Respond NH



New Hampshire Department of Safety Division of Fire Standards and Training & Emergency Medical Services How-To Guide

Service Affiliation Request

Purpose

This guide will outline the process to request a new service affiliation in RespondNH.

Users of RespondNH can now generate a service affiliation request from their individual RespondNH accounts. This request will be automatically sent to the appropriate service leader to approve or deny the request.

If you have any questions about this process, you may halt this application and contact The Division of Fire Standards and Training & EMS at <u>fstems@dos.nh.gov</u> or 603-223-4200.

User Generated Request Procedure

- 1. Navigate to <u>https://www.respondnh.org</u> We recommend using Google Chrome web browser.
- 2. Login using your credentials. See Claiming Your Account if you have never logged in before.
- 3. Select "Applications" from the left-hand menu:

TEMSIS/NHESR	NHFA-EMS Resou	rce Site	Help Desk	Division Website	
My Account Profile Documents	My Ac	count	item, click the links of	on this page or in the left mer	nu.
Applications Training		NB Test 1 Emergency Number: Issued: 0 Expiration:	TestAccountB2 Medical Technician 35696 95/26/2019 05/25/2022	n	
* Services	*	0 New tr 0 Upcon 0 Upcon	raining added ning training this ning test this wee	week ek	Q

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4. Select "View My Applications":

TEMSIS/NHESR	NHFA-EMS Resource Site	Help Desk	Division Website
* ***			Welcome, NB Test 1TestAccountB2 Logout
My Account	Available App	lications	
Applications	Click "View My Application	ns" to view your pers	ionnel applications, or click one of the "View Service Applice. 😋 buttons to view the service licenses you can apply to for that
Review	1 TestAcc	countB2 Jr, NB	Test Middle (35696)
🗢 Training	Issue Date: Expiration	05/26/2019 Date: 05/25/2022	

5. Select Name Change Application from the list of available applications and choose "Service Affiliation Request – From User" – Click "Apply Now":

TEMSIS/NHESR	NHFA-EMS Resource Site Help Desk Division Website
& My Account	Welcome, NB Test 1TestAccountB2 Logout
a my Account	Available Applications
P Applications	Begin a new application, or click one of the links in the left menu to work with an application you have already begun.
Continue	
Review 3	My Applications Service Applications
🗢 Training	1TestAccountB2 Jr, NB Test Middle (35696)
* Services	Expeription Vielocal reclinical Essue Date: 05/26/2019 Expiration Date: 05/25/2022
Q Lookup	Applications Action
	Name Change Application Apply Now Use this application for a name change due to a misspelling or a legal name change due to marriage, divorce, or court order. Apply Now
	EMS Provider - Reprint EMS Provider Card
	Used to reprint your EMS provider card
	Service Affiliation Request - From User
	Use this application to request a new service affiliation.
	Records 1-3 of 3

6. The application form will open automatically. This application is divided into two sections.

Section 1: Your User Profile & Demographics

This section will outline your name, date of birth, and email address. Please make any corrections necessary. Note: if you require a name change, please exit this application and see the Name Change Application before continuing with your Service Affiliation request.

NH FSTEMS RespondNH Please complete any missing information below Section 1: Your User Profile & Demographics First Name: NB Test Middle Name: Middle Last Name: 1TestAccountB2 Suffix: Jr If your name is inaccurate, please exit this application and complete the name change application, before submitting your affiliation request. *Birth Date: 4/8/1983 Today *Email: nbibeauhsem2@gmail.com

Section 2: New Service Information

Use the drop-down box to select the service with which you are requesting an affiliation. If you cannot locate the service, please contact The Division of Fire Standards and Training & EMS at <u>fstems@dos.nh.gov</u> or 603-223-4200.

Select the service you would like to affiliate with and choose "Submit":

Section 2: New Service Information	
*Service you are requesting affiliation with:	
1F - TEST Fire Agency (NHEV-2020-9809	~
By pressing submit, your affilition request will be sent to the service leader(s) for approval. You will be notified when it is approved or denied.	
Submit	

Service leaders from the service you have requested affiliation with will be notified of your request. You will receive an email when the request has been approved or denied.

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Service Leader Approval/Denial of Affiliation Request

Service leaders will receive and email from The Division of Fire Standards and Training & EMS that looks something like this:

