

NC TERMS

Creating a Profile & Volunteering to Help in TERMS

https://terms.ncem.org/TRS/









CREATING A TERMS ACCOUNT

Start off by heading to the North Carolina TERMS Home Page. Once at the site, click on "Create Account Now".

Tra	NORTH CAROLINA TERMS	System
One account to register for trai	inings, exercises and response activities. Hav	ve an Account? Log In
Trainings & Exercises Register for training courses and exercises.	Announcements TERMS Team Management Update	Training Partner Links Federal Training Partners
 » Calendar » Online Training Response Register to provide services during a disaster or emergency situation. 	While we are in the process of implementing all of the new features of TERMS Team Management, we ask that you not request a credential through the system until we finish building them out. Requested credentials will not be reviewed until the system is updated in the next months and requests may be lost as updates are rolled out. This notice be updated when that piece is complete and we can begin processing credential requests. (Updated 3/22/2019)	- State Training Partners 2-3 will Get Adobe Reader Get Adobe Reader
	2019 Central Branch Training Week Central Branch Training Week is scheduled for August 5-9 at Central Carolina Community College in Sanford. Registration is open in TERM now! Hotel information has been added to each class posting. Downlo the <i>flyer</i> and <i>class grid</i> for more information.	IS ad
	NC Response Partners, Welcome to the new and improved NC Training - Exercise - Response Managem System (NC TERMS). We are excited to roll out significant updates to this vital preparedness and response tool. You will notice an updated look as well as an improved workflow in the new system. The biggest addition is a new Team Management Module where you can now manage your own response profile, volunteer to participate in many of the state response programs, and manage you training and credentials within the TERMS system. In the coming months, additio functionality will be released that will allow team members and managers to communicate as well as roster response resources within the system to respond across the state in times of need.	ur nal
	As this new system comes online, we will be offering additional training to end us	sers







FIRST TIME REGISTRATION

Fill out the required information and click "Continue".

	NORTH CAROLINA TERMS TRAINING · EXERCISE · RESPONSE MANAGEMENT SYSTEM
Training,	Exercise & Response Management System
	First Time Registration
	Please input the required information and press Continue so that we may first check for an existing account.
	*First Name
	John
	*Last Name
	Doe
	*Last 4 SSN
	7892 ×
	Continue Cancel
jov ReadyNC.org	Emergency Management Program's HelpDesk: 919-825-2574 NCEM Email Healthcare Program's HelpDesk: 919-855-3812 OEMS Em
	(EMAP Accredited
	North Carolina Emergency Management

DEPARTMENT OF PUBLIC SAFETY

PERSONAL PROFILE



Fill out the required information on the personal profile page. To get FEMA ICS Courses automatically added to your transcript you MUST add your FEMA SID (Student ID Number). To sync any EMS credential, please also add your OEMS P-Number (if applicable).

У т		AROLINA TERMS RESPONSE MANAGEMENT SYST	
ne My Account Calendar	Document Library Logoff		
ttom of Page			Help 🗿
	-		hoip 💡
rersonal Profil	e		
hn Michael Doe			
Name			
* First Name	oba	Middle Name Michael	
* Last Name	loe	Suffix	
* Certificate Name			
John Michael Doe			
Key Identifiers used for ver	ification		
*Date of Birth	*Last 4 SSN/PIN	OEMS P-Number Federal	Student ID
01/30/1978	4278		
Discipline/Profession			
* Discipline	Law Enforcement	~	
Profession/Position			
Title			
Agency Represented			
	-		





