HOW DO I REGISTER FOR AN EXAM

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COURSE COMPLETION & REGISTRATION EMAIL

Students

+ Add Show All

Name	Graded Date	State Exam	Tries	Skill Date	Status
[redacted]	04/20/2018		0	04/20/2018	Passed
	04/23/2018		0	04/23/2018	Passed
5	04/20/2018		0	04/20/2018	Passed
	05/01/2018		0	05/01/2018	Passed
	04/24/2018		0	04/24/2018	Passed
	04/19/2018				
	04/23/2018				
	05/06/2018				
	04/23/2018				

Sun 5/6/2018 7:14 AM

Continuum <noreply_emspic@emspic.org>

EMS Course Completion Notification: 0100043

To continuum-test@emspic.org

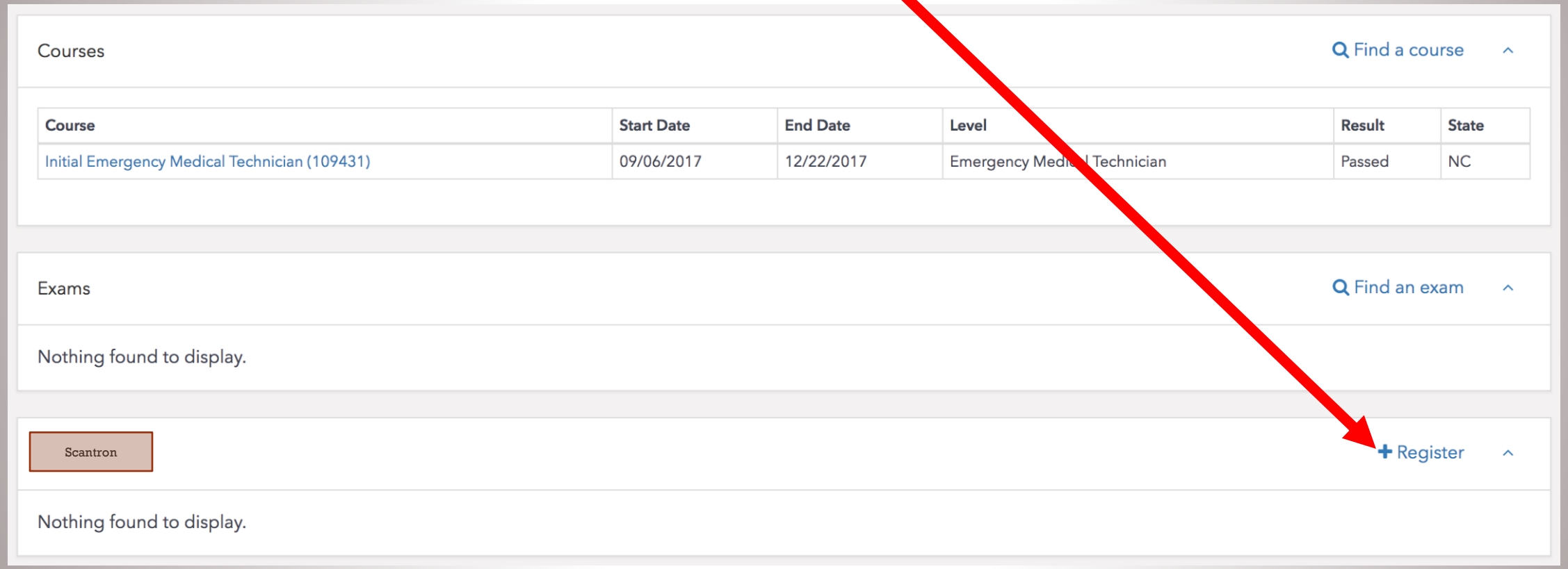
To proceed with scheduling an exam, please use this link to complete the Applicant Statement from your Continuum dashboard.