. 5 (う ↑ 🔸 🗧 [Action Re	equired] From the NH Fir	e Academy & EMS: 1	NB Test 1TestAccountB2 has f	Requested a Service	e Affiliation	E -		×
File M	lessage 🛛 👰 Tell me what yo	u want to do		(K)	- 0 ·	10		/_	
Delete	Reply Forward All Respond	Catering 0601 Protests To Manager Ouick Steps	Move Move	Assign Policy *	Translate	Zoom Send Zoom OneN	to Report ote Phish ote PhishAlarm	Insights	~
То	noreply@imaget [Action Required] From	trend.com m the NH Fire Acac	lemy & EMS: NI	B Test 1TestAccountB2	has Requested	a Service Af	filiation		^
EXTERNA	.: Do not open attachmen	ts or click on links u	nless you recogni	ize and trust the sender	•				^
Dear Service NB Test 1Te Please login When you l your attenti says: Service	Leader, stAccountB2 Jr has requested to your RespondNH account og into your account, navigate on. Next, navigate to the "See Affiliation Approval/Denial account.	l a service affiliation wi and approve or deny th to the Applications ta vice Affiliation Reques and follow the instructi	th 1F - TEST Fire Ag nis request. b and choose "Revi t - From User - User ons from there.	iency. iew ^a . You will see a numeri r <i>name here</i> " application ar	ic indicator that to nd choose the blu	ells you how ma ie "Start" butto	nny application: n next to the fo	s require form that	
lf you have Thank you,	any questions about this proc	ess, please contact the	: division at <u>fstems(</u>	@dos.nh.gov or by calling (603) 223-4200 ar	Id asking for EM	IS Licensing.		
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This will indicate that a user has requested an affiliation with your service. Please follow the instructions and login to your RespondNH account. If you have never logged in before, please see the guide "Claiming your Account".

Approving or Denying the Request

- 1. Login to RespondNH at https://www.respondnh.org
- 2. As a service leader, any pending application, needing review will appear here:

Documents	For more detail about any item, click the links on the, see or in the left menu.
P Applications	NB Test 1TestAccountB2 Emergency Medical Technician No forms pending
🗢 Training	Issued: 05/26/2019 Expiration: 05/25/2022
Services	
C. Lookup	0 New training added 0 Upcoming training this week
	0 Upcoming test this week

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- 3. Click the link and navigate to "Review Applications"
- 4. Choose the appropriate application and choose "Start" under forms next to: "Service Affiliation Approval/Denial"

My Account					Welcome, NB Test 1TestAccountB2	Logout	
	Review Applications	5					
Applications	The Continue button will be di	splayed for each form that yo	u need to review.				
Continue	You can click the grey header	bar for any application to exp	and or collapse the list of	of forms associated with that	at license. Additionally, you can use the	e filters	
Review 4	and search box at the top of the licenses matching your criteria	ne page to narrow down which a. If you want to view all licens	n licenses are displayed ses again, click Clear.	on this page. After you have	ve entered search criteria, click Go to s	search for	
🗢 Training	Select Application Status	~		٩	CLEAR		
* Services	✓ Service Affiliation Rec	juest - From User - (1TestAd	countB2 Jr, NB Test N	liddle)			
Q Lookup	Status: Submitted - Pe Number: Level(s): Forms: 0 of 1 complete	Status: Submitted - Pending Additional Forms Initiated On: Jun 28, 2021 Number: Issue Date: Level(s): Expiration Date: Forms: 0 of 1 completed Image: Completed					
	Forms						
	Form	Requested	Completed	Action			
	Service Affiliation Approval/	Denial Jun 28, 2021		Start			
				Records 1-1 of 1 First Prev	viousNextLastPage 1 VPer Page	10 🗸	

5. The service affiliation request will open automatically. Review the user and service information for accuracy.

ervice Affiliation Requession Affiliation Ap	jest proval/Denial Form
ervice Leader Affiliation Ap	proval/Denial Form
Section 1: User Re	
	questing Affiliaiton
First Name:	NB Test
Middle Name:	Middle
Last Name:	1TestAccountB2
Suffix:	Jr
Birth Date:	4/8/1983
	With the following service:
Service:	1F - TEST Fire Agency (NHEV-2020-9800)
*Do you approve of the a	affiliation request?
Please choose submit belo	w. Your service roster will NOT be changed and the system will notify the user that the service affilaiton has been denied.
	Middle Name: Last Name: Suffix: Birth Date: Service: "Do you approve of the r Yes • No Please choose submit belo

6. Select the radio button indicating your approval or denial. If you select "No" you are finished with the form, just choose "Submit". If you choose "Yes" Section 2: Employment Details will open:

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✤ Section 2: Emplo	yment Details
*Employment Status:	Select Employment Status
Primary Service:	⊖ Yes
	No If you are adding or updating multiple services on this form, please keep in mind that only one service can be set as the primary service. If you flag multiple services as primary, only the last service listed in the grid that has the Primary flag set as Yes will be marked as the primary service.
Position:	Authorized Representative and EMS License Signer
7. Answer th a. No abo	e first 3 questions: te: The selection of Full-Time employment status will prompt an additional questions out the New Hampshire Group 2 retirement system:
*Will the affiliated use	er be participating in the State of New Hampshire Group 2 Retirement System?
○ No	
Your agency will receiv you have any question	e an email with a Form A attachment; per rule, you will have 15 days to complete and return the Form A from the hire date. If s about this process, please contact the NH Division of Fire Standards and Training & EMS at 603-223-4220.

8. Select the user's primary Job Role and Responsibilities and choose Submit. Your service roster will be updated automatically.

Primary Job Role:	Select Primary Job Role	
Responsibilities:	Patient Care Provider	
	Fire Suppression	

9. The user will be emailed an auto-generated approval/denial email.