PERSONAL PROFILE (CONT.) A EMERGENCY SERVICES



Fill out the required information on the personal profile page

Address Line 1 229 Venturi Dr Apt/Unit	Home Address						
apt/Unit	Address Line 1	229 Venturi Dr					
Address Line 2 Aly New Bern NC	Apt/Unit						
Zhy New Bem State NC NC Zip Code 28560 Vork Address Address Line 1 1636 Gold Star Dr SuiteUnit address Line 2 City Raleigh Vork City State NC Zip Code Zip Code Zip Code Zip Code City Raleigh Vor Coll Primary Email jehnmichaeldoe@gmail.com Johnichaeldoe@gmail.com Mobile Carrier ATaT Text Message notifications require Mobile Phone and Carrier information Contact Preference Email Voix Phone 910 Star Star Nok Phone 910 Star Star Phone Unit Phone 910 Star Star Phone Unit Phone Star Phone Unit Phone Unit Phone Star Star Voit Phone Star Star Star Star Star Star Star Star Star	Address Line 2						
NC Zip Code 23560 Vork Address Address Line 1 1636 Gold Star Dr Salte 1 1636 Gold Star Dr City Raleigh City Raleigh Other City Stale NC Ontact Information Primary Email Johnnichaeldoe@gmail.com Johnnichaeldoe@gmail.com Mobile Phone 919 870-4652 Ontact Information Contact Preference Email Other Phone Numbers Wohr Phone 910 560-7945 Fax Phone Image Phone 910 Star Phone 910 Star Phone 910	City	New Bern					
Nork Address Address Line 1 1636 Gold Star Dr Sate/Unit	State	NC	~	Zip Code	28560		
Address Address Line 1 Sale/Unit vaddress Line 2 Cily Raleigh Other City State NC * Zip Code 27607 Contact Information Primary Email johnmichaeldoe@gmail.com johnmichaeldoe@gmail.com fotomeremail potmichaeldoe@gmail.com fotomeremail potmichaeldoe							
Address Line 1 1636 Gold Star Dr	Work Address						
Suite/Unit Address Line 2 City Raleigh V T Raleigh V Raleigh V T Raleigh V T Raleigh V T Contact Information Primary Email johnmichaeldoe@gmail.com johnmichaeldoe@gmail.com johnmichaeldoe@gmail.com Johnmichaeldoe@gmail.com Ionfirm Email johnmichaeldoe@gmail.com Robile Phone 919 870-4652 Robile Carrier AT&T Text Message notifications require Mobile Phone and Carrier information Contact Preference Email V Rok Phone 910 560-7945 Fax Phone Home Phone	* Address Line 1	1636 Gold Star Dr					
Address Line 2 City Raleigh Other City Stale NC Zip Code Zfor	Suite/Unit						
City Raleigh ~ Dther City NC ~ Zip Code 27607 State NC ~ Zip Code 27607 Contact Information NC ~ Zip Code 27607 Primary Email johnmichaeldoe@gmail.com johnmichaeldoe@gmail.com johnmichaeldoe@gmail.com Mobile Phone 919 870-4652	Address Line 2						
Other City State NC State NC Contact Information Primary Email Johnmichaeldoe@gmail.com Johnmichaeldoe@gmail.com Confirm Email Johnmichaeldoe@gmail.com Mobile Phone 919 870-4652 Mobile Carrier AT&T Text Message notifications require Mobile Phone and Carrier information Contact Preference Email York Phone 910 560-7945 Fax Phone Home Phone	* City	Raleigh				~	
Stale NC * Zip Code 27607	Other City						
Contact Information Primary Email johnmichaeldoe@gmail.com Confirm Email johnmichaeldoe@gmail.com Mobile Phone 919 870-4652 Mobile Carrier AT&T ~ Text Message notifications require Mobile Phone and Carrier information ~ Contact Preference Email ~ Work Phone 910 560-7945 Fax Phone	* State	NC	~	* Zip Code	27607		
Contact Information Primary Email johnmichaeldoe@gmail.com Confirm Email johnmichaeldoe@gmail.com Mobile Phone 919 870-4652 Mobile Carrier AT&T ~ Text Message notifications require Mobile Phone and Carrier information ~ Contact Preference Email ~ Work Phone 910 560-7945 Fax Phone							
Primary Email johnmichaeldoe@gmail.com Confirm Email johnmichaeldoe@gmail.com Mobile Phone 919 870-4652 Mobile Carrier AT&T Text Message notifications require Mobile Phone and Carrier information Contact Preference Email Work Phone 910 560-7945 Fax Phone Home Phone							
Confirm Email johnmichaeldoe@gmail.com Mobile Phone 919 870-4652 Mobile Carrier AT&T ~ Text Message notifications require Mobile Phone and Carrier information ~ Contact Preference Email ~ Other Phone Numbers 910 560-7945 Work Phone 910 560-7945 Fax Phone	Contact Information						
Mobile Phone 919 870-4652 Mobile Carrier AT&T ~ Text Message notifications require Mobile Phone and Carrier information ~ Contact Preference Email ~ Work Phone 910 560-7945 Fax Phone 910 560-7945 Home Phone 910 560-7945	Contact Information * Primary Email	johnmichaeldoe@g	mail.com				
Mobile Carrier AT&T ~ Text Message notifications require Mobile Phone and Carrier information Contact Preference Email ~ Contact Preference Email ~ Other Phone Numbers Work Phone 910 560-7945	Contact Information * Primary Email * Confirm Email	johnmichaeldoe@g johnmichaeldoe@g	mail.com mail.com				
Text Message notifications require Mobile Phone and Carrier information Text Message notifications require Mobile Phone and Carrier information Email Other Phone Numbers Work Phone 910 560-7945 Fax Phone Home Phone 910 560-7945	Contact Information * Primary Email * Confirm Email Mobile Phone	johnmichaeldoe@g johnmichaeldoe@g 919	mail.com mail.com 870-46	52			
Contact Preference Email ✓ Other Phone Numbers Work Phone 910 560-7945 Fax Phone	Contact Information * Primary Email * Confirm Email Mobile Phone Mobile Carrier	johnmichaeldoe@g johnmichaeldoe@g 919 AT&T	mail.com mail.com 870-46	52			
Other Phone Numbers Work Phone 910 560-7945 Fax Phone	Contact Information * Primary Email * Confirm Email Mobile Phone Mobile Carrier	johnmichaeldoe@g johnmichaeldoe@g 919 AT&T Text Message notifica	mail.com mail.com 870-46: tions require 1	52 Vobile Phone and Can	ier information		
Work Phone 910 560-7945 Fax Phone	Contact Information	johnmichaeldoe@g johnmichaeldoe@g 919 AT&T <i>Text Message notifica</i> Email	mail.com mail.com 870-46: ations require h	52 Vobile Phone and Can	ier information		
Fax Phone Home Phone Compared Com	Contact Information Primary Email Confirm Email Mobile Phone Mobile Carrier Contact Preference Other Phone Numbers	johnmichaeldoe@g johnmichaeldoe@g 919 AT&T <i>Text Message notifica</i> Email	mail.com mail.com 870-46 tions require I	52 Viobile Phone and Can	ier information		
Home Phone	Contact Information	johnmichaeldoe@g johnmichaeldoe@g 919 AT&T <i>Text Message notifica</i> Email 910	mail.com mail.com 870-463 tions require <i>I</i> 560-794	52 Nobile Phone and Can	ier information		
onin 8 Decement	Contact Information	johnmichaeldoe@g johnmichaeldoe@g 919 AT&T <i>Text Message notifica</i> Email 910	mail.com mail.com 870-463 tions require h	52 Vobile Phone and Can	ier information		
Agin & Descuard	Contact Information	johnmichaeldoe@g johnmichaeldoe@g 919 AT&T <i>Text Message notifica</i> Email 910	mail.com mail.com 870-463 ttions require M	52 Wobile Phone and Can	ier information		
	Contact Information	johnmichaeldoe@g johnmichaeldoe@g 919 AT&T <i>Text Message notifica</i> Email 910	mail.com mail.com 870-465 titons require h	52 Wobile Phone and Can 45	ier information	· · · · · · · · · · · · · · · · · · ·	
	Contact Information	johnmichaeldoe@g johnmichaeldoe@g 919 AT&T Text Message notifica Email 910	mail.com mail.com 870-463 tions require h	52 Viobile Phone and Can 45	ier information		
JMD01301978	Contact Information	johnmichaeldoe@g johnmichaeldoe@g 919 AT&T Text Message notifica Email 910	mail.com mail.com 870-463 tions require h	52 Vobile Phone and Can	ier information	· · · · · · · · · · · · · · · · · · ·	





PERSONAL PROFILE (CONT.)



Fill out the required information on the personal profile page. Once finished, click "Save".

910 560-7945 Fax Phone Home Phone Login & Password * Login ID (minimum 8 characters) JMD01301978	
Fax Phone Home Phone Login & Password * Login ID (minimum 8 characters) JMD01301978	
Home Phone Login & Password * Login ID (minimum 8 characters) JMD01301978	
Login & Password * Login ID (minimum 8 characters) JMD01301978	
* Login ID (minimum 8 characters) JMD01301978	
JMD01301978	
* Password * Confirm Password	
# 1 What is the name of your favorite teacher? Response 1 Ms. Evans 	
#2 What is your city of birth?	
# 3 What was your elementary school?	
Notifications	
Notify me of Trainings and Exercises by: NCEM NCOEMS	



Creating and Maintaining a Response Profile







RESPONSE PROFILE



Click on "Response Profile" and answer the consent statements. Once the consent statements have been answered, click "Continue".

	NORTH CAROLINA TERMS
Personal Profile Response Profile Qua	lifications Training History Transcript Logoff
Home / My Account	
Bottom of Page	
Response Profile:	John Michael Doe
* Required Information Missing	
* Team Participation	Team Participation
* Badge	Consent
* Home Address	□ I consent to allow the State of North Carolina to collect, use and maintain my personal information.
* Contact Info	I agree to keep my profile current and up-to-date.
* Deployment Preferences	I consent to allow the state to perform reference and background checks.
* Emergency Contact	Continue Cancel
Driver's License/ID	
Languages	
* Medical	
Skills	
* Occupation	
DEA Registration	
Licenses/Certifications	
Trainings	
Degrees & Other	
	North Carolina Emergency Management





To request membership on a response team, click "Join a Team". Some teams elect to allow for volunteers to request membership through the system. For those teams, you can request to join through the system here. Each program maintains their own membership process and requirements.