The EMSPIC Continuum Team

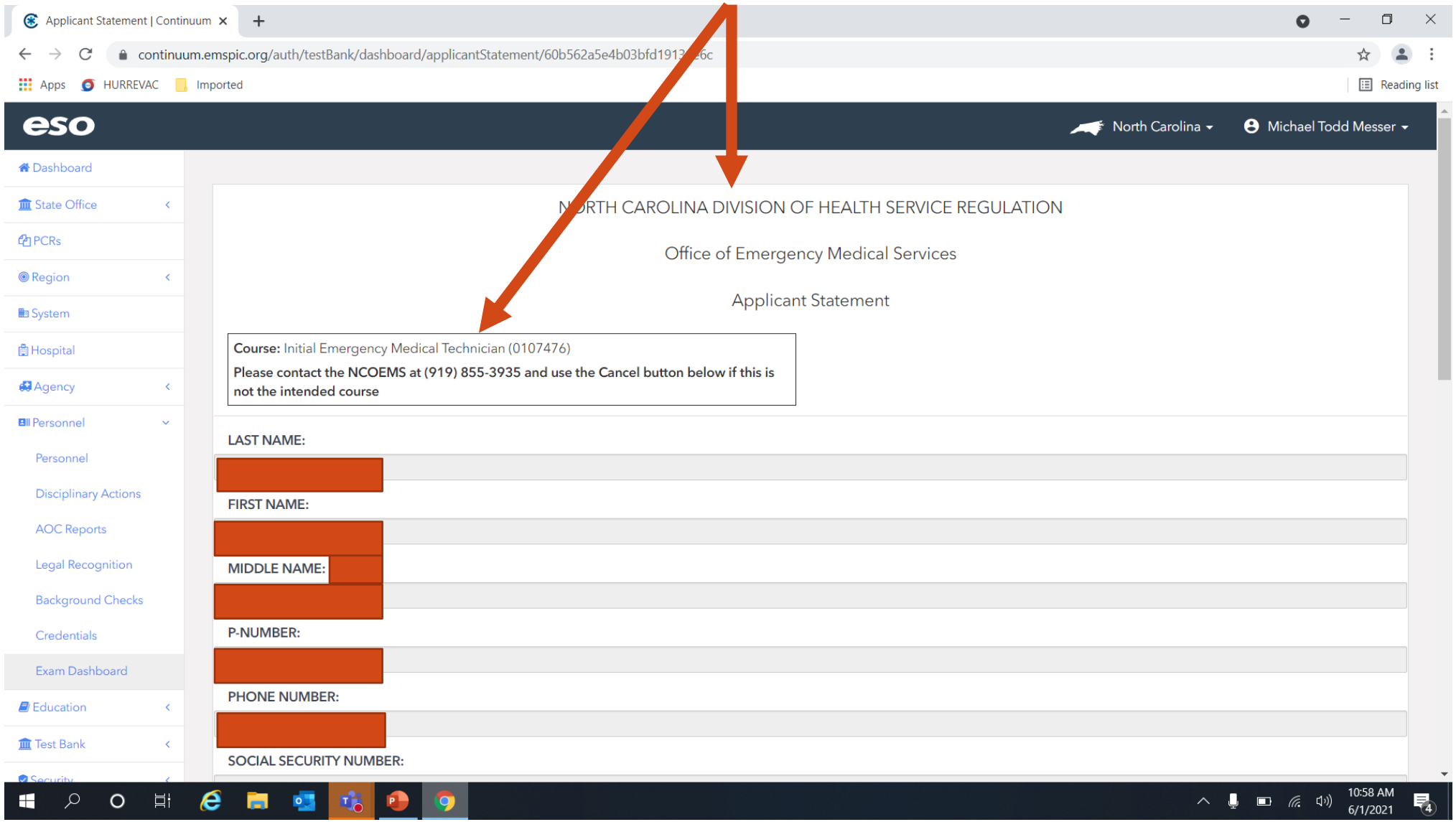
https://testcontinuum.emspic.org

Please do not reply to this email as this email address is not monitored. If you require further assistance, contact the EMSPIC help desk at (919) 843-0201.

NO REGISTRATION EMAIL



APPLICANT STATEMENT



APPLICANT STATEMENT

1.* Have you, under this or any other name, EVER been arrested, charged, convi ed of, pled guilty or no contest to, or received a deferred sentence for a misdemeanor or felony in this or any other state or nation, or while serving in the Armed Force ? If yes, list offenses, including year and verdict, below. Please list all aliases including maiden name used.

- Yes
- No

NOTE: Please be reminded that any citations, arrests, charges, or convictions dealing with isdemeanors or felonies that have been dismissed or are still in a pending status, should be listed on this form.

DATE	OFFENSE	OUTCOME/VERDICT/SENTENCE	UNDER WHAT NAME	Action
Click on the + to add an item.				+

2.* Have you ever been required to complete a criminal records check through t State and National Repositories of Criminal Histories by the North Carolina Office of Emergency Medical Services?

- Yes — When?
- No

3.* Have you EVER been or are you currently the subject of an investigation and/ had any disciplinary action taken against you in connection with the performance of health care-related activities in this or any other state or nation?

- Yes — Credententialing/Licensing Body: — Action Taken:
- No

4.* Do you now or have you resided out of the state of North Carolina any time d ring the past 5 years?

- Yes — Why?
- No

5.* Are you now or have you ever been required to register on the Sex Offender egistry in this or any other state or nation?

- Yes — Where?
- No

I hereby certify that the information provided in this form is true and complete to the best o my knowledge, information and belief. Furthermore, I understand that I am NOT considered as North Carolina credentialed EMS personnel until such time as I have succes ully completed ALL credentialing requirements. I also understand that I am solely responsible to ensure my credentialing/re-credentialing requirements are completed. I fur er understand that if I function as North Carolina credentialed EMS personnel without a valid North Carolina EMS credential, I am in violation of North Carolina Administrative Co d I may be subject to criminal, civil, or other disciplinary action. I authorize investigation of all statements contained herein, and understand that misrepresentation or omission of ts called for is cause for denial of the application for credentialing or revocation of the credential.

