

Online Recertification Instructions

1. Log on to:
<https://orphcert.dhs.state.or.us/MyLicense%20Enterprise%20EMS/PersonSearchResults.aspx>
and create an account.
2. Enter your PIN, Certificate Number and SSN into the boxes.

Oregon Department of Human Services
DHS

Welcome to DHS Public Health EMS Online Licensing Services
Licensed User Registration and Login

Use this online licensing service to recertify your license or make other changes.

New Online Users

Enter the **PIN #** and **LICENSE** or **CERTIFICATE NUMBER** as shown on the Renewal Notice and your **SSN**, then click the **SUBMIT** button below - you will be redirected to the New User registration page.

PIN #: License Number: SSN (e.g., 999999999):

*If you **DO NOT** know your PIN#, click [Pin # request page](#) for online request.

Returning On-Line Users

If you have already registered and know your *user id* and *password* click **LOGIN** here.

*If you have forgotten your password please click [here](#).

All information is secure.
To ensure your privacy, all information submitted is encrypted and is protected against third party disclosure.

[Privacy Policy](#) [Emergency Medical Services & Trauma](#) [Contact Us](#)

3. Create your User ID and PASSWORD.
Suggestion: You should write these down and save them in case you have to log back into this site later to complete the process.

Oregon Department of Human Services
DHS

Emergency Medical Services
Online Licensing Site Registration

If you are renewing:

- The fields below will be populated with your personal information from our record.
- Enter required security information (marked with *) below and click the **Register** button.

When filling in information below:

- Fields marked with an asterisk (*) are required.
- If any problems, please [contact](#) your licensing program.

First Name : Janessa
Middle Name : A.
Last Name : Adams

* User ID :

* Password :

* Confirm Password :

Create a new **User ID** by typing it in the box to the left. It can be a mixture of letters and numbers minimum 6 and no longer than 20 characters. Write this ID down and keep it in a safe place.

Create a new **password** by typing it into the box to the left. A password can be a mixture of letters and numbers minimum 6 and no longer than 20 characters. Write your password down and keep it in a safe place. You will need it along with your user id each time you log into the system.

[Privacy Policy](#) [Emergency Medical Service](#) [Contact Us](#)

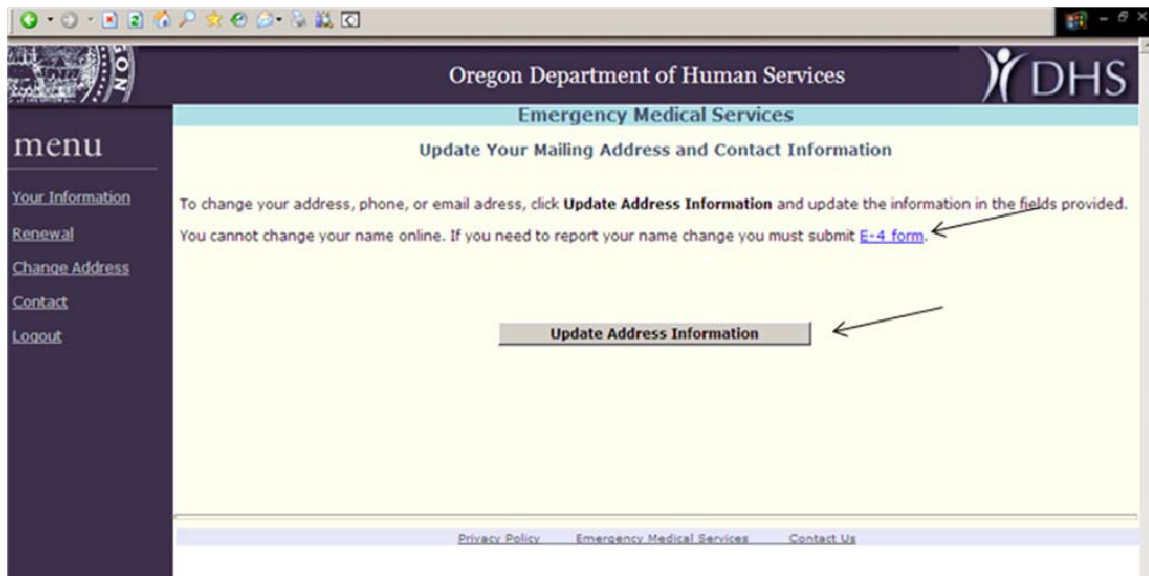
4. **USER ID** and **PASSWORD** enter them below

The screenshot shows the 'Emergency Medical Services Online Licensing Login' page. At the top, it says 'Oregon Department of Human Services' and 'DHS'. Below that, it says 'Emergency Medical Services' and 'Online Licensing Login'. The main content area has the text: 'If you know your **USER ID** and **PASSWORD** enter them below, then click **LOGIN**.' There are two input fields: 'User Id:' and 'Password:'. Below the 'Password:' field is a 'Login' button. A link for 'Forgot your password' is also present. At the bottom, there is a security notice: 'This is a secure site. To ensure your privacy, all information submitted has been encrypted to protect against third party disclosures.' and navigation links for 'Privacy Policy', 'Emergency Medical Services', and 'Contact Us'.