	NORTH CAROLINA TERMS NING · EXERCISE · RESPONSE MANAGEMENT SYSTEM
Personal Profile Response Profile Qu	alifications Training History Transcript Logoff
Home / My Account	
Bottom of Page Response Profile:	John Michael Doe
* Required Information Missing Team Participation	Team Participation
* Badge	
+ Home Address	
Contact Info	What response team positions do you feel you are credentialed to fill? The credentials you have on file are listed below. You may select and Request a Credential be added
* Deployment Preferences	to your profile.
* Emergency Contact	Request a Credential
Driver's License/ID	
Languages	Request for Team Membership
* Medical	To request membership on a response team, click the button to Join a Team. Select one or more
Skills	teams and Request Membership. You can check the status of your requests at any time. The Membership Requests & Invitations panel
* Occupation	on this page lists requests made by you and invitations to you for team membership.
DEA Registration	
Licenses/Certifications	Request Team Membership Join a Team
Trainings	
Degrees & Other	✓ Membership Requests & Invitations







Once you have clicked "Join a Team" a dropdown list of programs and teams by Emergency Support Function (ESF) will appear. Teams are organized by ESF throughout TERMS.

	oreachilaionor reann ranaipanon
★ Home Address	What response team positions do you feel you are credentialed to fill?
Contact Info	The credentials you have on file are listed below. You may select and Request a Credential be added
* Deployment Preferences	to your profile.
* Emergency Contact	Request a Credential
Driver's License/ID	
Languages	Request for Team Membership
* Medical	To request membership on a response team, click the button to Join a Team. Select one or more teams and Request Membership.
Skills	You can check the status of your requests at any time The Membership Requests & Invitations panel
* Occupation	on this page lists requests made by you and invitations to you for team membership.
DEA Registration	
Licenses/Certifications	Request Team Membership Join a Team
Trainings	✓ ESF6 - Mass Care and Human Services
Degrees & Other	✓ ESF7 - Logistics
	✓ ESF8 - Public Health and Medical Services
	✓ ESF9 - Search and Rescue
	✓ ESF10 - Hazardous Materials
	✓ ESF11 - Agriculture and Natural Resources
	✓ Membership Requests & Invitations
Top of Page	
ov ReadvNC.org Emergency Manag	nement Program's HelpDesk: 919-825-2574 NCFM Email Healthcare Program's HelpDesk: 919-855-3812
fer - neurgency mana	







Home Address Contact Info Deployment Preferences Emergency Contact Driver's Licensed/D	What response team positions do you feel you are credentialed to fill? The credentials you have on file are listed below. You may select and Request a Credential be added to your profile. Request a Credential
Languages	Request for Team Membership
* Medical Skills * Occupation	To request membership on a response team, click the button to Join a Team. Select one or more teams and Request Membership. You can check the status of your requests at any time The Membership Requests & Invitations panel on this page lists requests made by you and invitations to you for team membership.
DEA Registration Licenses/Certifications	Request Team Membership Join a Team
Trainings	✓ ESF6 - Mass Care and Human Services
Degrees & Other	✓ ESF7 - Logistics
	ESF8 - Public Health and Medical Services
	✓ Ambulance Strike Teams (AST) Program
	✓ Healthcare Preparedness Coalitions
	Medical Reserve Corps (MRC) Program
	NC Division of Public Health Program - Epidemiology
	You Division of Public Health Program - Local Health Departments State Medical Assistance (SMAT) Team II Program
	State Medical Assistance (SMAT) Team III Program
	 Test Program
	✓ ESF9 - Search and Rescue





EMERGENCY SERVICES



Select the team you are requesting to join from the dropdown box and click "Request Membership". This will automatically send your request for review by the team manager(s).

Occupation	Request for Team Membership
DEA Registration	To request membership on a response team, click the button to Join a Team. Select one or more teams and Request Membership.
Licenses/Certifications	You can check the status of your requests at any time The Membership Requests & Invitations panel
Trainings	on this page lists requests made by you and invitations to you for team membership.
Degrees & Other	
	Request Team Membership Join a Team
	✓ ESF6 - Mass Care and Human Services
	← ESF7 - Logistics
	✓ ESF8 - Public Health and Medical Services
	✓ Ambulance Strike Teams (AST) Program
	<u>COVID 19 Medical Response Volunteers</u>
	Select the Response Teams you wish to join. Request Membership
	Medical Provider Personnel (PA-C,NP, MD, DO)
	Medical Staff Personnel (MA, CNA)
	Nursing Staff Personnel (RN, BSN, LPN)
	Prehospital Medical Personnel (EMT, EMT-A, Paramedic)
	 Medical Reserve Corps (MRC) Program







After requesting membership on the selected team(s), your requests will be found underneath "Membership Requests & Invitations". Invitations to join teams can also be found here.

leam Participation	Team Participation
★ Badge	Credentials for Team Participation
+ Home Address	
Contact Info	what response team positions do you feel you are credentialed to fill? The credentials you have on file are listed below. You may select and Request a Credential be added
Deployment Preferences	to your profile.
Emergency Contact	Request a Credential
Driver's License/ID	
anguages	Request for Team Membership
K Medical	To request membership on a response team, click the button to Join a Team. Select one or more
Skills	teams and Request Membership.
Cccupation	on this page lists requests made by you and invitations to you for team membership.
DEA Registration	
icenses/Certifications	Request Team Membership Join a Team
Frainings	
Degrees & Other	<u>Membership Requests & Invitations</u>
	Memberships Requested
	Membership Invitations
	 ✓ Response History
on of Page	







To see your response history, click on "Response History". This will give you the option to print your response history and see the Incident/Mission, Position, and Start-End of each event responded to.

Required Information Missing	
Team Participation	Team Participation
* Badge	Credentials for Team Participation
Home Address	
Contact Info	What response team positions do you feel you are credentialed to fill? The credentials you have on file are listed below. You may select and Request a Credential be added
Deployment Preferences	to your profile.
Emergency Contact	Request a Credential
Driver's License/ID	
anguages	Request for Team Membership
K Medical	To request membership on a response team, click the button to Join a Team. Select one or more
Skille	teams and Request Membership.
Cccupation	You can check the status of your requests at any time The Membership Requests & Invitations panel on this page lists requests made by you and invitations to you for team membership.
DEA Registration	
icenses/Certifications	Request Team Membership Join a Team
Frainings	
Degrees & Other	Membership Requests & Invitations
	✓ <u>Response History</u>
	Print History
	Incident/Mission Position Start-End





RESPONSE PROFILE: BADGE



Under "Badge Photo/Sizing Information" fill out all the required information. Insert a photograph suitable for a badge. Clothing/sizing information will help in ensuring your equipment/uniforms are sized correctly. You must be assigned to a team prior to uploading a photo for a badge and filling out badge information.

