

# 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](mailto: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](https://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 [njlmn@njlincs.net](mailto:njlmn@njlincs.net).*
- *If you forgot your password, use the Forgot Password link.*

**NJLMN**  
New Jersey Learning Management Network  
New Jersey's principal online resource for public health workforce development

Home Course Catalog Library Forum Practice Exchange Community Calendar Contact Us About NJLMN

The New Jersey Learning Management Network (NJLMN) is an online resource for public health continuing education courses for New Jersey's public health, safety, and emergency preparedness workforce.

Interested in learning more about the New Jersey public health licensure process? Health officer and registered environmental health specialist (REHS) licenses are issued to candidates who meet education, training, and experience requirements, and successfully pass the examination for licensure. Contact NJDOH's Office of Local Public Health (OLPH) by phone at 609.292.4993 or online at <https://www.nj.gov/health/lh/contact.shtml>

Feel free to browse our [public course catalog](#), [forum](#), [practice exchange](#), [community calendar](#) or learn more about the NJLMN.

**New Jersey Medical Reserve Corps**

The New Jersey Medical Reserve Corps (NJMRC) is a network of community-based, locally organized units comprised of volunteers who help ensure their communities are healthy, prepared, and resilient. With nearly 5,000 volunteers, the NJMRC promotes healthy living throughout the year and it stands ready for deployment in the event of a disaster or other emergency.

In addition to Health Professional volunteers, such as doctors, nurses, Emergency Medical Technicians or EMTs, therapists, dentists, counselors, and veterinarians, who can provide clinical services, we are also looking for Community Health volunteers. Community Health volunteers serve a variety of important functions including reception and clerical services, information technology, language translation, assistance to disabilities and access and functional needs individuals, hospitality, food services, and security.

**Register as an existing or new MRC Volunteer!**

If you already have an LMN account, you only need to sign in by providing your username and password in the User Login box to the right.

- You will see the following:

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Welcome [User Name]

My Account My Online Courses My Registrations My Transcripts Log out

**Classroom Course Catalog**

**Online Course Catalog**

**New Jersey Medical Reserve Corps**

**Bulletin Board**

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The NJMRC registry has been integrated into the NJLMN. Click the red button on the left side of the page to learn more or sign up to be a volunteer.

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- Click on the red “New Jersey Medical Reserve Corps” button on the left.

- You will see the following:

The screenshot shows the NJLMN (New Jersey Learning Management Network) website. At the top, there is a navigation bar with links: Home, Course Catalog, Library, Forum, Practice Exchange, Community Calendar, Contact Us, and About NJLMN. Below the navigation bar, there is a 'Welcome' message. On the left, there is a 'New Jersey Medical Reserve Corps' section with a yellow star graphic. Two links are visible: 'MRC Home' and 'Join the NJMRC', with the latter circled in red. To the right of the graphic, there is text describing the NJMRC as a network of community-based, locally organized units of volunteers. Below this, there is more text about the types of volunteers needed, including Health Professionals, Community Health volunteers, and individuals for various services like reception, translation, and food services.

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

The screenshot shows a 'Thank You!' pop-up window. The text inside the window reads: 'Thank you for choosing to be a part of the New Jersey Medical Reserve Corps! The NJMRC is a dedicated group of individuals whom New Jersey can rely upon in the event of a public health emergency or to fill a public health need. Once you click CONTINUE your application will load. Please take the time to fill in all required fields or your application will not be submitted.' At the bottom of the window, there is a 'CONTINUE' button, which is circled in red.

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

The screenshot shows a warning pop-up box with the following text: 'Your application will not be completed until you' followed by three bullet points: '- Select your county of residence,', '- Complete the required fields', and '- 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

<b>County Of Residence *</b>	<input type="text" value="-select-"/>
<b>MRC ID</b>	<input type="text" value="701205"/> <small>(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)</small>
Do You Currently Serve In The National Disaster Medical System	<input type="text" value="-select-"/>
<b>Contact Information</b> <small>(We will use this information to notify you via mail. )</small>	
129 Laredo Drive Morganville NJ 07751	
<b>Best Contact Number</b> <small>(This number will be used to contact you via phone call and text/SMS.)</small>	
Number *	<input type="text"/>
<b>Emergency Contact Information</b>	
Last Name *	<input type="text"/>
First Name *	<input type="text"/>
Relationship *	<input type="text" value="-select-"/>
Street Address *	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text" value="-select-"/>
Zip *	<input type="text"/>
Cell Phone *	<input type="text"/>
OR Home Phone	<input type="text"/>
Emergency Email	<input type="text"/>
<b>Additional Information</b>	
Languages Spoken Fluently	<input type="text" value="-select-"/>
Languages Written And Read	<input type="text" value="-select-"/>
Are You Willing To Travel And Volunteer Outside Your County?	<input type="text" value="-select-"/>
Are You Willing To Participate In A Federal Coordinated Emergency Response	<input type="text" value="-select-"/>
Willing To Provide Translation Service	<input type="text" value="-select-"/>
Have You Been Immunized Against Smallpox	<input type="text" value="-select-"/>
Do You Have Any Special Needs If So Please Explain	<input type="text"/>
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	<input type="text"/>
Do You Have Particular Expertise And Agree To Be Available For Consultation Or Response Throughout The State	<input type="text" value="-select-"/>
If You Answered Yes, Please Describe Your Particular Expertise	<input type="text"/>
<b>Medical and Non-Medical Licenses and Certifications</b>	
<input type="button" value="Add Medical Licenses or Certifications"/>	
<input type="button" value="Add Non-Medical Licenses or Certifications"/>	
<b>Expectations of NJ Medical Reserve Corps Volunteers</b>	
<p>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 acceptance 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.</p> <p style="text-align: center;"><input type="checkbox"/> * I Agree to the above statement</p> <p style="text-align: center; color: red;">Failure to agree to the above statement invalidates application.</p>	
<input type="button" value="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

- 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](mailto:njlmn@njlincs.net).

THANK YOU VERY MUCH FOR TAKING THE TIME TO VOLUNTEER

Welcome to the New Jersey Medical Reserve Corps