5. Verify your mailing address and contact information. If you need to make any changes, click "Change Address."

The screenshot shows the 'Your Information Page' for the 'Emergency Medical Services' user. The page is titled 'Oregon Department of Human Services' and 'DHS'. Below that, it says 'Emergency Medical Services' and 'Your Information Page'. The main content area is divided into two sections: 'Personal Information' and 'Current Licenses/Certificates'. The 'Personal Information' section displays the following details: Name: Jody shroe, Address: 123 test, City: Portland, County: Washington, State: OR, Zipcode: 97223, Work Phone: Home/Other Phone: Email: The 'Current Licenses/Certificates' section displays the following details: *Number: 130973, Profession: Emergency Medical Services, Type: First Responder, Status: Active, Issued: 4/6/2010, Expires: 6/30/2012. A note below states: '*Refers to your license or certificate number.' At the bottom, there are navigation links for 'Privacy Policy', 'Emergency Medical Services', and 'Contact Us'. A 'menu' sidebar on the left contains links for 'Login', 'Main', 'Contact', 'Renew License', 'Change Address', 'Contact', and 'Logout'. An arrow points to the 'Change Address' link.

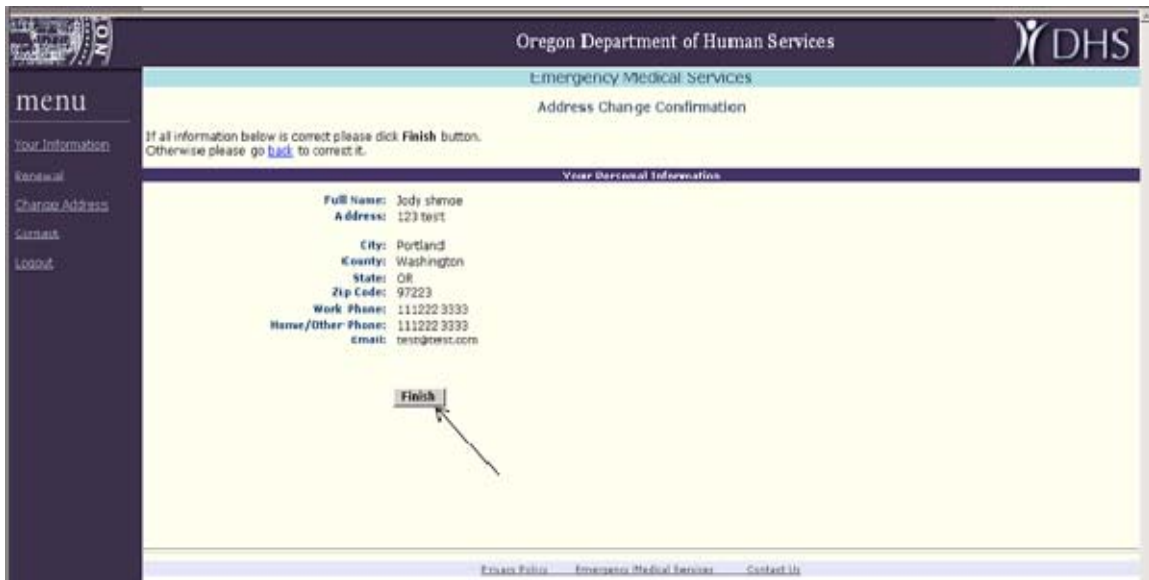
6. You may make address, phone, or email changes by clicking here. If you need to report your name change, click here to submit a [Reportable Actions \(E-4\) form](#).



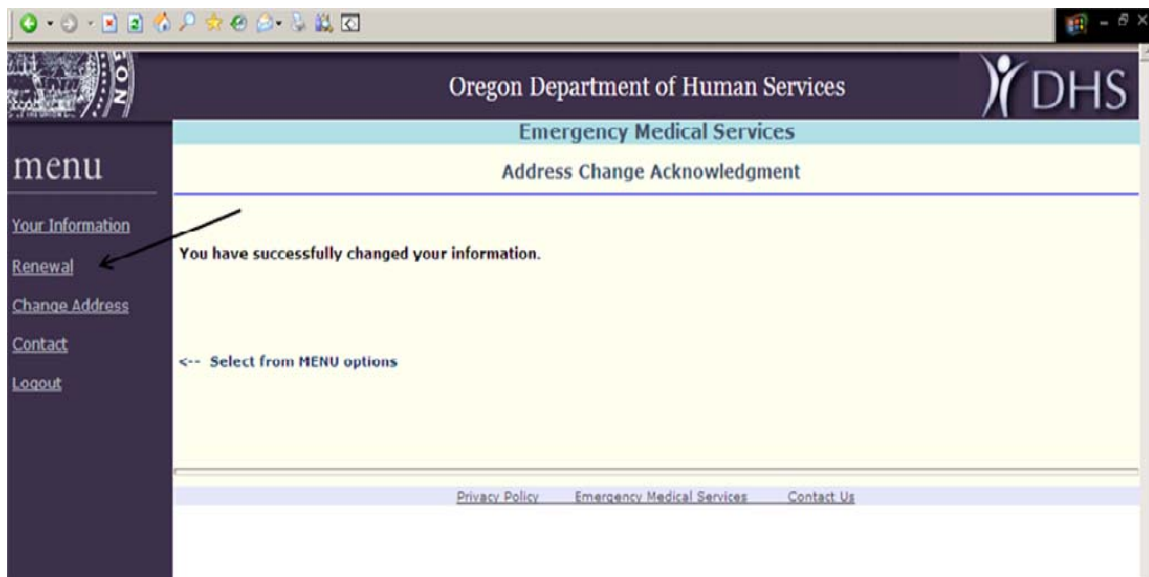
7. Make any necessary changes in the appropriate fields. Click "Update" when you are finished.