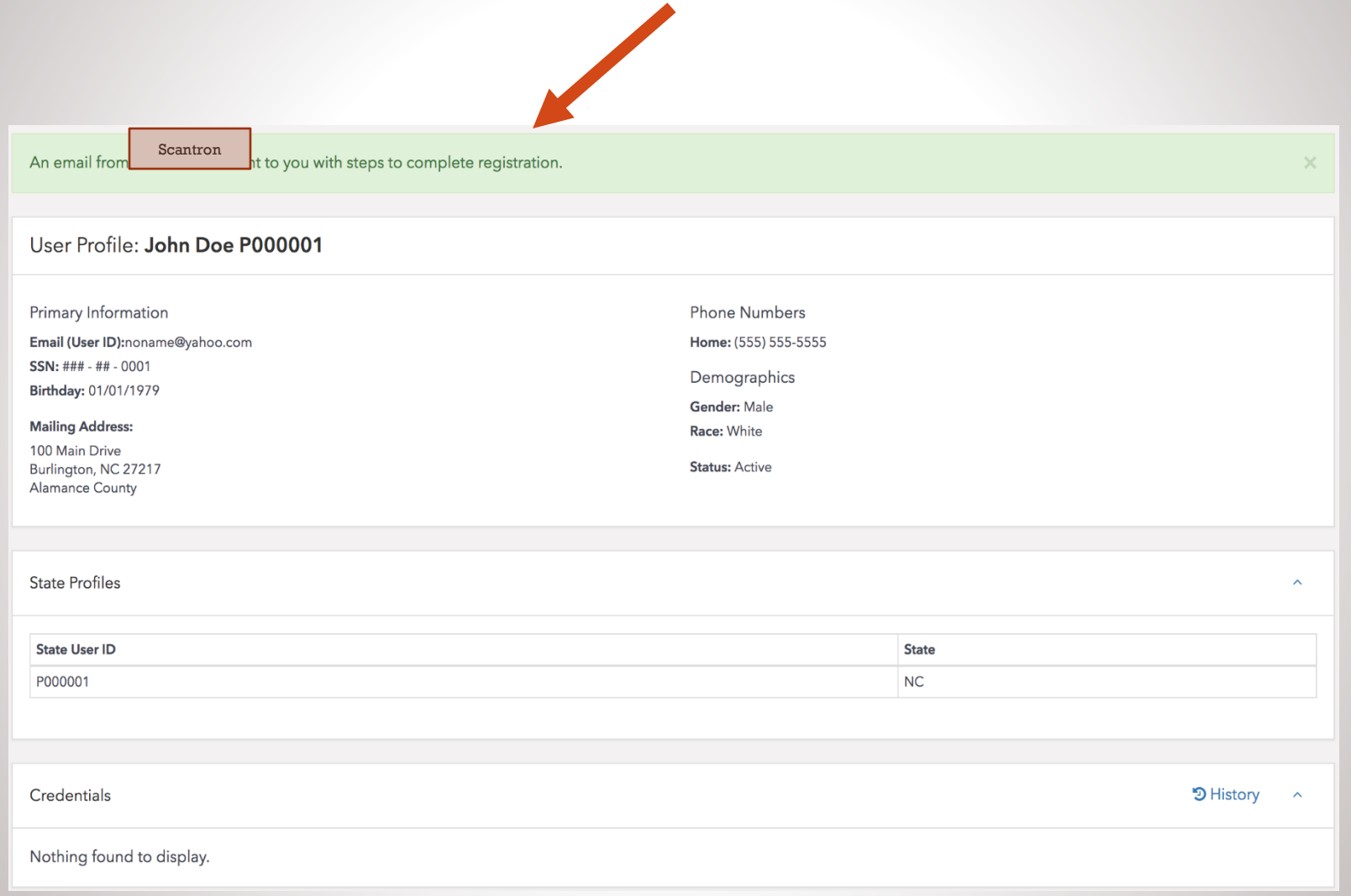
Print Full Name*

Date*

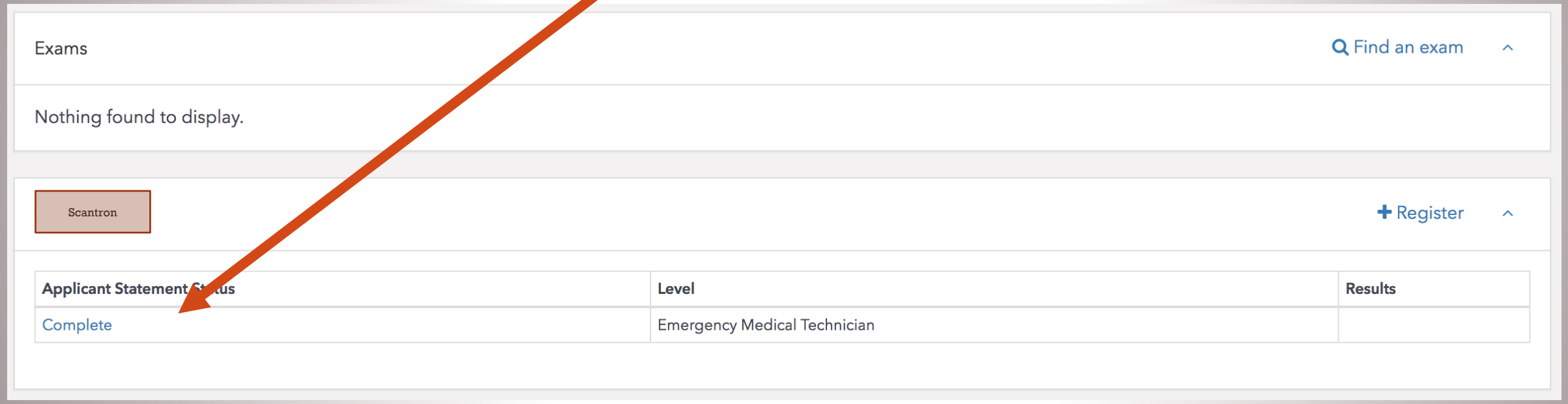
Submit

- **Must be electronically signed**

APPLICANT STATEMENT COMPLETED



APPLICANT STATEMENT COMPLETED



NOTICE TO SCHEDULE

- ONCE APPLICANT STATEMENT IS SUBMITTED
  - Scantron sends the candidate a notice to schedule
  - This email will come from scantron.com or candidatesupportservices@scantron.com
  - Usually received in 10-15 mins
    - If not received
      - Check Junk, Promotions, Spam, and Trash folders
      - Especially for Gmail and Yahoo

- THE NOTICE TO SCHEDULE INCLUDES
  - URL for scheduling system
  - Username and password for logging into the scheduling system

Katrina Simmons

