- 1. Before you begin the process, please have your electronic payment details to hand (credit/debit card or PayPal details) as you will be required to make payment to complete the re-registration process.
- 2. If you have followed the link to the PHECC website in your notification email you will be brought to the Registration Renewal page (or you can navigate to the page by clicking on 'The register' option and then 'Registration Renewal' option on the left of the screen). Please read the rules and policy details regarding the re-registration process before continuing.

Log On Home Accessibility	"The Pre-Hospital I independently spe standards of excell emergency care"	Emergency Care Coun cifying, reviewing, mai ence for the safe prov	cil protects the pu ntaining and mon ision of quality pr	blic by itoring e-hospital	Pre-Hospital Emergency Care Council
Home What we do The register	Public and patients	Education and careers	Clinical resources	Exams and candidate	25
Home What we do The regi	ster				
Check the register	H.				
Joining the register	P				
Statistics	Elii				
Recognition of qualification:	f:				
🔽 Registration renewal 🗸	e				
Certification and licence	n ri				
Temporary registration	S				
Registration FAQs					
CPC for EMTs					

3. To begin the re-registration process, click the *Renew Now* button on the top righthand side of the next screen.



4. Some important notes regarding the re-registration process will now be displayed. When you have read through these and wish to continue, click the 'Renew Now' button which now appears at the bottom right of the screen.



5. You will be prompted to log on at this point. Use your PHECC credentials to log on if you have not already done so (**NOT** eLearning Academy details – different system).

	What we do	The register	Public and patients	Education and careers	Clinical resources	Exams and candidates
Home	- <u>The register</u> - R	egistration renewal	Sign In	Username Password Remember me		
			Logon Details Your PHECC cred • Username: [f • Password: [C] characters) e.g. User wit Password: 31	entials are (unless you ha PIN Number] YOB+PIN Number] (numb h DOB 31/01/1900 and PI 10119000001	ve changed them): ers only, no spaces N 0001 Username: (or other 1001

Your PHECC credentials are (unless you have changed them, which is recommended): Username: [PIN Number]

Password: [DOB+PIN Number] (numbers only, no spaces or other characters) e.g. User with DOB 31/01/1900 and PIN 0001

Username: 0001

Password: 310119000001

[we advise that you change both your username and password via your Profile once logged in – click your name when it appears on the top left of screen to access your Profile – please make a note of your new credentials – see Managing Your PHECC Profile instructions]

6. If you have previously opted for a Paper Re-registration process, you will receive the following message (if not skip to *Step 7*):



Please skip to the *Opt Out of Paper Forms* section at the end of this document to change this option and then proceed with your electronic re-registration application.

7. You should now be presented with your personal details, please review and correct if necessary (these are the details we will use to contact you).

PHECC PIN	1X2X						
You are paid up until	3/31/2019						
Status	Open						
Initial Registration Date	12/10/2018						
Personal Details							
Section 1 - Personal	Details						
Prefix		Ms.					
Surname		McTester					
Forename		Testy					
Middle Name/Initials							
Maiden Name							
Date of Birth		1/1/2000					
Gender		Female					
Nationality		None					
*Address Field 1		Here					
Address Field 2		There					
Address Field 3							
*Town/City		Everywhere					
County		Co Kildare	•				
* Eircode]			
*Country		Ireland	•				
* Email		claire@phecc.ie					
*Contact Number		123456789					
					New Dec	1-Personal Datails	
				Previous Page	Next Page		Go

 At any point in the process, you may save your progress in order to return to it at any time. You can do this by clicking the *Save* button at the bottom right hand side of the screen. Please note, however, until you click the *Submit* button, your application has not been

completed. To complete the process at a later date, repeat the steps above and you will be returned to your saved form.



