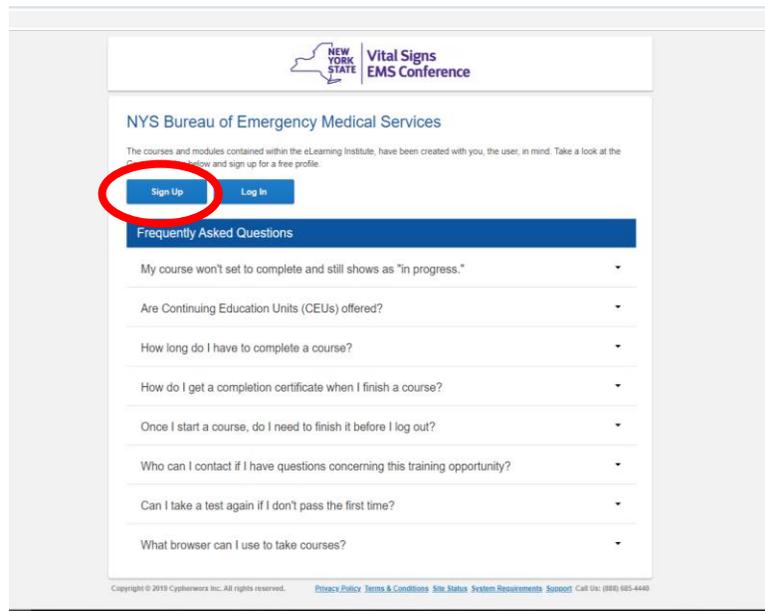


# **REGISTERING INSTRUCTIONS FOR VITAL SIGNS ACADEMY**

Everyone will be required to register and create a new account with Vital Signs Academy prior to beginning any of the training modules, specifically the 2019 BLS Protocol Update.

1. Start by navigating to the following webpage: [www.VitalSignsAcademy.com](http://www.VitalSignsAcademy.com).
2. You will be directed to the page shown below. Please click the “Sign Up” button for a new account or “Log In” if you already have an account with Collabornation.net

