To help with training incoming EMT's and Paramedics, please complete the online training before mobilizing to the incident to help streamline the training process. This will allow new EMT’s and Paramedics to start working more efficiently and effectively when reporting for duty.

They must complete the following: This is additional to HIPAA, CDMA and Health Commerce access requirements.

1. **All Paramedics and EMT’s must do the following:**

1. Register with NYS DOH EMS [https://apps.health.ny.gov/pubpal/builder/webform/federal\_site\_ems\_registration/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.health.ny.gov%2Fpubpal%2Fbuilder%2Fwebform%2Ffederal_site_ems_registration%2F&data=04%7C01%7C%7Ced8fed36a1ff4e2d367308d8ee23dfcf%7Ced5b36e701ee4ebc867ee03cfa0d4697%7C0%7C0%7C637521186291553433%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=yhFuT1UhHtRSfQXWYDsjyCXpCJo%2FiZmocd1sxNF%2Bq3g%3D&reserved=0)

1. Complete the NYS Vital Signs Academy Vaccinator V 4.1 Course on line : [https://vitalsignsacademy.com/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvitalsignsacademy.com%2F&data=04%7C01%7C%7Ced8fed36a1ff4e2d367308d8ee23dfcf%7Ced5b36e701ee4ebc867ee03cfa0d4697%7C0%7C0%7C637521186291563388%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=OaJDaGtDrXDhahYb2FfYYsM%2Bg%2Fmn5U1N6ysrZ48HsB8%3D&reserved=0)       **(**See detailed instructions in the attachment for Vital Sign Academy).

1. Complete the Skills Verification check sheet (At Vaccination Site), must be signed off by an HHS RN, NP, Physician or NYS DOH EMS Representative. Turn in completed skills sheet to the DOH site lead.

1. Complete the Skills Attestation on Vital Signs Academy (At Vaccination Site) [https://vitalsignsacademy.com/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvitalsignsacademy.com%2F&data=04%7C01%7C%7Ced8fed36a1ff4e2d367308d8ee23dfcf%7Ced5b36e701ee4ebc867ee03cfa0d4697%7C0%7C0%7C637521186291563388%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=OaJDaGtDrXDhahYb2FfYYsM%2Bg%2Fmn5U1N6ysrZ48HsB8%3D&reserved=0)  \*Upper Left Corner of the website click on resources tab to find it.

1. Fill in the Sign in list for the date of your arrival and email it to Edward.mager@health.ny.gov

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| **Today’s Date** | **Last Name** | **First Name** | **Cell Phone** | **Email address** | **Level of Care** | **Certification Number** | **State** | **DMAT****Y or N** | **Assigned Location**  |
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