8. If your address/contact information is correct, click "Finish" to proceed.



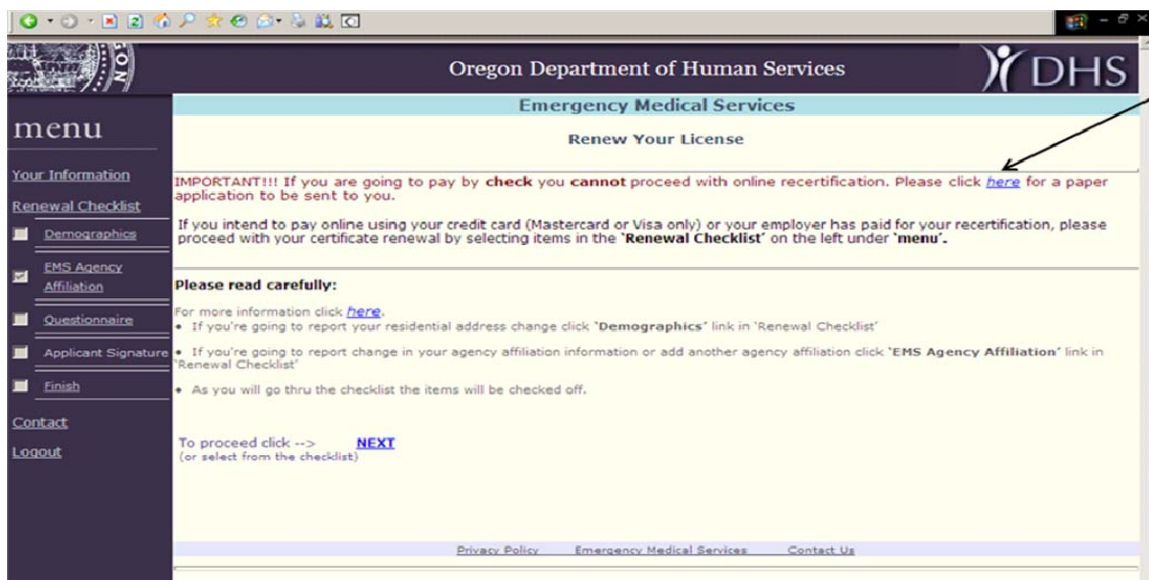
9. To continue on to the renewal process, click “Renewal.”



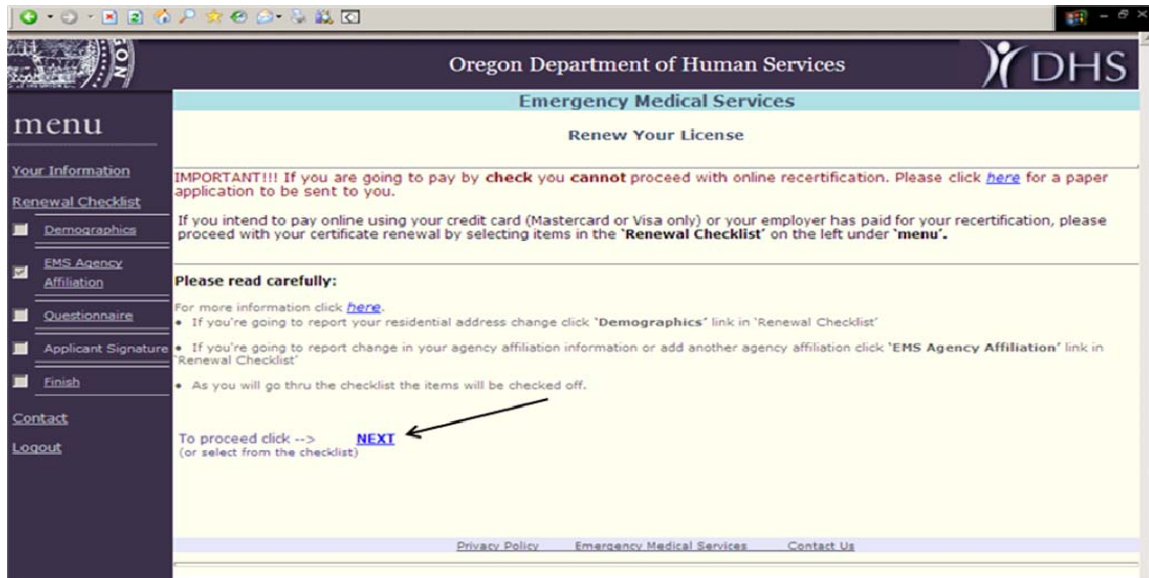
10. Click “Continue” above your EMT certificate information.