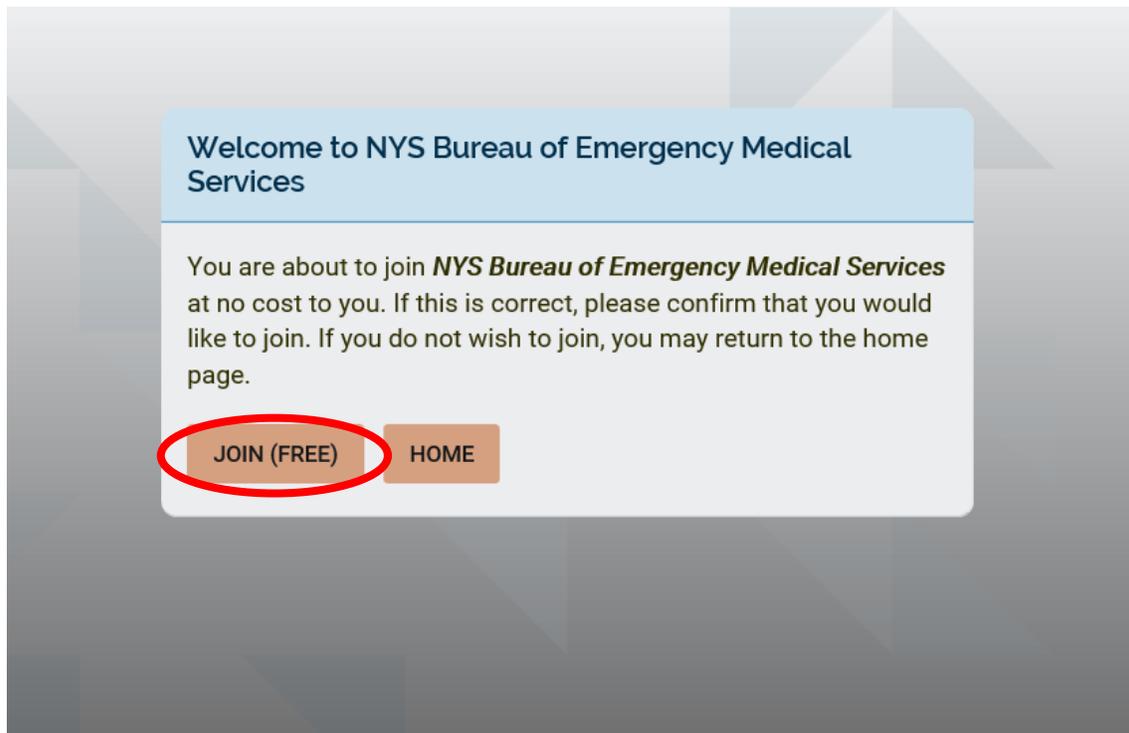


3. The next page you will be directed to is the beginning of the registration process. Fill in your first and last name, enter your Email address, create a password, click the CAPTCHA box, agree to the terms and privacy policy, and click “CREATE ACCOUNT”.

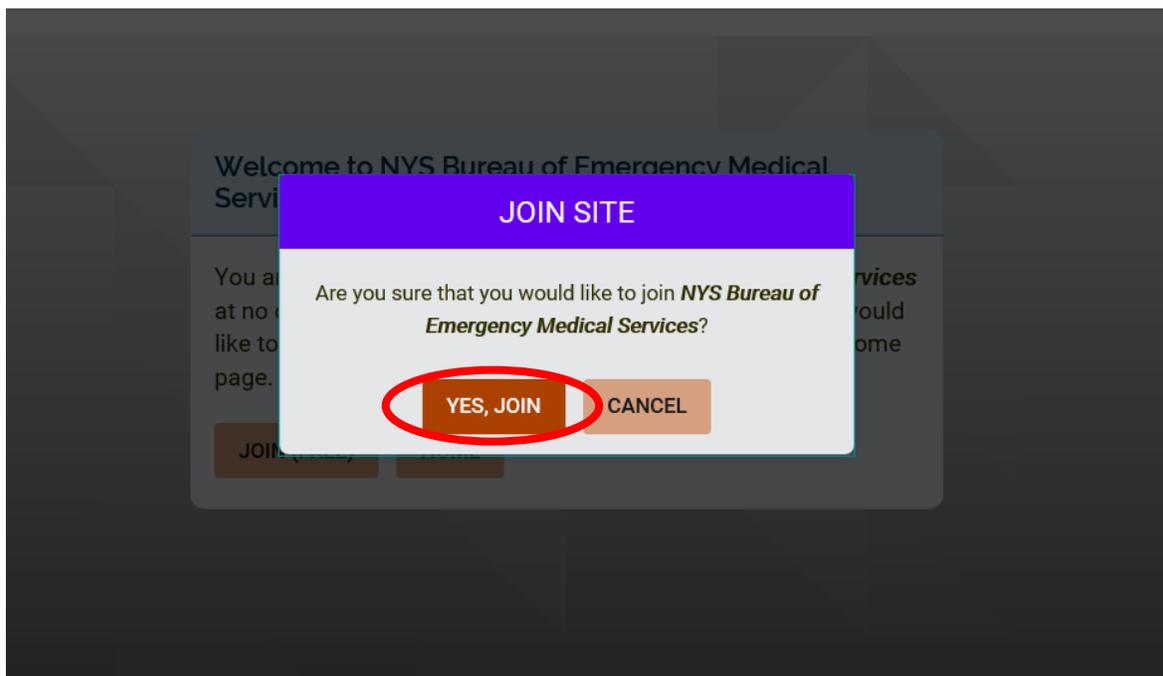
A screenshot of the 'Create Account for NYS Bureau of Emergency Medical Services' form. The form has a light blue header. Below the header are input fields for 'First Name' and 'Last Name', followed by 'Email', 'New Password', 'Password strength:' (with a progress bar), and 'Confirm Password'. There is a CAPTCHA box with the text 'I'm not a robot' and a reCAPTCHA logo. Below the CAPTCHA is a checkbox for 'I have read and agree with the Terms and Privacy Policy.' At the bottom, there are two buttons: 'CREATE ACCOUNT' and 'or Log In'. The 'or Log In' button is circled in red. At the very bottom, there is a link: 'Not looking for NYS Bureau of Emergency Medical Services? Find my Organization.'