Train	NORTH (NING · EXERCISE	CAROLINA - • Response M#	TERMS	T SYSTEM	SERT
Personal Profile Response Profile Qual	ifications Training History	Transcript Logoff			
ome / My Account					
Bottom of Page Response Profile: J	lohn Michael Doe				
* Required Information Missing					
Team Participation	Badge Photo/Sizing Info	ormation			
* Badge					
* Home Address					
Contact Info					
* Deployment Preferences					
* Emergency Contact	Clothing/Sizing Informat	tion ation is needed in order to a	ensure proper sizi	ng of equipment and/or (uniforms.
Driver's License/ID	*Height-Feet	*Height-Inches	Weight	*Hat Size	
Languages	~	~		~]
* Medical	*Pants Waist	*Pants Length	*T-Shirt	*Shoe Size	
Skills	Respirator Size/Type				
* Occupation					
DEA Registration	Save Cancel				
Licenses/Certifications					
Trainings					
Degrees & Other					
T (0					







RESPONSE PROFILE: HOME ADDRESS

Under "Home Address" fill out all required information.

Team Participation	Address	
	Address	
K Badge	Home Address	
K Home Address		
Contact Info	* Address Line 1	229 Venturi Dr
	Apt/Unit	
- Deployment Preferences	Address Line 2	
Emergency Contact	* City	New Bern
Driver's License/ID	* State	North Carolina V
anguages	* Zip Code/Zip+4	28560
K Medical	, Mailing Address	
Skills		
K Occupation		Same as Home Address
	* Address Line 1	229 Venturi Dr
JEA Registration	Apt/Unit	
icenses/Certifications	Address Line 2	
Frainings	* City	New Bern
Degrees & Other	* State	North Carolina V
	* Zip Code/Zip+4	28560
	Save Cancel	



RESPONSE PROFILE: CONTACT INFO



Under "Contact Information for Team Response", fill out all required information. For team management participants, please ensure you add SMS/Text under additional contact number if you want to receive text messages. This applies even if this is the same as your mobile contact number.

Bottom of Page		
Response Profile	: John Michael Doe	
* Required Information Missing		
Team Participation	Contact Information for	or Team Response
* Badge	The contact email and pl	hone numbers that you provide on this page will be used to contact you for
* Home Address	matters related to team information current.	activity and in the event of an incident. It is critical that you keep this
Contact Info	Primary Contact Inform	ation
* Deployment Preferences	* Primary Email	
* Emergency Contact	* Confirm Primary	johnmichaeldoe@gmail.com
Driver's License/ID		Johnmichaeludel@gmail.com
languages	Secondary Email	
* Medical	Confirm Secondary	
	Primary Phone Contact	
SKIIIS	* Contact Type	Cell ~
* Occupation	Phone Number	* Area Code * Phone Number
DEA Registration		919 870-465
Licenses/Certifications		
Trainings	Additional Contact Num	bers
Degrees & Other	Add Number	





RESPONSE PROFILE: CONTACT INFO



To add additional contact numbers, select "Add Number". Then provide all required information. **You must** add an SMS/Text number to receive texts from the system under additional contact numbers.

Contact Info	Primary Contact Inform	mation		
Deployment Preferences	* Primary Email	johnmichaeldo	e@gmail.com	
Emergency Contact	* Confirm Primary	johnmichaeldo	e@gmail.com	
)river's License/ID	Secondary Email			
anguages	Confirm Secondary			
K Medical	Primary Phone Contac			
Skills	* Contact Tupo	, L		
* Occupation	Contact Type	Cell	~	
DEA Registration	Phone Number	* Area Code	* Phone Number	
Licenses/Certifications		919	870-465	
Trainings	Additional Contact Nu	mbers		
earees & Other				
	Save Cancel	Number		
	* Contact Tupo			
	Contact Type		×	
	Phone Number	* Area Code	* Number	
	Save Number Cle	ar		
op of Page				





RESPONSE PROFILE: DEPLOYMENT PREFERENCES A EMERGENCY SERVICES

Under "Deployment Preferences" fill out all required information.

Bottom of Page		
esponse Profile	: John Michael Doe	
required information missing	Deployment Preferences	
* Badge	* Where are you willing to be deployed?	of-State
* Home Address	* How many days are you willing to be deployed?	Days
Contact Info	* How far from your home are you willing to be deployed?	✓ Miles
* Deployment Preferences		
* Emergency Contact	* In the event of a declared national emergency, would you consider volunteering to work under the auspices of the Federal Government?	~
Driver's License/ID	If you select yes, in the event of a national emergency, the information you provide will made available to the Federal Government upon its	
Languages	request.	
* Medical	* Do you hold a valid US passport	
Skills	* Do you have commitments that might	
* Occupation		
DEA Registration	If YES, Describe: (maximum of 250 characters)	
Licenses/Certifications		
Trainings		
Degrees & Other	Save Cancel	





RESPONSE PROFILE: EMERGENCY CONTACT



Personal Profile Response Profile Qualifications Training History Transcript Logoff Home / My Account Bottom of Page Response Profile: John Michael Doe Required Information Missing Team Participation Emergency Contacts Add Emergency Contact * Badge To add an entry, press the button to Add Emergency Contact. Click the hyperlink on a listed Emergency Contact to * Home Address update that entry. **Emergency Contact** Contact Numbers Primary Relation Contact Info * Deployment Preferences ***** Emergency Contact Driver's License/ID Languages * Medical Skills * Occupation **DEA Registration** Licenses/Certifications Trainings Degrees & Other Top of Page NC.gov | ReadyNC.org | Emergency Management Program's HelpDesk: <u>919-825-2574</u> | NCEM Email | Healthcare Program's HelpDesk: <u>919-855-3812</u> | OEMS Email





EMERGENCY SERVICES

RESPONSE PROFILE: EMERGENCY CONTACT



To add an emergency contact, click "Add Emergency Contact". Then complete all required information. Once completed, click "Save". To add multiple contacts, repeat this process.

 Required Information Missing Feam Participation Badge Home Address 	Emergency Contacts To add an entry, press the b update that entry.	Add Emergency Contact	ontact. Click the	hyperlink on a listed Emergency Con	tact to
Contact Info	Emergency Contact	Primary	Relation	Contact Numbers	
Comployment Preferences					
Emergency Contact	Emergency Contact De	etails			
Driver's License/ID		Primary Emergen	cy Contact		
anguages	* Contact Name				
k Medical	* Relation				
Skills					
Cccupation	Address				
DEA Registration	* Contact Number 1	Area Code		Number	
icenses/Certifications	Contact Number 2	Area Code		Number	-
Frainings	Contact Number 3	Area Code		Number	
Degrees & Other					





RESPONSE PROFILE: DRIVER'S LICENSE/ID



Under "Driver's License/ID", fill out all required information.

Team Participation	Driver's License/Stat	te ID
* Badge	* First Name	
- Budge		John
Home Address	Middle Name	
Contact Info	* Last Name	
Deployment Preferences	Last Name	Doe
Emergency Contact	Suffix	
	* Chata	
Driver's License/ID	State	North Carolina 🔹
Languages	* License/ID #	000035482709
Medical		
Skille	* Expiration Date	05/16/2027
SKIIS	Endorsements	Regular License Class A
* Occupation		Regular License Class B
DEA Registration		Regular License Class C
Licenses/Certifications		Commercial Driver's License Class A
Tariainan		Commercial Driver's License Class B
trainings		Commercial Driver's License Class C Codified to transport bazardous materials
Degrees & Other		
	Federal ID/ Real Ac	t iD compliant
	Save Cancel	



RESPONSE PROFILE: LANGUAGE SKILLS



Under "Language Skills" you can view your language skills.