9. Click *Next Page* (bottom right hand side of screen) to continue to *Section 2 – Professional Information*.

Submission No	0022652/2018				
ID	7243				
Licence Expiry Date	3/31/2019 12:0	MA 00:00			
PHECC PIN	1X2X				
You are paid up until	3/31/2019				
Status	Open				
Initial Registration Date	12/10/2018				
Professional Informat	ion				
Section 2 - Profession	nal Information				
PHECC PIN		1X2X			
Registered Level		Practitioner			
Registered Division		Emergency Medical	Technician		
Please select the organise organisation does not ap against you, the Register	ation(s) you pract pear on this list, j ed Individual).	ice with from the followin practice with that organis	g list of CPG Licenced Organisations ation would be contrary to the Code	who have Privileged you to practice (i of Conduct & Ethics and may result in	f the a complaint
Currently Practicing w (Primary practice)	ith	(None)			
Also practices with		(None)	*		
Original Registration I	Date	12/10/2018			
Licence Expiry		3/31/2019			
NQEMT Qualification	S				
PHECC No.	Q	ertificate Date	<u>Certificate No.</u>	Level	
18/1111/1	1	2/10/2018	E1234567	EMT	

- 10. The facility to enable you to select two CPG Licenced organisations to practice with is now available. These are mandatory (required) fields, the option of *None* or *Outside the State* are available. Please ensure you make an entry for both *Currently Practicing with (Primary practice)* and *Also practises with* to enable you to progress to the next screen.
- 11. Click *Next Page* to continue to the *Declaration and Commitment* section (bottom right hand side of screen).

12. Section 3– you will have the Declaration & Commitment displayed on screen. By ticking the confirmation box you are confirming that you are electronically signing this document and agree to its contents. This is legally binding and must be considered the equivalent of an actual signature.

 practiong. I am competent in spoken and written English. I will comply with the Continuing Professional Competency (CPC) r I will comply with the current PHECC Code of Professional Conduc I will co-operate with enquiries by the Fitness to Practice Committe I will co-operate with enquiries by the Fitness to Practice Committe I will support interns and colleagues. I am responsible for maintaining the currency of my contact detail I affirm that I have no: a. criminal conviction or criminal proceedings pending against me of b. known health condition or addiction that could affect my fitness to conditions or addictions disclosed in my application for registration. I am aware and agree that; a. eligibility for registration is dependent on compliance with the rule b. once granted, my registration must be renewed annually c. re-registration onflications will be sent by email d. registration applications will not be processed without payment of e. a fraudulent or inaccurate registration may preclude m I know of no reason why the PHECC should not grant me registration The Declaration submitted with this application is true and accurate to The Declaration submitted with this application is true and accurate to The Declaration and Commitment above has been updated - Dec 2017 	nderstood the Declaration & Commitment and that you agree to its
practiong. d. Lam competent in spoken and written English. e. Lwill comply with the Continuing Professional Competency (CPC) r f. Lwill comply with the current PHECC Code of Professional Conduc g. Lwill record all appropriate information in Patient Care Reports. h. Lwill co-operate with enquiries by the Fitness to Practice Committe i. Lwill support interns and colleagues. j. Lam responsible for maintaining the currency of my contact detail 4. Laffirm that Lhave no: a. criminal conviction or criminal proceedings pending against me of b. known health condition or addiction that could affect my fitness to conditions or addictions disclosed in my application for registration. 5. Lam aware and agree that; a. eligibility for registration is dependent on compliance with the rule b. once granted, my registration must be renewed annually c. re-registration notifications will be sent by email d. registration applications will not be processed without payment of e. a fraudulent or inaccurate registration application may preclude m f. Liknow of no reason why the PHECC should not grant me registration 7. All information submitted with this application is true and accurate to	
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d. I am competent in spoken and written English.	quirements associated with my status on the PHECC Register.
practicing.	
c. I will only practice in accordance with the CPG privilege issued to r	ne by the licenced CPG service provider on whose behalf I am
with the current PHECC CPGs relevant to their registration status.	
II. a certificate from a PHECC licenced CPG service provider or a P	HECC recognised institution confirming the applicant's familiarisation

13. Click *Next Page* to continue to the *Data Protection* section (bottom right hand side of screen).

14. PHECC are committed to protecting your data and will only correspond/contact you in relation to your Registration via the details you have provided, however, you may opt in to various other notifications should you wish to do so. We would actively encourage all registrants to opt in to any that interest you, paying particular attention to the *Clinical Research* option.