Members of Allegany, Cattaraugus and Chautauqua County agencies should already have accounts from the last rollout. Please select "Log In" and proceed to step 4.

4. You will then be directed to this next page. Please click the “Join (Free)” button.



5. You will then be directed to this next page. Please click the “Yes, Join” button.



6. Once you create your account and joined, you will be directed to additional registration fields. Please fill out your cell phone number (if you do not have a cell phone number please use your home number), your EMT level, and your EMT number.

**Registration Fields**

Please fill out this form to complete registration.

Cell phone number \*

EMT Credential(s) \*

- \*Not applicable
- AEMT
- AEMT-CC
- BASIC
- CFR
- EMT
- Paramedic

EMT Number (if applicable - please enter n/a if not applicable) \*

Other Credential(s) - (select all that apply) \*

Please fill in any other credentials you may have. For example, instructor (CPR, CIC, CLI), Firefighter, RN, MD, etc. If you do not have any additional credentials, please select the \*Not applicable box. If you have any other credentials, please list in the box provided.

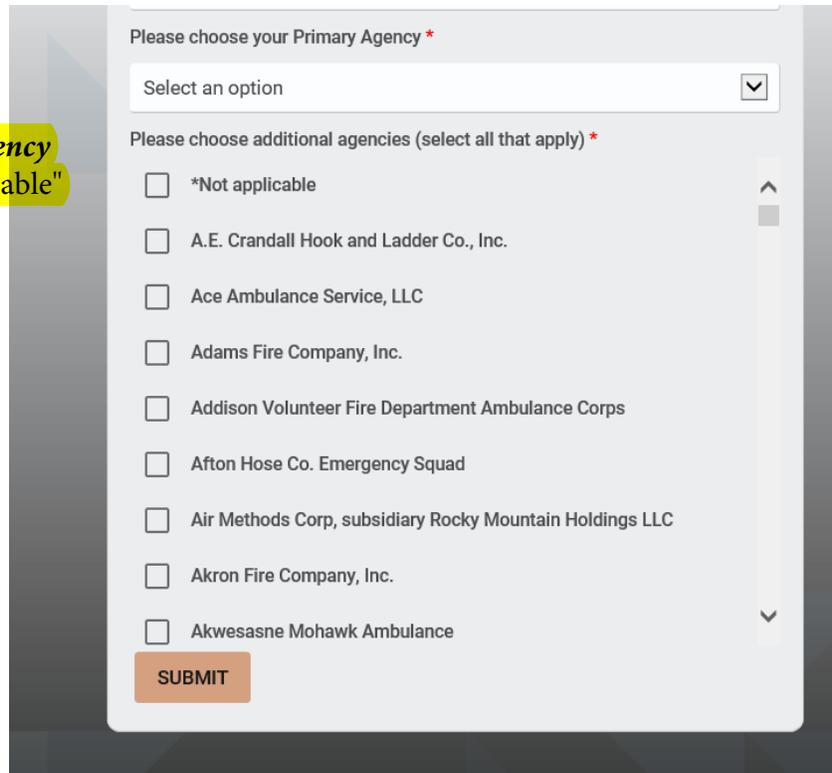
Other Credential(s) - (select all that apply) \*

- \*Not applicable
- AHA/ARC CPR instructor
- Certified Instructor Coordinator
- Certified Lab Instructor
- Dispatcher
- Firefighter
- Law Enforcement/Public Safety
- LPN
- NP

Other Credential(s) - (write in box if you did not find your credential(s) in any checkbox choices)

Please choose your Primary Agency \*

Please choose your ***PRIMARY*** agency from the drop-down menu. If you have a secondary, or multiple agencies that you belong to, please choose them in the second section. If you do not have any secondary agencies, select “***Not applicable***”. Please make sure you fill in all boxes. Once completed click the “SUBMIT” button. If you hit submit and it does not advance you to the next page the area you missed will be highlighted in red.