EPARTMENT OF PUBLIC SAFET

TRAI	NORTH CAROLINA TERMS NING · EXERCISE · RESPONSE MANAGEMENT SYSTEM
Personal Profile Response Profile Qua	alifications Training History Transcript Logoff
Home / My Account	
Bottom of Page	
Response Profile:	John Michael Doe
 Required Information Missing Team Participation Badge 	Language Skills Add Language To add an entry, press the button to Add Language. Click the hyperlink on a listed Language to update that entry.
* Home Address	Language Spoken Ability Written Ability
Deployment Preferences Emergency Contact Driver's License/ID Languages	
* Medical	
Skills	
* Occupation	
DEA Registration	
Licenses/Certifications	
Trainings	
Degrees & Other	





RESPONSE PROFILE: LANGUAGE SKILLS

To add a language, click "Add Language". Then complete all required information. Once completed, click "Save". To add multiple languages, repeat this process.

Personal Profile Response Profile Qualifications Training History Transcript Logoff ne / My Account Bottom of Page Response Profile: John Michael Doe	
Bottom of Page	
Bottom of Page	
Response Profile: John Michael Doe	
Response Profile: John Michael Doe	
Required Information Missing	
Team Participation	
k Badge	
To add an entry, press the button to Add Language. Click the hyperlink on a listed Lang	guage to update that entry.
A Home Address Language Spoken Ability Written Ability	
Contact Info	
* Deployment Preferences	
Emergency Contact	
Driver's License/ID	
Languages *Spoken Ability Fluent ~	
* Medical *Written Ability Advanced ~	
Skills	
* Occupation Save Cancel	
DEA Registration	
Licenses/Certifications	
Trainings	
Degrees & Other	
Top of Page	





Under "Medical" fill out all required information. To print you medical report, click "Print Medical Report". By completing/updating your basic medical information, your team manager can provide this information to your medical providers in the event of a medical emergency.

ne / My Account	
Bottom of Page	
Response Profile:	John Michael Doe
* Required Information Missing	
Team Participation	Medical Information 🛛 🖶 Print Medical Report
* Badge	* Are you physically able to participate in field
* Home Address	deployment?
Contact Info	* Do you have health conditions which might prevent you from deployment in a disaster situation?
* Deployment Preferences	If YES, Describe
Emergency Contact	
Driver's License/ID	Max of 400 characters
Languages	American with Disabilities Act
* Medical	* Do you require any reasonable accommodations to perform any disaster related duties?
Skills	If YES, Describe
* Occupation	
DEA Registration	Max of 400 characters
Licenses/Certifications	Allergies (check all that apply)
Trainings	Animals Food
Degrees & Other	□ Insects/Pests □ Latex
	Medicine Other
	For any allergy checked, describe the allergy and your reaction:
	Max of 200 characters







Fill out all required information. The more information you provide, the more information that can be provided to your healthcare team.

Max of 200 characters			
Blood Type	×		
Hepatitis A Vaccine			
Dose #1			
Dose #0	×	YEAR	
Dose #2	~	YEAR	
Hepatitis A Comments			\sim
	Max of 250 characters		
Hepatitis B Vaccine			
Dose #1	×	YEAR	
Dose #2	~	YEAR	
Dose #3	~	YEAR	
Titer	~		
Hepatitis B Comments			$\hat{}$
	Max of 250 characters		
Measles, Mumps, Rubella (MMR)			
Dose #1	~	YEAR	
Dose #2	~	YEAR	
Measles Titer	~	YEAR	
Mumps Titer	~	YEAR	
Rubella Titer	~	YEAR	
Have you ever had a case of Measles, Mumps, Rubella (MMR)?	~		
MMR Comments			$\widehat{}$
	Max of 250 characters		
Inactivated Polio Vaccine (IPV) or Or	al Polio Vaccine (OPV)		







Fill out all required information.

			-
	Max of 250 characters		
Inactivated Polio Vaccine (IPV) or Or	al Polio Vaccine (OPV)		
Dose #1	~	YEAR	
Dose #2	~	YEAR	
Dose #3	~	YEAR	
IPV/OPV Booster	~	YEAR	
IPV/OPV Comments			$\hat{\mathbf{C}}$
	Max of 250 characters		
Pneumococcal Polysaccharide (Pne	umonia Vaccine)		
Dose #1	~	YEAR	
Dose #2	~	YEAR	
Pneumonia Comments			
	Max of 250 characters		
Vaccinia (Smallpox)			
Dose #1	~	YEAR	
Was there a major take response?			
Smallpox Comments			
	Max of 250 characters		
Varicella (chickenpox)			
Dose #1	~	YEAR	
Dose #2		YEAR	
IgG Antibody Titer	~		
Have you ever had a case of Varicella (chickenpox)?	~		
Varicella (chickenpox) Comments			$\hat{}$
	Max of 250 characters		
Inactivated Influenza Vaccine / Live /	Attenuated Influenza Va	ccine (LAIV)	
Vaccine received		~	
Most Desert Dese			







Fill out all required information

	Max of 200 characters			
Tetanus / Diphtheria (Td)				
Most Recent Dose	~	YEAR		
Td Comments			$\hat{}$	
	Max of 250 characters			
Meningococcal Conjugate (MCV4)				
Most Recent Dose	~	YEAR		
MCV4 Comments			$\hat{}$	
	Max of 250 characters			
Meningococcal Polysaccharide (MPS	SV4)			
Dose #1	~	YEAR		
Dose #2	~	YEAR		
MPSV4 Comments			$\hat{}$	
	Max of 250 characters			
Pertussis				
Dose #1	~	YEAR		
Dose #2	~	YEAR		
Dose #3	~	YEAR		
Dose #4	~	YEAR		
Dose #5	~	YEAR		
Pertussis Comments			$\hat{}$	
	Max of 250 characters			
Tuberculosis Testing				
Most Recent PPD	~	YEAR		
Result of PPD	~			
Tuberculosis Comments			$\hat{}$	
	Max of 250 characters			
Other Immunizations	ave received			
List any other initializations that you h	aveneceiveu			







Once you have filled out all of the required information, click "Save".

	List any other infinunizations that you have rece	iveu
	Max of 500 characters	
	Madiaal History (abcak all that apply)	
		Acthma
	Chronic respiratory disease	Myocardial infarction
	□ Other cardiac disease	Other relevant medical condition
	Phobias to Animals	Phobias to Confined Spaces
	Phobias to Darkness	Phobias to Light
	Severe angina pectoris	Severe musculoskeletal disease
	Severe obesity	Skin: open sores, rash, sunburn
	Spontaneous pneumothorax	Symptoms of fever, N/V/D, cough
	Uncontrolled hypertension	
	Describe any Medical History options that have	heen checked
	Max of 500 characters	
	Current Medications	
	Max of 500 characters	
	Save Cancel	
Top of Page		
v ReadyNC.org Emergency Ma	nagement Program's HelpDesk: 919-825-2574 I N	ICFM Fmail Healthcare Program's HelpDesk: 919.855.3812 (
i interdepitolong Entergency ma	The second state of the se	The second





RESPONSE PROFILE: SKILLS



Under "Skills", select all skills that are applicable to you. Once finished, click "Save".