11. In order to proceed with your renewal, you will need your Visa or MasterCard. If you do not have access to either of these, or if your employer has not pre-paid for your certificate, please contact our office for future instructions.



12. If you intent to pay online click NEXT.



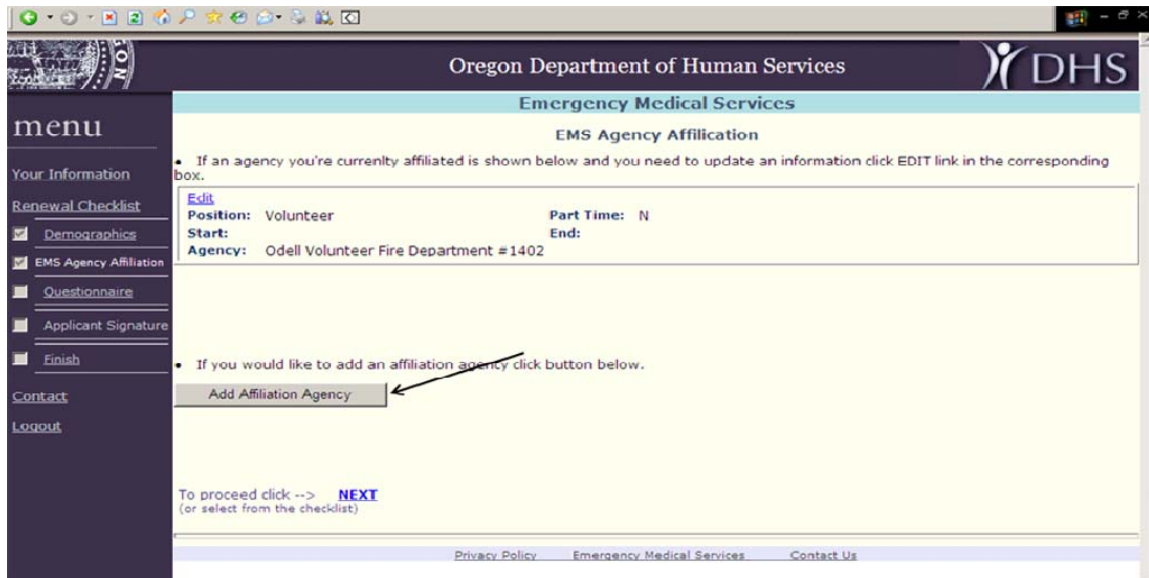
13. If you need to make changes to your residential address, click “Update Address Information” otherwise click “Next.”

NOTE: You cannot change your name online. You must submit a [Reportable Actions \(E-4\) form](#).



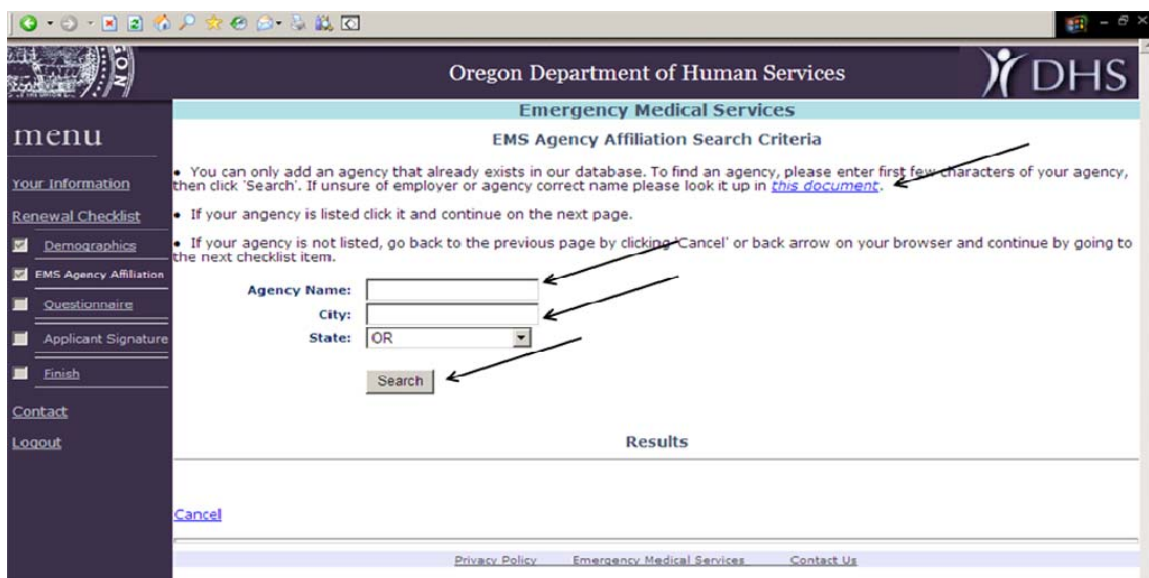
14. If you need to edit any information regarding your affiliation, click “Edit.”