Please choose your Primary Agency \*

Select an option

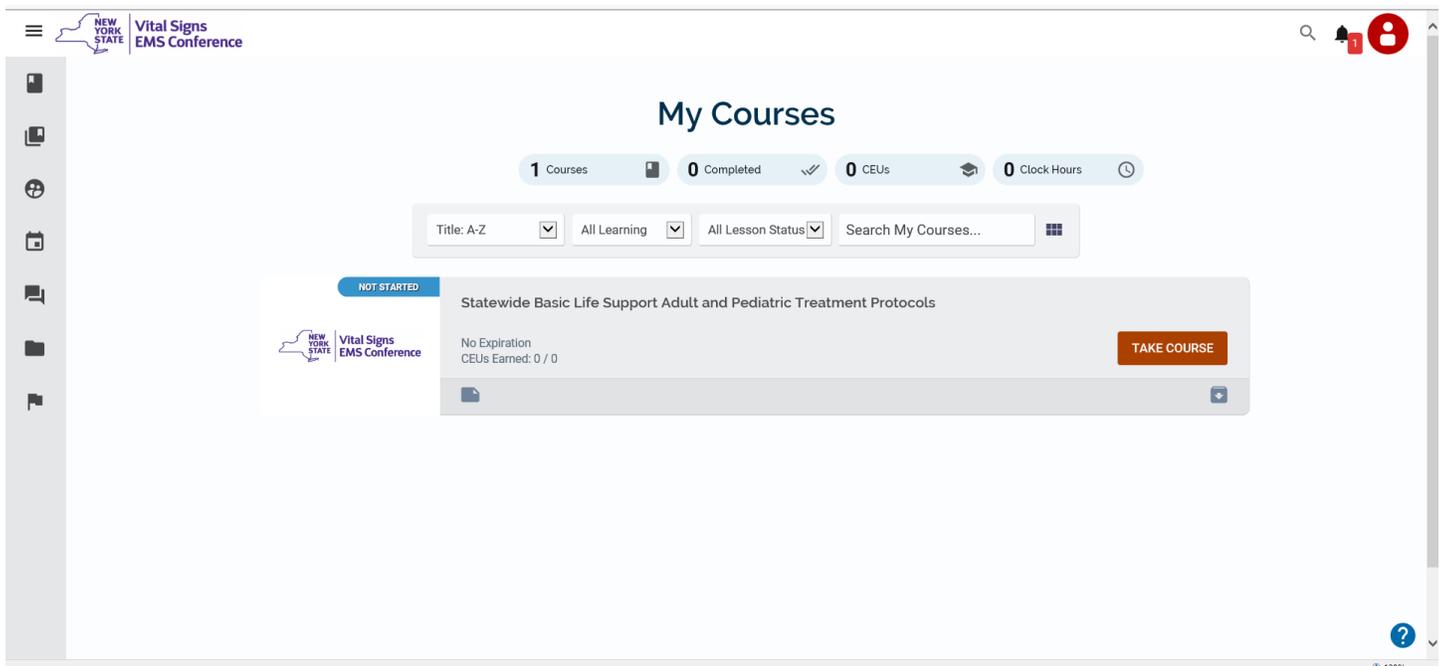
Please choose additional agencies (select all that apply) \*

- \*Not applicable
- A.E. Crandall Hook and Ladder Co., Inc.
- Ace Ambulance Service, LLC
- Adams Fire Company, Inc.
- Addison Volunteer Fire Department Ambulance Corps
- Afton Hose Co. Emergency Squad
- Air Methods Corp, subsidiary Rocky Mountain Holdings LLC
- Akron Fire Company, Inc.
- Akwesasne Mohawk Ambulance

SUBMIT

If you only belong to ***one*** agency be sure to select “\*Not applicable” for additional agencies.

