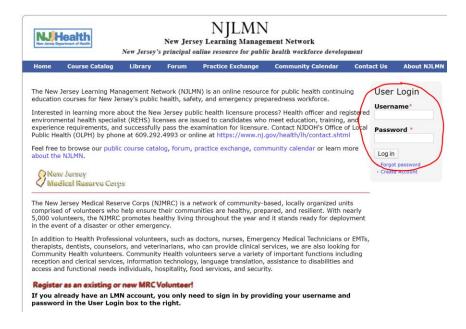
New Jersey Medical Reserve Corps (MRC) registration process For individuals who already have NJLMN accounts

(Comments in green are answers to commonly asked questions at each step)

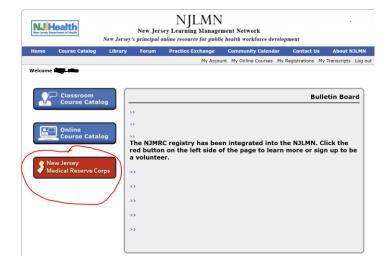
Any questions, email the NJLMN helpdesk at njlmn@njlincs.net

Go to https://njlmn.njlincs.net and log into the NJLMN system by entering your username and password, and clicking on "Log in".

- If you google NJLMN you may see a result with a "2"- njlmn2.njlincs.net. This link does NOT take you to the right place.
- If you forgot your username or are unsure if you have a NJLMN Account, email the helpdesk at nilmn@nilincs.net.
- If you forgot your password, use the Forgot Password link.



You will see the following:

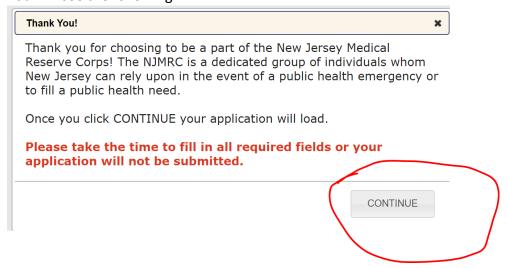


• Click on the red "New Jersey Medical Reserve Corps" button on the left.

You will see the following:



- Click on "Join the NJMRC"
- You will see the following:



- Click on CONTINUE
- You will see the following pop-up warning:

Your application will not be completed until you

- Select your county of residence,
 - Complete the required fields
- And click the SAVE MRC Application button at the bottom of the form.

• Complete the application including all required fields:



PLEASE COMPLETE THIS FORM BY FILLING IN ALL REQUIRED FIELDS AND SUBMITTING. FAILURE TO DO SO WILL LEAVE YOUR APPLICATION INCOMPLETE AND IT WILL NOT BE PROCESSED.

	MRC Application			
County Of Residence *	-select-			
MRC ID	701205 (If you have an existing id please update this field with your current id. If you do not remember or do not have an ID do not modify this number it is auto generated and used for your MRC ID)			
Do You Currently Serve In The National Disaster Medical System	-select-			
Contact Information (We will use this info	rmation to notifiy you via mail.)			
129 Laredo Drive Morganville NJ 07751				
Best Contact Number (This number will be	used to contact you via phone call and text/SMS.)			
Number *				
Emergency Contact I	nformation			
Last Name *				
First Name *				
Relationship *	-select-			
Street Address *				
City *				
State *	-select-			
Zip *				
Cell Phone *				
OR Home Phone				
Emergency Email				
Additional Information	n .			
Languages Spoken Fluently	-select- ▼			
Languages Written And Read	-select- ▼			
Are You Willing To Travel And Volunteer Outside Your County?	-select-			
Are You Willing To Participate In A Federal Coordinated Emergency Response	-select-			
Willing To Provide Translation Service	-select-			
Have You Been Immunized Against Smallpox	-select-			
Do You Have Any Special Needs If So Please Explain				
If You Have Committed To Any Other Organization Or Institution, By Virtue Of Employment Or Volunteerism.				
In The Event Of Public Health Emergency, Please Explain				
Do You Have Particular Expertise And Agree To Be Available For Consultation Or Response Throughout The State	-select-			
If You Answered Yes, Please Describe Your Particular Expertise				
Medical and Non-Med	ical Licenses and Certifications			
Add Medical Licenses or Certifications				
Add Non-Medical Licenses or Certifications				
Expectations of NJ Medical Reserve Corps Volunteers				
As a volunteer with the New Jersey Medical Reserve Corps, I will be called upon to assist in the event of a public health emergency. I agree to attend an educational program to explain my role in disaster preparedness; I will be assigned duties based on my level of training and experience. I understand that submitting this application does not guarantee acceptence into the NJ Medical Reserve Corps. The information contained in this application is, to the best of my knowledge, truthful. I agree to serve my fellow citizens to the best of my professional ability.				
* I Agree to the above statement Failure to agree to the above statement invalidates application.				
	SAVE MRC Application			

A good place to put additional pertinent expertise/certifications/experience not covered in any of the pulldown choices is here:

	Do You Have Particular Expertise And Agree To Be Available For Consultation Or Response Throughout The State		
		Yes ▼	
	If You Answered Yes, Please Describe Your Particular Expertise		
-1			

When complete, click on

SAVE MRC Application

What happens next:

- Your application will be routed to the appropriate MRC Unit Coordinator based on your county of residence.
- Any technical questions along the way, email the NJLMN helpdesk at njlmn@njlincs.net.

THANK YOU VERY MUCH FOR TAKING THE TIME TO VOLUNTEER

Welcome to the New Jersey Medical Reserve Corps