NC.gov | ReadyNC.org | Emergency Management Program's HelpDesk: 919-825-2574 | NCEM Email | Healthcare Program's HelpDesk: 919-855-3812 | OEMS Email





Under "Occupations" you can view your entered occupations. You must provide at least 1 occupation. For students or retirees, select your area of work and your status. "Retired" is an example of a status.









To add an occupation, click "Add Entry". Then fill out the required information. Once completed, select "Continue". "Professional Status" is where you can list active, retired, student, etc.

and the second s			WEICY REP
ersonal Profile Response Profile G	Qualifications Training History Transci	ipt Logoff	
e / My Account			
Bottom of Page			
Response Profile	John Michael Doe		
* Required Information Missing			
Team Participation			
* Badge			
* Home Address	Your Primary Occupation is r	equired!	
Contact Info	To add an entry, press the buttor entry.	to Add Entry. Click the hyperlink on a listed Occup	ation to update that
de Dana de la contractoria de Dana de Dana de Contractoria de la contr	Occupation	Facility	
Emergency Contact			
Driver's License/ID			
Languages	* Type of Occupation		~
Medical	* Occupation		~
Skills	* Current Professional Status	Castinus	Canad
* Occupation			Calicer
DEA Registration			
Licenses/Certifications			
Trainings			
Degrees & Other			
Top of Page			
	anagement Drogram's Usie Dask. 040.021	2774 NCEM Empil Usethasse Descent of the D	ak 040 955 2942 OFMC
V ReadyNC.org Emergency M	anagement Program's helpDesk: <u>919-82;</u>	<u>-2314</u> NCEW Email Healthcare Program's HelpDe	SK. <u>313-000-0012</u> UEMS





After you click "Continue", another information area will appear. Fill out all required information. Once completed, click "Save". Please enter schedule type, shift if applicable, and estimated hourly pay. This will aid in calculating personnel costs for teams deployed during disasters.

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
DEA Registration			
Licenses/Certifications			
Trainings	Employment Details		
Degrees & Other	☑ This is my Primary Occupation		
	* Facility		
	* Address 1		
	Address 2		
	* City		
	* State	Zip Code	
	* Position		
	Employee Number		
	Shift & Rate Information	* Work Schedule * Shift * Hourly Rate	2
		· · · · · · · · · · · · · · · · · · ·	
		Fringe Rate Estimated Da	aily Rate
	Employment Verification		
	* Supervisor		
	* Supervisor Email		
	* Verification Phone Number		
	Save Cancel		
Top of Page			
jov ReadyNC.org Em <u>ergency</u>	Management Program's HelpDesk: <u>919-825-25</u>	574 NCEM Email Healthcare Program's <u>HelpDesk: 919-</u>	<u>855-3812</u>
	SREDIV	88.068*	







Once saved, your occupation should appear. To add another occupation, repeat the processes from the previous slides.

TRA	NORTH CAROLII	NA TERMS SE MANAGEMENT SYSTEM	SE
Personal Profile Response Profile Qu	ualifications Training History Transcript Logof	Ť	
ne / My Account			
Bottom of Page			
Response Profile:	John Michael Doe		
* Required Information Missing			
Team Participation	Occupations Add Entry		
* Badge	Your Primary Occupation is required!		
* Home Address	To add an entry, press the button to Add Er	ntry. Click the hyperlink on a listed Occupation to u	update that
Contact Info	entry.		
* Deployment Preferences	Occupation	Facility	
Emergency Contact	Rescue Squad Worker	NCJFQ	Î
Driver's License/ID			
Languages			
Medical			
Skills			
Occupation			
DEA Registration			
Licenses/Certifications			
Trainings			
Degrees & Other			





RESPONSE PROFILE: DEA REGISTRATION



Under "DEA Registration", fill out all required information if applicable. Then click "Save". For medical providers with DEA registrations, team managers can validate your DEA registration by entering the data from your DEA registration.

Home / My Account	
Bottom of Page	
Response Profile: J	lohn Michael Doe
de Dominal Information Mission	
Team Participation	DEA Registration
* Badge	* Do you currently have a DEA Registration?
* Home Address	
Contact Info	Registration
* Deployment Preferences	Name on Registration
Emergency Contact	For an Individual registration, enter Last Name only.
Driver's License/ID	
Languages	
Medical	Have you ever involuntarily surrendered or had a federal controlled substance registration revoked, suspended, restricted, or denied?
Skills	
Occupation	Verification Status: Last Attempt:
DEA Registration	Registration Expiration
Licenses/Certifications	
Degraes & Other	Save Cancel
Degrees & Other	
Top of Page	
C.gov ReadyNC.org Emergency Mana	gement Program's HelpDesk: <u>919-825-2574</u> NCEM Email <u>Healthcare Program's HelpDesk: 919-855-3812 OEMS Email</u>







Under "Licenses/Certifications" you will be able to upload various licenses/certifications.

	NORTH CAROLINA TERMS	RT
Personal Profile Response Profile Q	ualifications Training History Transcript Logoff	
me / My Account		
Bottom of Page		
Response Profile	John Michael Doe	
* Required Information Missing		
Team Participation	Team Participation	
* Badge	Credentials for Team Participation	
* Home Address	What response team positions do you feel you are credentialed to fill?	
Contact Info	The credentials you have on file are listed below. You may select and Request a Credential be added	
* Deployment Preferences	to your profile.	
* Emergency Contact	Request a Credential	
Driver's License/ID		
Languages	Request for Team Membership	
* Medical	To request membership on a response team, click the button to Join a Team. Select one or more	
Skills	You can check the status of your requests at any time. The Membership Requests & Invitations panel	
* Occupation	on this page lists requests made by you and invitations to you for team membership.	
DEA Registration		
Licenses/Certifications	Request Team Membership Join a Team	
Trainings		
Degrees & Other	Membership Requests & Invitations	
	North Carolina Emergency Management	_





After selecting "Licenses/Certifications", this screen will appear. To add or register a License/Certification, click "License, Certification, Registration". License or certification must be in the system to add it. If there are licenses or certification you need to add, please contact the helpdesk to have it added to the system.