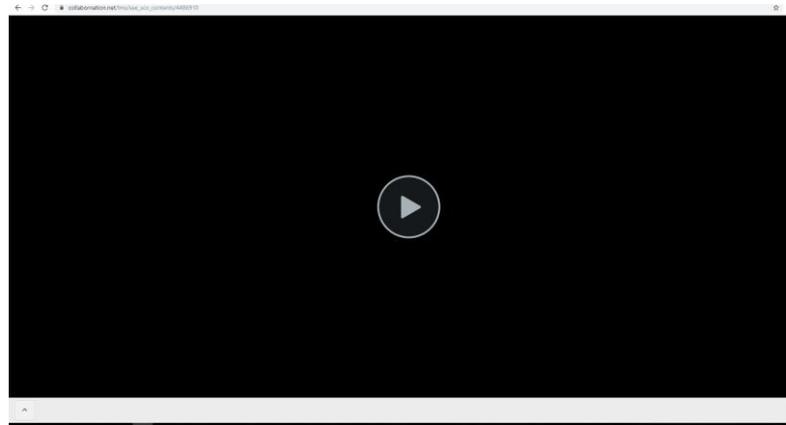
7. This will complete your registration and you will be directed to the course page.



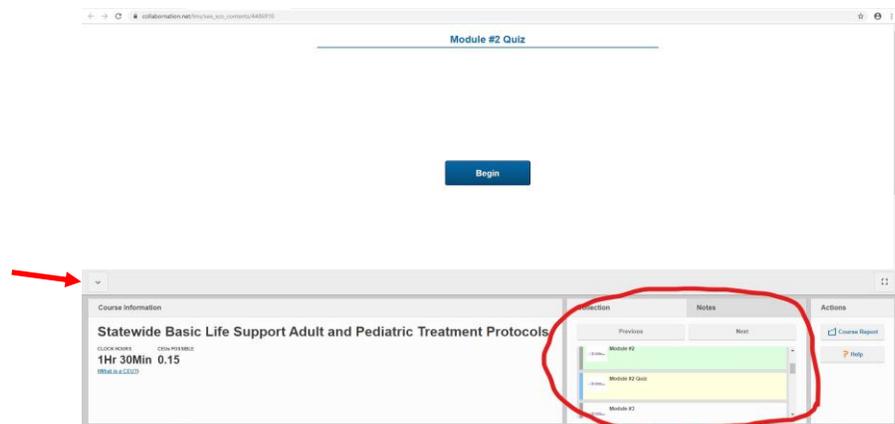
8. Upon entering the site, you will be assigned to the BLS protocol update.

## TAKING THE COURSE

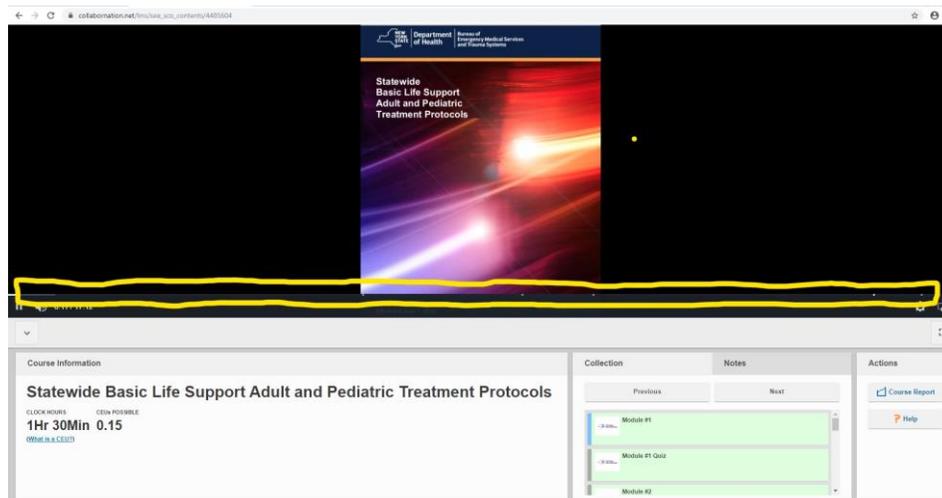
- When you are ready to begin, click the “Take Course” button.
- Upon entering the course, you will see the following screen. Press the play button and the video will start for Module #1.