16. Or if you need to add an agency, click “Add Affiliation Agency”.



17. To search for your EMS Agency, type the **FIRST** few letters of your Agency (in Agency Name field) and City name in City Field and click “Search”.

NOTE: If you are **UNSURE** of the Agency name or the search feature does not find it please click “this document” and copy and paste your agency name from the list into the Agency Name field and City name in City Field and click “Search”.



18. Once you find your correct agency, click on it. If you can't find your agency, click "Cancel" or click on the next item of the checklist.

Oregon Department of Human Services
DHS

Emergency Medical Services
EMS Agency Affiliation Search Criteria

- You can only add an agency that already exists in our database. To find an agency, please enter first few characters of your agency, then click 'Search'. If unsure of employer or agency correct name please look it up in [this document](#).
- If your agency is listed click it and continue on the next page.
- If your agency is not listed, go back to the previous page by clicking 'Cancel' or back arrow on your browser and continue by going to the next checklist item.

Agency Name:
 City:
 State:

Results

Employer/Agency Name	Street Address	City	State	Zipcode
City of Portland, EMS #2607	S SE Madison Street	Portland	OR	97214
City of Gresham	20015 NE Sandy Blvd	Portland	OR	97230
City of Portland Risk Management	1120 SW 5th Avenue Rm 709	Portland	OR	972040000
CITY BIBLE CHURCH (PWSID:01267 RemYSNN)	9200 NE FREMONT AVE	PORTLAND	OR	97220
City of Portland	1900 N Interstate Avenue	Portland	OR	97227

[Cancel](#)

[Privacy Policy](#) [Emergency Medical Services](#) [Contact Us](#)

19. Please follow the instructions if you need to make changes to status or start and end dates. If you make any changes, click "Add."

Oregon Department of Human Services
DHS

Emergency Medical Services
EMS Agency Information

Important!!! You need to indicate the type of your affiliation with this agency. Copy one of the following types that match your affiliation and paste it into the **Position** text box.

- primary - paid
- primary - volunteer
- secondary - paid
- secondary - volunteer

- To use calendar feature click on the 'Calendar' link. Select date, then press 'enter', then close calendar. Date (start or end) will be entered in the appropriate window.
- Click "Add" when finished.

Employer:
 Position:
 Part-Time:
 Start: [Calendar](#)
 End: [Calendar](#)

[Cancel](#)

[Privacy Policy](#) [Emergency Medical Services](#) [Contact Us](#)

20. If you have any additional EMS Agency Affiliations to edit, please click "Edit" by the corresponding agency.

Note: If you need to remove any agencies, click “Delete” by the corresponding agency.



Once you are finished making changes, click “Next” which proceed straight to the Personal History Questionnaire, Otherwise, you may access each section of the checklist by clicking “Questionnaire”

21. To answer **EACH** question, click on the down arrow on the “Please Choose” area after each question. Click on “yes” or “no.”

If you answer a questions with a ‘Yes’ response, you must write a written explanation. **DO NOT** press your computer’s ENTER or RETURN key, or it will not allow you to finish writing your response. Just keep writing until your explanation is complete. -OR- you may write your response in a Word Document and cut and paste your response into the box that corresponds with the question.

Oregon Department of Human Services
DHS

Emergency Medical Services
Personal History Questions

IMPORTANT!!! READ CAREFULLY :

- You must answer **all** of the following questions by choosing 'yes' or 'no' from the drop-down box.
- If you answer 'Yes' to any of the questions, you **MUST** provide a complete detailed explanation in the text box right below the 'Yes' / 'No' drop down box.
- Click [here](#) for instruction how to enter your text with an explanation.
- Failure to provide a full and complete explanation will result in a delay of recertification.
- Click 'Submit Answers' button upon completion answering questions.

Since you were last certified...

1. Have you experienced any physical or mental condition that impairs, could impair, or has impaired your ability to perform the duties of First Responder? If you answer yes, explain whether your condition is controlled in the textbox below.
Please Choose [Dropdown]
Explanation 1: [Text Box]
2. Have you or are you using any drug or chemical substance for other than legitimate medical purposes that impairs or has impaired your ability to perform the duties of a First Responder?
Please Choose [Dropdown]
Explanation 2: [Text Box]
3. Have you been counseled about, diagnosed with, or treated for, a dependency on alcohol or drugs?
Please Choose [Dropdown]
Explanation 3: [Text Box]
4. Have you ever been arrested, charged with, or convicted of any misdemeanor or felony? (Minor traffic violations need not be reported.)
Please Choose [Dropdown]
Explanation 4: [Text Box]
5. Has an employer or supervising physician taken disciplinary action against you related to your duties as a first responder? (Discipline includes suspension, letter of reprimand, resignation in lieu of termination, a limitation or restriction of scope of practice or dismissal for cause).
Please Choose [Dropdown]

22. If you answer 'Yes' to question #9, you must click [here](#) to proceed with the fingerprint process. Please print out the page that appears. You will need to submit this page, along with your completed fingerprint card and a check or money order for \$47.25 made payable to DHS-EMS. Follow the instructions on the form and submit the requested items prior to May 1, 2011.