From: candidatesupport@scantron.com
Sent: Tuesday, September 21, 2021 1:08 PM
To: Katrina Simmons
Subject: Notice to Schedule NCOEMS

CAUTION EXTERNAL EMAIL

Notice to Schedule Examination

SCANTRON®
SMART STARTS HERE

Coronavirus Information - For information on rescheduling and site closings click here.
To: Test Katrina
You are now ready to schedule your **Emergency Medical Responder (EMR)** examination. The scheduling website is listed below. Be sure to complete all the information required when scheduling. You will receive confirmation of your examination date and site by email.

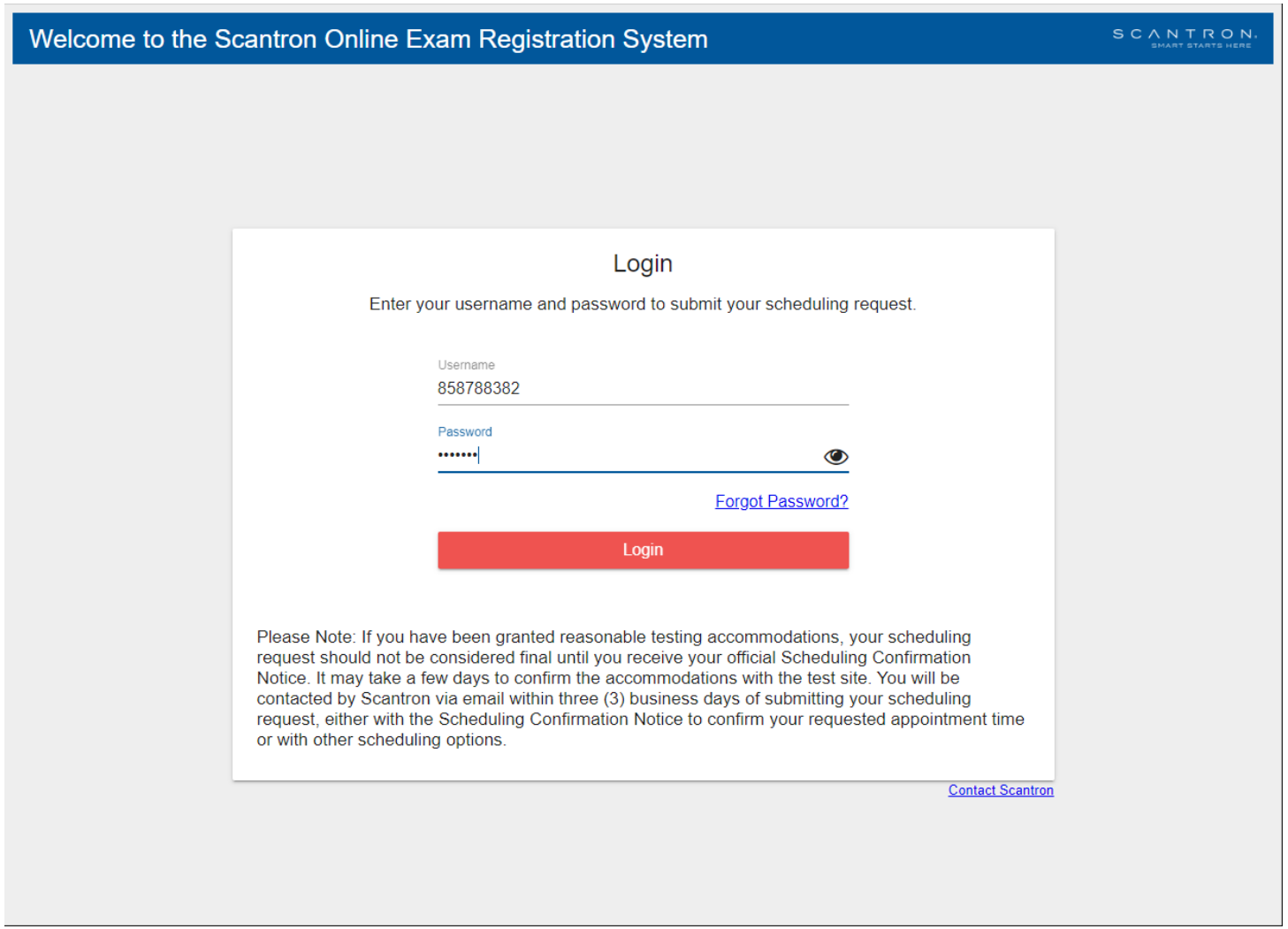
If you have any questions regarding your registration, please contact Scantron at (919) 572-6880.