PHECC PIN	IX2X
You are paid up until	3/31/2019
Status	Open
Initial Registration Date	12/10/2018
Data Protection	
By submitting this form compliance with the Dat information, securely ar	you consent to PHECC holding and processing your personal data for the purpose of Professional Registration. In ta Protection Acts 1988 & 2018, when PHECC is provided with personal data, we will hold the data, together with other kd confidentially and process it for the purpose of maintaining a Professional Register and research.
PHECC makes the follow	ving information available to the public on our website: Surname, Forename, PIN, registration status and expiry date.
PHECC may disclose the status, original registrat	e following information to PHECC licenced CPG service providers: Surname, Forename, Date of Birth, PIN, and registration ion date, licence expiry date and outcomes of Fitness to Practice proceedings, when relevant.
PHECC shall use the cor	ntact details you provide for Registration to communicate with you in relation to the following:
PHECC shall use the cor	tact details you provide for Registration to communicate with you in relation to the following:
PHECC shall use the cor • Registration (notific • Clinical Information	ntact details you provide for Registration to communicate with you in relation to the following: ations, licence issue, etc.) relating to your practice (Safety Notices, changes to CPGs, product recalls, etc.)
PHECC shall use the cor • Registration (notifit • Clinical Information We would also like to opt in for each):	ntact details you provide for Registration to communicate with you in relation to the following: :ations, licence issue, etc.) relating to your practice (Safety Notices, changes to CPGs, product recalls, etc.) take this opportunity to invite you to opt in to receive emails from PHECC in relation to the following (tick the box t
PHECC shall use the cor • Registration (notifii • Clinical Information We would also like to opt in for each):	itact details you provide for Registration to communicate with you in relation to the following: :ations, licence issue, etc.) relating to your practice (Safety Notices, changes to CPGs, product recalls, etc.) take this opportunity to invite you to opt in to receive emails from PHECC in relation to the following (tick the box t
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PHECC shall use the cor • Registration (notific • Clinical Information We would also like to opt in for each):	tact details you provide for Registration to communicate with you in relation to the following: sations, licence issue, etc.) relating to your practice (Safety Notices, changes to CPGs, product recalls, etc.) take this opportunity to invite you to opt in to receive emails from PHECC in relation to the following (tick the box t ifaction Surveys tter k with/contract to PHECC for specific projects Opportunities rences ily for PHECC committees or working groups rt to ensure your data is correct, however, if any of your data is incorrect or inaccurate please inform PHECC in writing (emai your data currently held by PHECC may be obtained upon written request to The Registration Officer, Pre-Hospital Emergence , Beech House, Millennium Park, Naas, Co Kildare, W91 TK7N, Ireland.
PHECC shall use the cor • Registration (notific • Clinical Information We would also like to opt in for each):	tact details you provide for Registration to communicate with you in relation to the following: cations, licence issue, etc.) relating to your practice (Safety Notices, changes to CPGs, product recalls, etc.) take this opportunity to invite you to opt in to receive emails from PHECC in relation to the following (tick the box t ifaction Surveys tter k with/contract to PHECC for specific projects Opportunities rences ly for PHECC committees or working groups rt to ensure your data is correct, however, if any of your data is incorrect or inaccurate please inform PHECC in writing (emai your data currently held by PHECC may be obtained upon written request to The Registration Officer, Pre-Hospital Emergence . Beech House, Millennium Park, Naas, Co Kildare, W91 TK7N, Ireland.