Note: Application will NOT be processed until this step is complete.

4. Have you ever been arrested, charged with, or convicted of any misdemeanor or felony? (Minor traffic violations need not be reported.) Please Choose

Explanation 4:

5. Has an employer or supervising physician taken disciplinary action against you related to your duties as a first responder? (Discipline includes suspension, letter of reprimand, resignation in lieu of termination, a limitation or restriction of scope of practice or dismissal for cause). Please Choose

Explanation 5:

6. Have you been named in lawsuit alleging medical malpractice or misconduct related to providing medical care? Please Choose

Explanation 6:

7. Have you ever been disciplined, denied or revoked by the National Registry of EMTs or any health care certifying/licensing agency? Please Choose

Explanation 7:

8. Have you surrendered or resigned a health care license or certificate? Please Choose

Explanation 8:

9. Have you lived, worked or attended school outside of Oregon for 60 or more consecutive days in the last five years? Please Choose

Important!!! If you answer "Yes" you can continue with your license renewal, but you will need to submit your fingerprints. **Applications will NOT be complete or processed until fingerprints and fees are received.** To process the fingerprinting request click [here](#).

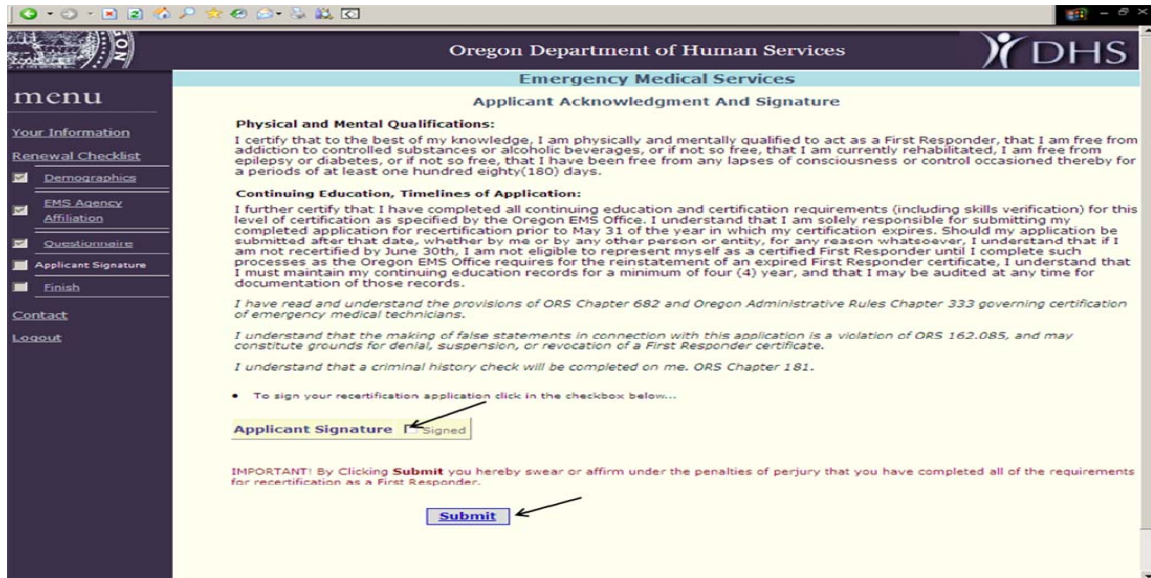
Explanation 9:

IMPORTANT! By Clicking Submit you hereby swear or affirm under the penalties of perjury that you understand and have answered the questions truthfully to the best of your knowledge. (Upon clicking the "Submit Answers" button, a checkmark will appear in the Questions checkbox indicating completion of the item.)