SCHEDULING WEBSITE

Link: www.scantronassessment.com/registration
Username:
Password:
(Note: The password above is for scheduling only and is not the password needed to access your test(s) at the testing center.)

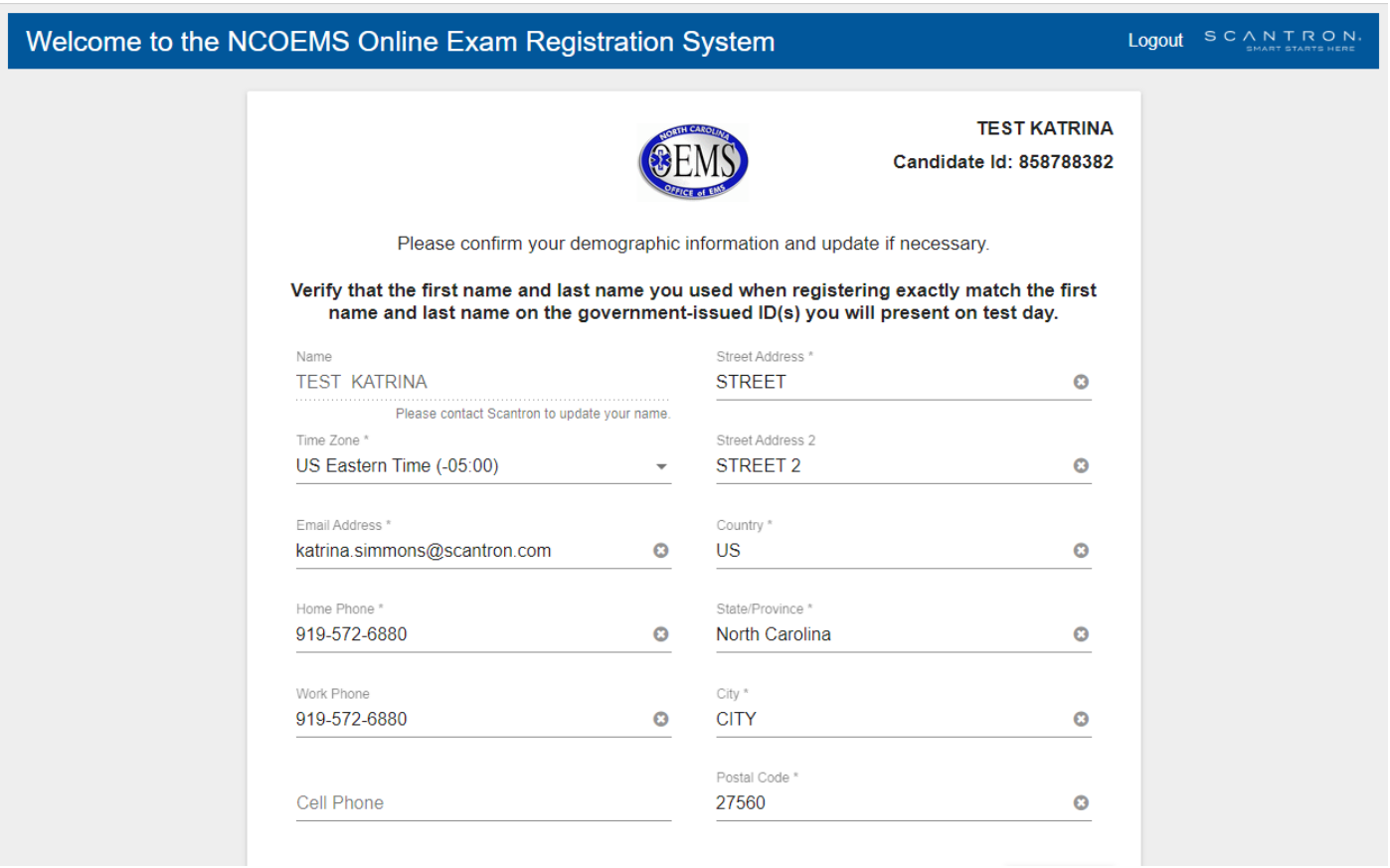
The exam registration fee is $68. The registration fee must be paid online by credit card or voucher while submitting your scheduling request.