		TH CAROLIN		System	SERT
Personal Profile Resp	onse Profile Qualifications Training	History Transcript Logoff			
Home / My Account					
Participa	nt Qualifications ar	nd Credentials			
Qualifications 8	Credentials Currently on File f	or: John Michael Doe	has Name		Franka
Item	Description	Sta	tus Numbe	Effective	Expiration
Back					
Requests to Ad You may request t will be added to yo License, Certificat	Id Items to Transcript to add a License, Certification, Regis our transcript. You may withdraw a re tion, Registration	tration or Credential to your equest if it has a status of Re Reques	transcript. If your reque equested. t a Credential	st is approved, the	requested item
Item Type	Item Description	Requested	Request Status	Stati	us Date
Top of Page					
NC.gov ReadyNC.org	Emergency Management Program's H	lelpDesk: <u>919-825-2574</u> N(CEM Email Healthcare Pr	ogram's HelpDesk: <u>9</u>	<u>19-855-3812</u> OEMS
	North Card	olina Emergency	Management		



After clicking "License, Certification, Registration", this screen will appear. Fill out and upload all required information. Then click "Save". To add another License, Certification, or Registration, repeat this process.

	/2019			
Name as Listed on Licens	se, Certification or Registration			
* First Name	John	Middle	Michael	
* Last Name	Doe	Suffix		
Item Details				
* Type of Item				~
* Select				~
Awarded By				
Number		Issuing State	~	
Issue Date	MM/DD/YYYY	Expiration Date	MM/DD/YYYY	

To request a credential be added to the TERMS system, select "Request a Credential". This allows users to request a credential is the system. For the purpose of the TERMS Team Management System a credential equals a position on a team. Some credentials may be added/managed manually, however if your program chooses to utilize it end users can request credentials within their program or credentials that are turned on for requests through the system.

EMERGENCY SERVICES

	NOR TRAINING · EXEF	TH CAROLIN	A TERMS Managemen	T SYSTEM	SERT
Personal Profile Res	ponse Profile Qualifications Training	History Transcript Logoff			
Home / My Account					
Participa	nt Qualifications a	nd Credentials			
Qualifications	& Credentials Currently on File	for: John Michael Doe			
Item	Description	Stat	us Numt	per Effective	Expiration
Back	dd Itama ta Transariat				
Kequests to A	ad liems to Transcript	stration or Credential to your	transcript If your requ	uset is approved the	requested item
will be added to y	your transcript. You may withdraw a	request if it has a status of Re	quested.	iest is approved, the	requested item
License, Certifica	ation, Registration	Request	a Credential		
Item Type	Item Description	Requested	Request Status	Stati	us Date
Top of Page					
NC.gov ReadyNC.org	Emergency Management Program's	HelpDesk: <u>919-825-2574</u> NC	EM Email Healthcare	Program's HelpDesk: <u>91</u>	19-855-3812 OEMS Email



After selecting "Request a Credential", this screen will appear. Fill out and upload all required information and click "Submit Request". To ad another request, repeat this process.

TRAI	NORTH CAROLINA TERMS NING · EXERCISE · RESPONSE MANAGEMENT SYSTEM	
Bottom of Page		
Request for Cred	ential	
John Michael Doe		
Date of Request: 07/05/2019	Status of Request:	
* Credential	Selection list will populate as you type in the full or partial credential	
Comments		
Documentation	Browse	
Uploaded Documents		
Submit Request Cancel Ba		
Top of Pa		
C.gov ReadyNC.org Emergency Mar	agement Program's HelpDesk: <u>919-825-2574</u> NCEM Email Healthcare Program's HelpDesk: <u>919-855-3812</u> OEMS Emai	1









To request a credential be added for Team Participation, click "Request a Credential". Some credentials are managed directly by a response program or are limited to a response program. Through this utility you can only request credentials for programs that you are a member of and is setup for individual requests. A credential is equal to a position on a response team.

TRAIN	NORTH CAROLINA TERMS
Personal Profile Response Profile Quali	fications Training History Transcript Logoff
Home / My Account	
Bottom of Page	
Response Prome: J	ohn Michael Doe
* Required Information Missing	
Team Participation	Team Participation
* Badge	Credentials for Team Participation
* Home Address	What response toom positions do you feel you are createntialed to fill?
Contact Info	The credentials you have on file are listed below. You may select and Request a Credential be added
* Deployment Preferences	to your profile.
* Emergency Contact	Request a Credential
Driver's License/ID	
Languages	Request for Team Membership
* Medical	To request membership on a response team, click the button to Join a Team. Select one or more teams and Request Membership.
Skills	You can check the status of your requests at any time The Membership Requests & Invitations panel
* Occupation	on this page lists requests made by you and invitations to you for team membership.
DEA Registration	
Licenses/Certifications	Request Team Membership Join a Team
Trainings	
Degrees & Other	Membership Requests & Invitations







Fill out and upload the required information and upload documentation of the credential. Then click "Submit Request". Not all credentials can be requested by the end user. Please contact your team/program manager for details on how your program's credentials are managed.

	NORTH CAROLINA TERMS	SERT
Bottom of Page		
Request for Cre	dential	_
John Michael Doe		
Date of Request: 07/05/20	019 Status of Request:	
* Credential	Selection list will populate as you type in the full or partial credential	
Comments		
Documentation	Browse	
Uploaded Documents		
Submit Request Cancel	Back	
Top of P		
ov ReadyNC.org Emergency M	lanagement Program's HelpDesk: <u>919-825-2574</u> NCEM Email Healthcare Program's HelpDesk: <u>919-855-3812</u>	OEMS E
	Correction Accoredited	
	North Carolina Emergency Management	



RESPONSE PROFILE: TRAININGS



To view your training history or request trainings/exercises to be added to your transcript, select "Trainings". You can utilize this utility to add additional courses to your transcript. Any course you register through TERMS will be added automatically. Courses taken outside the system, but required to be tracked by your program should be added here as an upload. If the course you are looking for is not listed please contact the helpdesk for assistance.

	NORTH CAROLINA TERMS
Personal Profile Response Profile G	ualifications Training History Transcript Logoff
ome / My Account	
Bottom of Page Response Profile	John Michael Doe
* Required Information Missing	
Team Participation	Team Participation
* Badge	Credentials for Team Participation
* Home Address	
Contact Info	The credentials you have on file are listed below. You may select and Request a Credential be added
* Deployment Preferences	to your profile.
* Emergency Contact	Request a Credential
Driver's License/ID	
Languages	Request for Team Membership
* Medical	To request membership on a response team, click the button to Join a Team. Select one or more teams and Request Membership
Skills	You can check the status of your requests at any time The Membership Requests & Invitations panel
* Occupation	on this page lists requests made by you and invitations to you for team membership.
DEA Registration	
Licenses/Certifications	Request Team Membership Join a Team
Trainings	
Degrees & Other	Membership Requests & Invitations





RESPONSE PROFILE: TRAININGS



After selecting "Trainings", you will be brought to this page. Here you will be able to search your registration history. You can also request trainings/exercises be added to your transcript by clicking "Add Request".