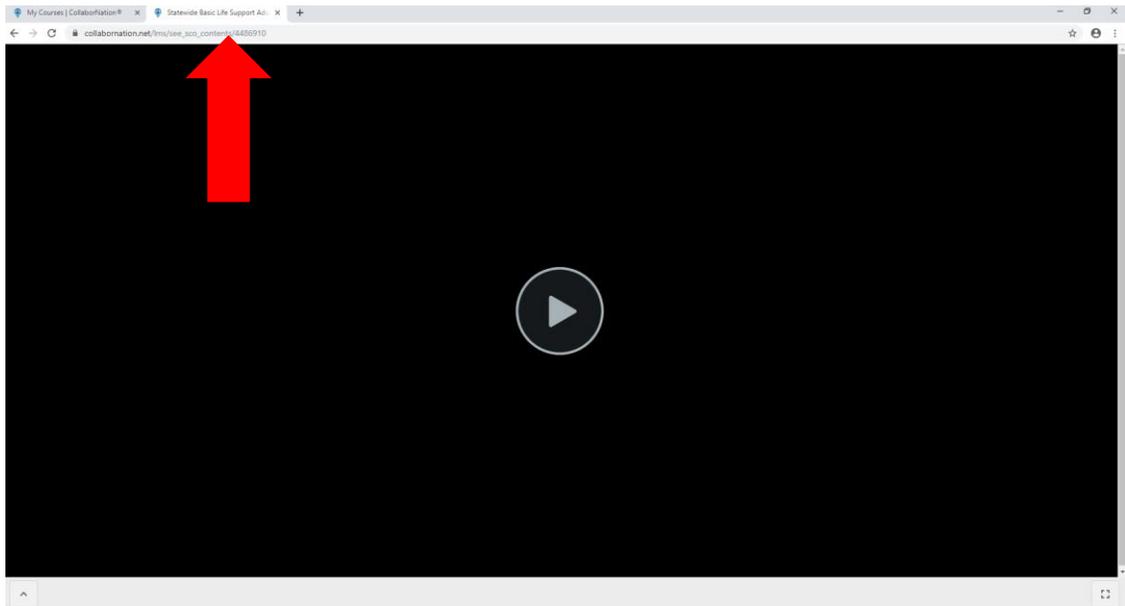
- You can keep track of your progress through the course by clicking the arrow button on the bottom left side of the screen. Green is completed, yellow is in progress, and white needs to be completed.



- A note about fast forward scrubbing. Even though there is the ability to do this; if you do not answer all of the interactive questions and spend the allotted time in the video, it will not be marked complete. So, some advice, do not do it.



13. Once you have finished either the video or the quiz, close out the browser and re-enter the course. This will mark that section as complete and then you will have access to the next section of the course.



14. Upon completion of the course you will be granted a certificate of completion. Please print this certificate and give it to your agency as proof of completion.

**Also, submit the PDF version of your certificate to STEMS on their website at: <http://www.sthcs.org/bls-protocol-rollout.html>**



15. It is recommended that you download the protocols at [https://www.health.ny.gov/professionals/ems/docs/bls\\_protocols.pdf](https://www.health.ny.gov/professionals/ems/docs/bls_protocols.pdf) to review while the presentation is running.