You must schedule at least two (2) days prior to the date you wish to test, unless you have been pre-approved for reasonable



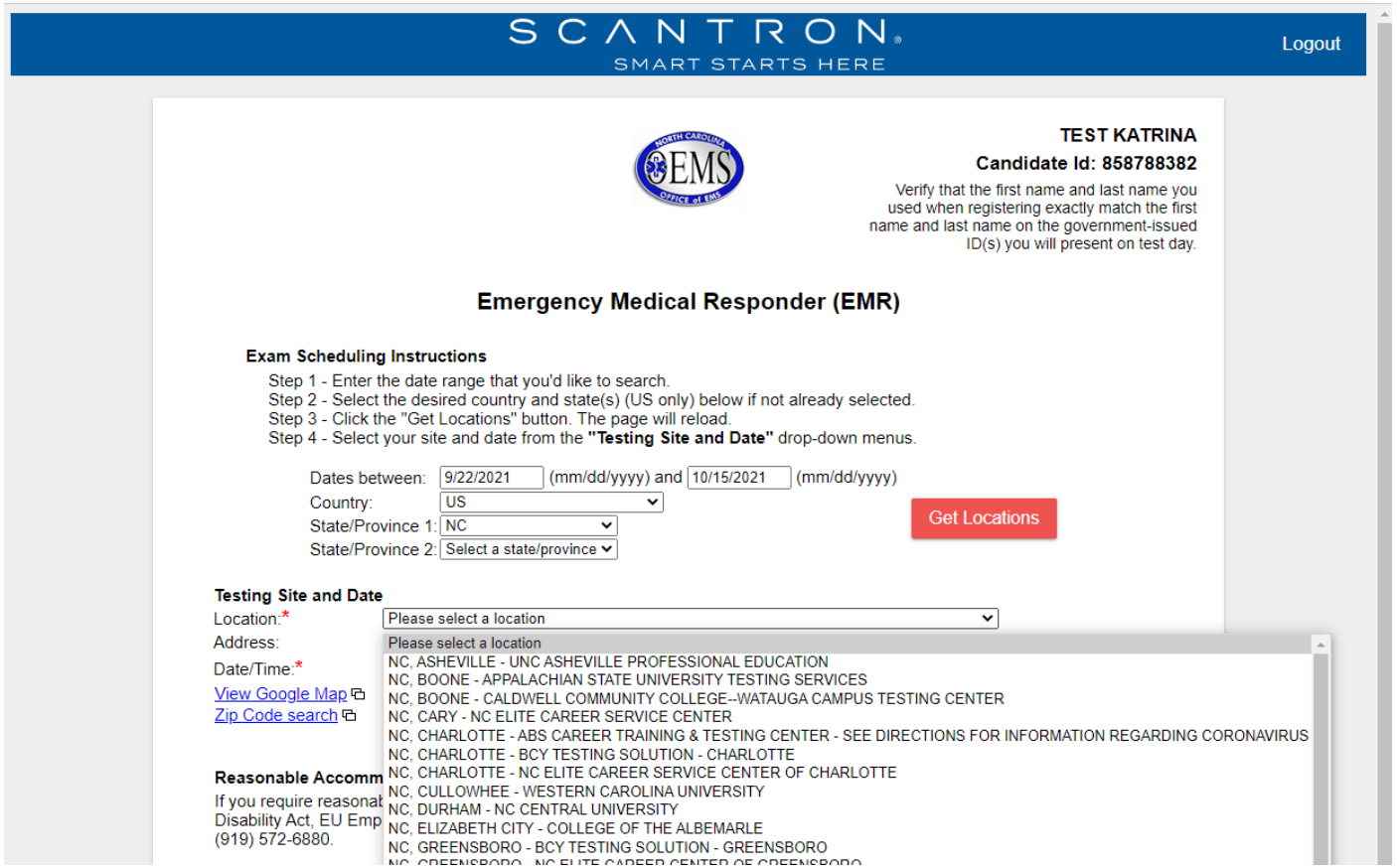
EXAM SCHEDULING

- Candidates can select a Castle test site by geographic location
- All domestic test sites available (not limited to North Carolina)