		TRAINING	NORTH CAROLI	NA TERMS SE MANAGEMENT	SYSTEM	SER	T
Perso	onal Profile	Response Profile Qualification	ns Training History Transcript Logo	off			
Home /	My Accour	nt					
E	Bottom of Pa	ge				Help 🕐	
-	Trainiı	ng & Exercise I	Participation				
F	Registratio	on History for: John Micha	ael Doe				
B	By default, 1 Status at all	registrations that you have on) and press the Refresh Listing	file with a status of REGISTERED, WA g button to view other/all registration	NT LIST or PENDING are liste s.	ed. Select a different S	tatus (or no	
R	Registration	s with a COMPLETED status ar	nd a certificate on file will include a Ce	rtificate link to access your c	ertificate.		
F	Filter by Statu	JS					
	REGISTER	RED, WAIT LIST or PENDING	/				
F	From	Thru	Order By Earliest Start Date	Refresh	Listing Back		
	Title/Locatio	n	Start-End	Status	CEUs (Grade	
F	Requests	to Add Trainings/Exercise	es to Transcript Add Request				
				•		Show All	
	Training/Ins	titution	Completed	Requested	Request Status		
Т	op of Page						
IC.gov	ReadyN	C.org Emergency Manageme	nt Program's HelpDesk: <u>919-825-2574</u>	NCEM Email Healthcare Pr	ogram's HelpDesk: <u>919-(</u>	8 <u>55-3812</u> OEM	IS Email







RESPONSE PROFILE: TRAININGS

TMENT OF PUBLIC SAFE

After selecting "Add Request", you will be brought to this screen. Fill out and upload all required information and click "Submit Request".

NORTH CAROLINA TERMS TRAINING · EXERCISE · RESPONSE MANAGEMENT SYSTEM
Personal Profile Response Profile Qualifications Training History Transcript Logoff
Home / My Account
Add Training/Exercise to Transcript
John Michael Doe
*Title of Course/Exercise
Selection list will populate as you type in the full or partial title
*Completion Date MM/DD/YYYY
Institution
*Comment
Max of 250 characters
*Documentation Browse
Submit Request Cancel Back MC.gov ReadyNC.org Emergency Management Program's HelpDesk: 919-825-2574 NCEM Email Healthcare Program's HelpDesk: 919-855-3812 OEMS Email
North Carolina Emergency Management



Under "Degrees & Other" you will be able to add degrees and other relevant experience. To add a degree, select "Add Degree".

	NORTH CAROLINA AINING · EXERCISE · RESPONSE M	TERMS ANAGEMENT SYSTEM	SERT
Personal Profile Response Profile (Qualifications Training History Transcript Logoff		
Home / My Account			
Bottom of Page Response Profile	John Michael Doe		
 Required Information Missing Team Participation Badge 	Degrees Add Degree To add an entry, press the button to Add Degree. Click th	he hyperlink on a listed Degree to update that entry.	
* Home Address	Degree Institution	Conferred	
Deployment Preferences Emergency Contact Driver's License/ID	Other Relevant Experience Add Experience	ick the hyperlink on a listed Experience to undate th	at entry
Languages	Experience Start Year	End Year	at entry.
Skills	Salt rui		
* Occupation			
DEA Registration			
Licenses/Certifications			
Trainings			
Degrees & Other			
	North Carolina Emergency M	anagement	





After selecting "Add Degree", a drop down will appear. Fill out all required information and then click "Save". To add multiple degrees, repeat this process.

My Account				
Bottom of Page				
esponse Profile.	John Michael Doe			
* Required Information Missing				
Team Participation	Degrees Add Degree			
* Badge	To odd on optry, prose the	button to Add Dogroo. Click the	bungelink on a listed Degree to undete that	ontry
* Home Address	To add an entry, press the	Button to Add Degree. Click the	myperinik on a listed Degree to update that	enuy.
Contact Info	Degree	Institution	Conterred	
* Deployment Preferences				
	Degree Details			
Emergency Contact	* Type of Degree		Conferred	
Driver's License/ID			*Month v *Year	
Languages	Inctitution			
Medical	* Name of Institution			
Skille				
	City	State		
* Occupation			Save Cancel	
DEA Registration				
Licenses/Certifications				
Trainings				
Degrees & Other				
begrees a outer	Other Relevant Expe	Add Experience		
	To add an entry, press the	button to Add Experience. Click	the hyperlink on a listed Experience to upd	ate that entry.
	Experience	Start Year	End Year	





To add relevant experience, select "Add Experience".

	NORTH CAROLINA TER	RMS EMENT SYSTEM
Personal Profile Response Profile Qu	alifications Training History Transcript Logoff	
Home / My Account		
Pottom of Page		
Response Profile:	John Michael Doe	
* Required Information Missing		
Team Participation		
* Badge	To add an ontry, prose the butten to Add Degree. Click the hyperic	ak an a listed Degree to undate that exter
* Home Address	Degree Institution	Conformed
Contact Info		Contened
* Deployment Preferences		
Emergency Contact		
Driver's License/ID	Other Relevant Experience Add Experience	•
Languages	To add an entry, press the button to Add Experience. Click the hyp	perlink on a listed Experience to update that entry.
Medical	Experience Start Year	End Year
Skills		
* Occupation		
DEA Registration		
Licenses/Certifications		
Trainings		
Degrees & Other		
	North Carolina Emergency Manage	ement





After selecting "Add Experience", a drop down will appear. Fill out all required information and then click "Save". To add more experience, repeat this process

Required Information Missing				
Team Participation				
* Badge	Degrees Add Degree	ee		
* Home Address	To add an entry, press th	he button to Add Degree. Click the hyp	perlink on a listed Degree to update that entry	
Contact Info	Degree	Institution	Conferred	
Emergency Contact	Other Pelevant Ex			
Driver's License/ID		Add Experience		
Languages	To add an entry, press th	he button to Add Experience. Click the	hyperlink on a listed Experience to update the	nat entry.
Medical	Experience	Start Year	End Year	
Skills				
* Occupation	Details of Experience	ce		
DEA Registration				
Licenses/Certifications	* Type of Experience	* Experience		
Trainings	·			
Degrees & Other	Start Year	End Year	Save Cancel	
-				



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RESPONSE PROFILE: TRANSCRIPT

To view your transcript, select "Transcript" from the list at the top of the page.

	NORTH CAROLINA TERMS	
Personal Profile Response Profile Quali	fications Training History Transcript Logoff	
Home / My Account	1	
Bottom of Page		
Response Profile: J	ohn Michael Doe	
* Required Information Missing		
Team Participation	Team Participation	
* Badge	Credentials for Team Participation	
Home Address	What recourse team positions do you feel you are credentialed to fill?	
Contact Info	The credentials you have on file are listed below. You may select and Request a Credential be added	
Deployment Preferences	to your profile.	
Emergency Contact	Request a Credential	
Driver's License/ID		
Languages	Request for Team Membership	
Medical	To request membership on a response team, click the button to Join a Team. Select one or more teams and Request Membership	
Skills	You can check the status of your requests at any time The Membership Requests & Invitations panel	
* Occupation	on this page lists requests made by you and invitations to you for team membership.	
DEA Registration		
Licenses/Certifications	Request Team Membership Join a Team	
Trainings		
Degrees & Other	 Membership Requests & Invitations 	







EMERGENCY SERVICES

RESPONSE PROFILE: TRANSCRIPT



After selecting "Transcript" you will be brought to this page. All of your trainings and exercises should appear.

John Michael Doe				
ate(s)	Agency	Course Code	Course Name	CEUs Course Hrs