Submit

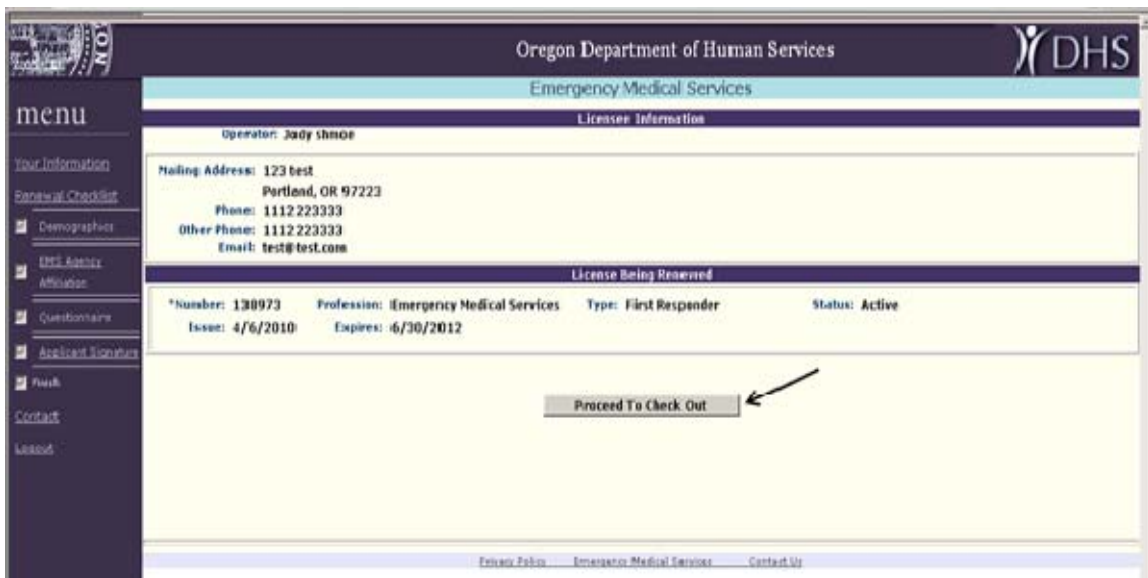
Privacy Policy Emergency Medical Services Contact Us

23. When you have answered all of the personal history questions honestly, click "Submit". By doing this, you are swearing that you have answered the questions truthfully to the best of your knowledge.
24. Read "Applicant Acknowledgement and Signature" section carefully. If you understand and agree to these provisions, click in the box next to "Applicant Signature."

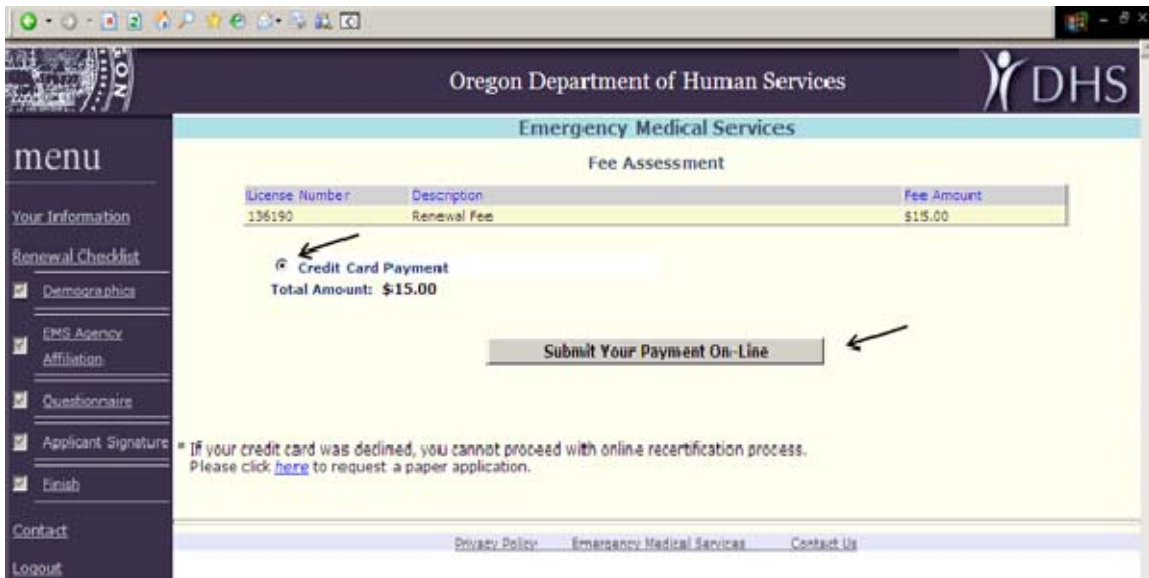


25. If you hereby swear or affirm under the penalties of perjury that you have completed all the requirements for recertification as EMT, click “Submit” to proceed with the process.

