAHOO](#).
- 3. Create a password and provide personal information**
Please create a password containing at least 8 characters, ideally a combination of alphabetic, numeric and special characters. e.g. A-Z a-z 0123456789 ! @ ^ * ()

Continue

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

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Terms of Agreement

In accordance with New Jersey Department of Health (NJDOH) authorized staff from : (1) the NJDOH; and, (2) authorized affiliated system administrators and instructors will have access to the records stored in your account profile and transcripts in order to: (a) verify certification/endorsement request information ; (b) verify relevant training ; and, (c) conduct legal background checks as required. This education and training information will only be available to the representatives designated herein above, for the purpose of assessing training needs and assisting the State in the processing of your certification(s)/endorsement(s).

I AGREE

Continue

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

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Email Address

Please provide a personal email address which is accessed only by you. Do not use a family email address or a joint organization email (eg. staff@abc.com.) If you do not have an email address, we recommend that you can obtain a free one from any of the larger email providers such as [GMAIL](#), [HOTMAIL](#) or [YAHOO](#) mail.

Please confirm your email address.

test@gmail.com | Submit

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@optonline.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 FIELDS NOTED WITH AN *.
DO NOT SUBMIT FORM UNTIL ALL REQUIRED FIELDS HAVE BEEN ENTERED.**

PASSWORD *
(6-10 Characters)

Contact Information

First Name *

Middle Initial

Last Name *

Suffix
(If Applicable: Jr, Sr, M.D. Etc)

Address Line 1

Address Line 2

City

County *

State *

Zip *

Phone

Mobile Phone

Organization Information

Public Health Role *

Other (PHR)

Organization Type *

If Other, Describe

Organization Name *

Organization Address Line 1 *

Organization Address Line 2

Organization City *

Organization County *

State *

Organization Zip *

Organization Phone *

Education

Highest Level Of Education *

Licenses
(If Applicable)

Certifications
(If Applicable)

Topics Of Interest
(If Applicable)

Continuing Education Credits

Select the type of Continuing Education credit you are interested in:

- Public Health CE
 NCH
 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 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@njlimcs.net.

Accept **Decline**

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.

CONTINUE

- 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:



PLEASE COMPLETE THIS FORM BY FILLING IN ALL REQUIRED FIELDS AND SUBMITTING. FAILURE TO DO SO WILL LEAVE YOUR APPLICATION INCOMPLETE AND IT WILL NOT BE PROCESSED.

MRC Application

County Of Residence *	<input type="text" value="-select-"/>
MRC ID	<input type="text" value="701205"/> <small>(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)</small>
Do You Currently Serve In The National Disaster Medical System	<input type="text" value="-select-"/>
Contact Information <small>(We will use this information to notify you via mail.)</small>	
129 Laredo Drive Morganville NJ 07751	
Best Contact Number <small>(This number will be used to contact you via phone call and text/SMS.)</small>	
Number *	<input type="text"/>
Emergency Contact Information	
Last Name *	<input type="text"/>
First Name *	<input type="text"/>
Relationship *	<input type="text" value="-select-"/>
Street Address *	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text" value="-select-"/>
Zip *	<input type="text"/>
Cell Phone *	<input type="text"/>
OR Home Phone	<input type="text"/>
Emergency Email	<input type="text"/>
Additional Information	
Languages Spoken Fluently	<input type="text" value="-select-"/>
Languages Written And Read	<input type="text" value="-select-"/>
Are You Willing To Travel And Volunteer Outside Your County?	<input type="text" value="-select-"/>
Are You Willing To Participate In A Federal Coordinated Emergency Response	<input type="text" value="-select-"/>
Willing To Provide Translation Service	<input type="text" value="-select-"/>
Have You Been Immunized Against Smallpox	<input type="text" value="-select-"/>
Do You Have Any Special Needs If So Please Explain	<input type="text"/>
If You Have Committed To Any Other Organization Or Institution By Virtue Of Employment Or Volunteerism, In The Event Of Public Health Emergency, Please Explain	<input type="text"/>
Do You Have Particular Expertise And Agree To Be Available For Consultation Or Response Throughout The State	<input type="text" value="-select-"/>
If You Answered Yes, Please Describe Your Particular Expertise	<input type="text"/>
Medical and Non-Medical Licenses and Certifications	
<input type="button" value="Add Medical Licenses or Certifications"/>	
<input type="button" value="Add Non-Medical Licenses or Certifications"/>	
Expectations of NJ Medical Reserve Corps Volunteers	
<p>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.</p>	
<input type="checkbox"/> * I Agree to the above statement <small>Failure to agree to the above statement invalidates application.</small>	
<input type="button" value="SAVE MRC Application"/>	

To enter vaccination administration expertise, on the MRC Profile page select Add Non-Medical Licenses or Certifications.

Medical and Non-Medical Licenses and Certifications

Add Medical Licenses or Certifications

Add Non-Medical Licenses or Certifications

Then scroll down and select "Vaccination administration" in the pulldown for Type:

Add Non-Medical Licenses or Certifications

Has This License Or Certification Ever Been Suspended Or Revoked In New Jersey Or Any Other State? *

Name *

Number

State *

Type *

Status *

Specialty Within The Above Certification That You Possess

* This field is required

CANCEL

REMOVE

Expectations of NJ Medical Reserve Corps

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 and an educational program to explain 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.

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

Do You Have Particular Expertise And Agree To Be Available For Consultation Or Response Throughout The State

Yes

If You Answered Yes, Please Describe Your Particular Expertise

- When complete, click on

SAVE MRC Application

What happens next:

- Your application will be routed to the MRC Unit County Coordinator for the county you designated and you will be contacted.
- Any technical questions along the way, email the NJLMN helpdesk at njlmn@njlincs.net

THANK YOU VERY MUCH FOR TAKING THE TIME TO VOLUNTEER

Welcome to the New Jersey Medical Reserve Corps