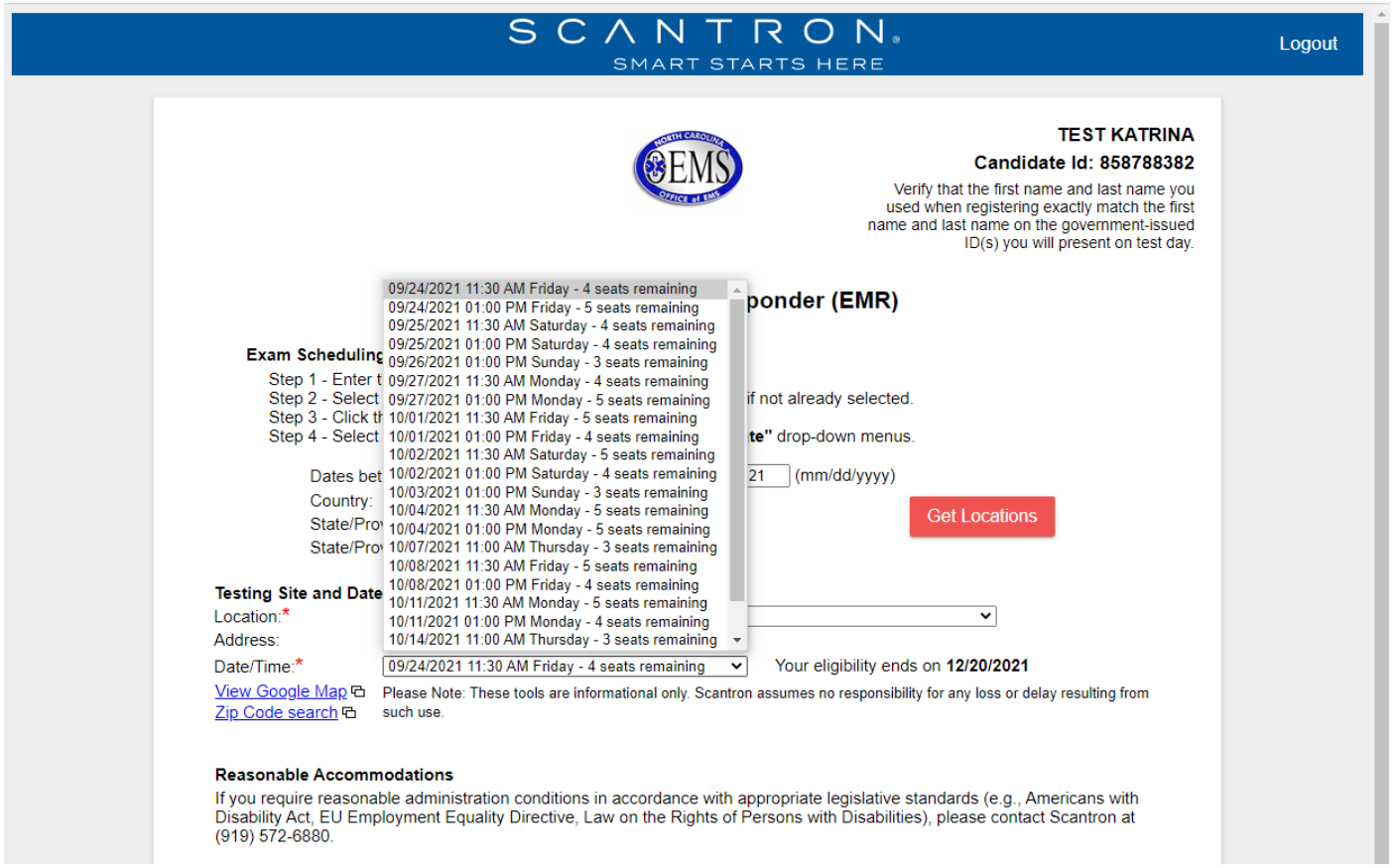


UPDATE INFORMATION

SELECTING STATE DATE/TIME



SELECTING LOCATION



AVAILABLE DATE/TIME SEATS LEFT

SCANTRON
SMART STARTS HERE

Candidate Id:

Emergency Medical Technician (EMT) $68.00

Refund Policy: Partial refunds of examination and practice test fees are given on a case-by-case basis. Cancellation, reschedule and late fees are non-refundable.

Vouchers

Enter Voucher Code for prepaid test:

Submit Voucher | Reset

Credit Card Purchase

Customer ID:
Candidate Name:
E-mail address: Update E-mail
Total Price: $68.00 USD

Name on Credit Card:
Credit Card Number:
Expiration Date: eg. 02/05
Card ID Number: help me find it
Date of transaction: 9/22/2021 3:34:51 PM

Complete Purchase | Reset

Secure Servers

Welcome to the NCOEMS Online Exam Registration System

Logout SCANTRON. SMART STARTS HERE

TEST KATRINA

Candidate Id: 858788382

Your Scheduled Exams

You have 1 scheduled exam(s).

Exam Name	Exam Date	Last Day To Cancel/ Reschedule
Emergency Medical Responder (EMR)	10/6/2021 12:00 PM	10/4/2021

Your exam is on demand and your eligibility ends on **12/20/2021 11:59 PM**. This is the last date you can test.