26. Review the information regarding your renewal. Once you are ready to continue, click “Proceed to Check Out.”



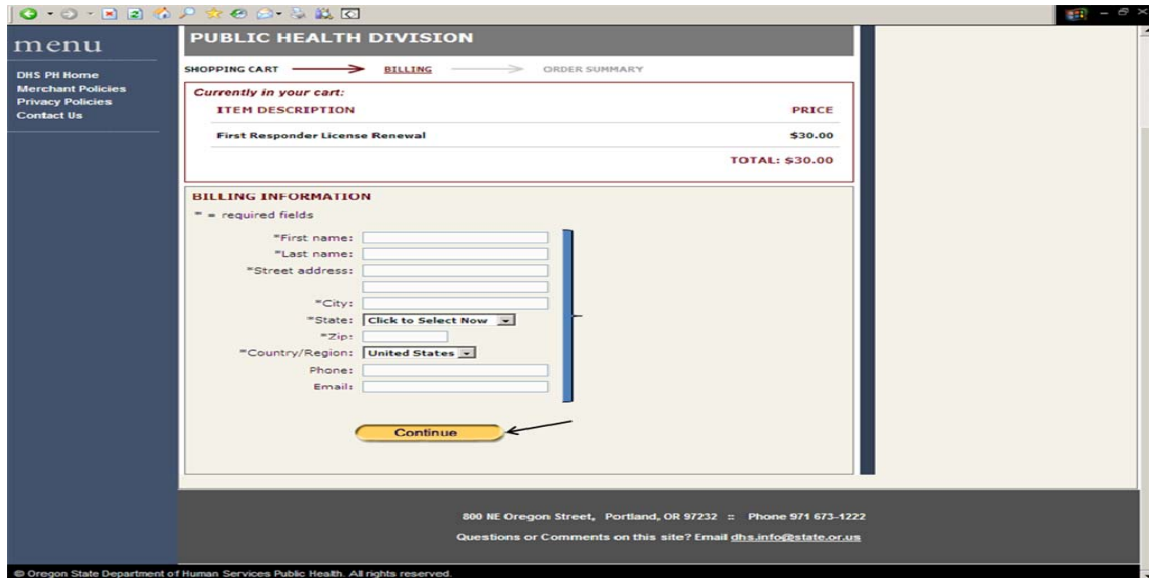
27. Click in the space next to “Credit Card Payment.” And then click “Submit Your Payment On-Line.”



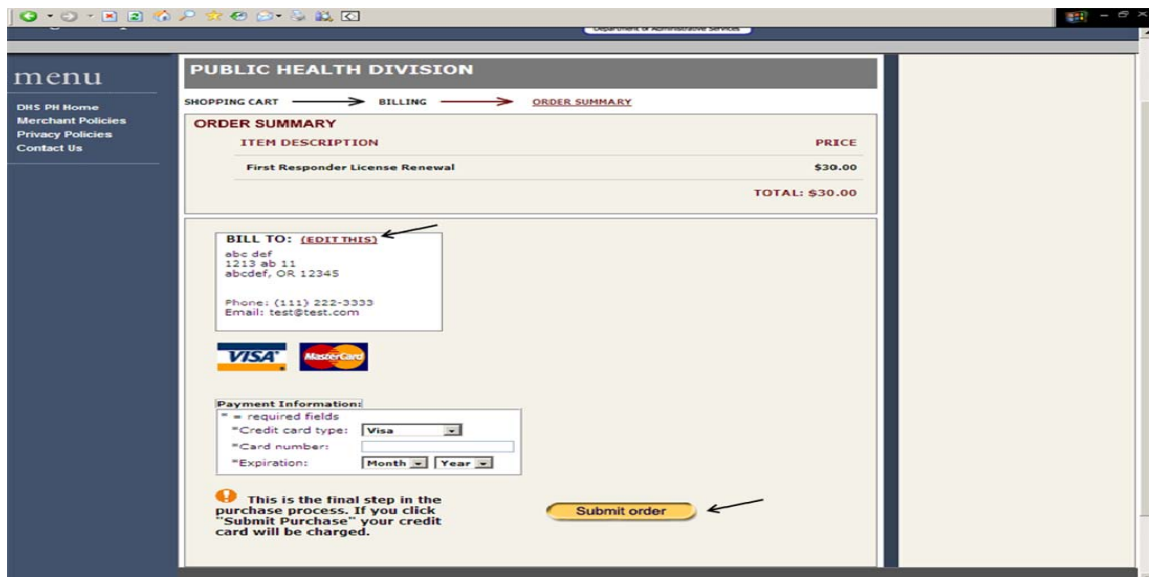
28. Please review the information on this page. If everything is accurate, click "Confirm". If the information is inaccurate, you may return to a previous page by clicking on the back arrow.



29. Review the items in your cart. If the information is accurate, please enter your billing information and click "Continue."



30. If your billing information is inaccurate, you may edit the information by clicking “Edit This.” –OR- If everything is correct, enter your payment information and click “Submit Order.”



31. Take the print out of the receipt of the recertification process for future reference. Which will appear only **ONCE**.

The screenshot shows the Oregon Department of Human Services (DHS) website. The header includes the DHS logo and the text "Oregon Department of Human Services". Below the header, the page title is "Emergency Medical Service" and the subtitle is "License Renewal Payment Receipt". The main content area is yellow and contains the following text:

Payment received - thank you.

Please print this page and retain a copy as proof of payment.

Licensee:	██████████
License Number:	135582
Agency:	Oregon Department of Human Services Public Health Division
Process:	Renew License process
Authorization Code:	344129
Received Amount:	██████████
Received Date:	11/30/2009 3:14:23 PM
Transaction ID:	745
Total Paid:	██████████

Below the receipt information, there are two buttons: "Print" and "Close Window". At the bottom of the main content area, there is a link: "Click [here](#) to renew another certificate."

The footer of the page contains the following links: "Privacy Policy", "Emergency Medical Service", and "Contact Us".

32. If your card declined three times and you are not able to process your payment, contact our office for future instructions.
33. If you required finger prints please continue by sending in payment, Finger print card and document from online instructions in order for your application to be considered complete.