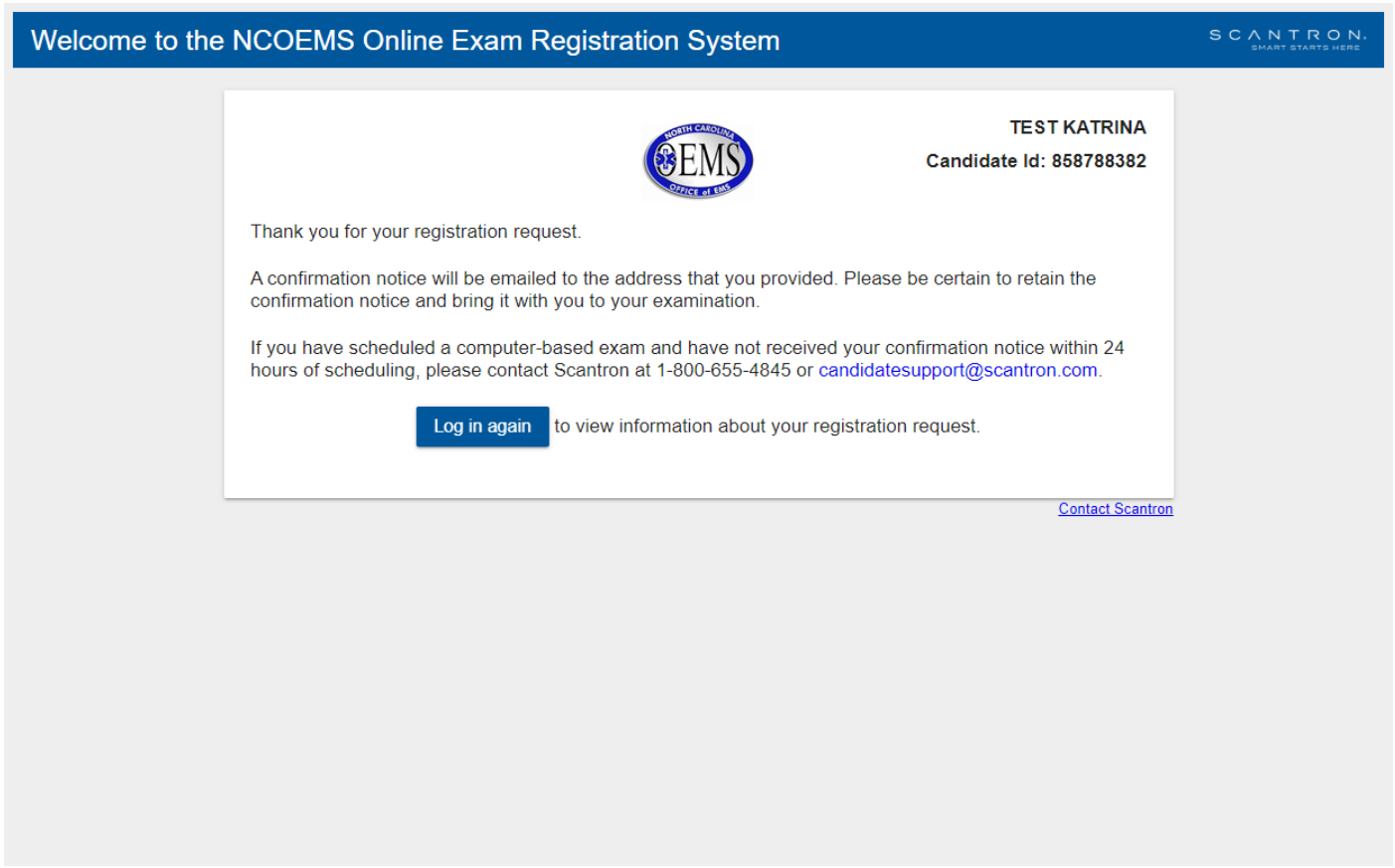
Reschedule your appointment now. Price: **USD $35.00**
You may reschedule up to 2 days in advance of your testing appointment. Please be sure to reference your cancellation/reschedule deadline and the last date that you can test (found above) before rescheduling. Rescheduling requests will not be accepted after the cancellation/reschedule deadline (found above).

Reschedule your appointment later. Price: **USD $35.00**
Please be sure to reference the last date that you can test (found above) before rescheduling.

Cancel and do not reschedule. Price: **USD $35.00**
You may cancel your exam if you do not plan to reschedule. Please keep in mind that you will not be able to reschedule your exam if you select this option. Please be sure to reference your cancellation/reschedule deadline (found above) before canceling. All cancellation requests must be made by this date.

Resend your confirmation email.

Review your candidate handbook and all email communications regarding


Welcome to the NCOEMS Online Exam Registration System
SCANTRON
SMART STARTS HERE
TEST KATRINA
Candidate Id: 858788382
Thank you for your registration request.
A confirmation notice will be emailed to the address that you provided. Please be certain to retain the confirmation notice and bring it with you to your examination.
If you have scheduled a computer-based exam and have not received your confirmation notice within 24 hours of scheduling, please contact Scantron at 1-800-655-4845 or candidatesupport@scantron.com.
Log in again
to view information about your registration request.
Contact Scantron

From: candidatesupport@scantron.com
Sent: Tuesday, September 21, 2021 1:22 PM
To: Katrina Simmons
Subject: North Carolina Office of Emergency Medical Services - Scheduling Confirmation Notice

CAUTION EXTERNAL EMAIL

Scantron Scheduling Confirmation Notice (Admission Ticket)

COVID-19 Information

The COVID-19 situation continues to remain very fluid and, at this time, mask-wearing policies will vary based on different state, city, and test venue policies. Candidates must bring a mask to the test center in case the center requires a mask. Even if the center does not require a mask, you will be permitted to wear one if you prefer. Failure to follow the site policy may result in a dismissal and forfeiture of your exam fee.
For information on rescheduling and site closings click here.

Date: September 21, 2021
To: Test Katrina
From: Scantron

EMAIL CONFIRMATION

- Candidate is sent an email confirmation with testing session details including:
- Date, time, and location of the testing session,
- What is required for the testing session (IDs)
- What is not permitted in the testing room