15. Click Next Page to continue to the Payment section (bottom right hand side of screen).

16. There are two options in relation to the payment of the annual registration fee:

Contact mild					
ubmission No	0022652/2018				
D	7243				
icence Expiry Date	3/31/2019 12:00:00 AM				
HECC PIN	1X2X				
'ou are paid up until	3/31/2019				
Status	Open				
nitial Registration Date	12/10/2018				
Item name		L	Init Price	Qty	Total Amt
Standard Renewal Fee			10.00	1	10.00
		Total:			10.00
Amount	10.00				
Payment type	○ Pay by Credit/Debit Card ○ PayPal CheckOut				
		Previous Page Ne	kt Page 5-F	ayment	~
		(lick submit t	o submit your a	pplication Subr

Pay by Credit/Debit Card – enter your card details as directed to make payment – all fields are required.

Item name				Unit Price	Qty	Total Amt
Standard Renewal Fee	2			10.00	1	10.00
			Total:			10.00
Amount	10.00					
Payment type	Pay by Credit/Debit Card PayPal CheckOut					
Card Type	(None) V					
Card Number		0				
Cardholder's Name		0				
Expiry Date	12 ~ 2018 ~ ①					
CV2 number	0					
			Previous Page	Next Page 5-	Payment	~
				Click submit	to submit your	application Subr
		Cli	ck save button to save	your answers, an	d you can conti	nue next time

• PayPal CheckOut – click the big yellow button.

-

item name			Unit Price	Qty	Iotal Am
Standard Renewal I	Fee		10.00	1	10.0
		Total:			10.0
Amount	10.00				
Payment type	○Pay by Credit/Debit Card ®PayPal CheckOut				
		Pay with PayPal			
		The safer, easier way to pay			

You can then opt to either *Log In* to your PayPal account and make the payment OR *Pay* with Debit or Credit Card via PayPal (i.e. a one off payment, no PayPal account required, but PayPal handle/process the payment)

D 🔒 (US	https://www.paypal.com/checkoutn 🚥 🗟 🟠	Ξ
	PayPal	î
	Pay with PayPal	
Email		
Passv	vord	
Sta No	ay logged in for faster checkout (?) t recommended on shared devices.	
	Log in	1
	Having trouble logging in?	
	or	
	Pay with Debit or Credit Card	

- 17. To finish the online process, please click *Submit* (now appearing at the bottom right of the page) to save and apply any changes to your record. PHECC will now be informed that you have completed this process.
- 18. An email will be sent to your registered email address with a copy of the Declaration & Commitment and Code of Conduct & Ethics attached **for your records**.
- 19. You can check your application status at any time by logging on to the website. To access your profile, click your name when it appears on the top left hand side. This gives you access to your profile. Click on the *Status/Receipts* tab to print a receipt (click the payment displayed).

At each stage of the process an email will be sent to your registered email address informing you of your progress when payments have been processed and when your application has been completed (within 24hours).

Opt Out of Paper Forms

i. If you have previously opted for a Paper Re-registration process, you will receive the following message which requires that you change your preferred method of re-registration in your Profile to allow you to proceed electronically:

Home	What we do	The register	Public and patients	Education and careers	Clinical resources	Exams and candidates
Home	The register > R	- egistration renewal		Re-Registration App	lication Error	
Re-re	gistration App	olication				
You a the p	ppear to have aper renewal o	opted for pap check.	per renewal forms. If	you would prefer to co	mplete renewal ele	ctronically please go to your profile and remove
Hint:	Click your na	me above and	go to the Edit tab.			
Please	contact PHEC	C directly if you	u need assistance +35	3 (0)45 882042 or email (registration@phecc.	ie.
You ca tab).	an check the pr	rogress of an a	pplication by checking	g your PHECC Profile (clic	k your name at the t	top left of the webpage and click the Status/Receipts

ii. To update your Profile, click your name on the top left of the screen, click the Edit Details tab and you will see the option "I would like to receive paper forms" at the bottom of this screen, to proceed electronically, untick this box and Save your profile. Full details/instructions are available on The register or Registration Renewal pages of the website (Managing your PHECC Profile).

ersonal Profile	Edit Details	Edit Profile Picture	Data Protection	Status / Receipts
Home address t	for:			
Applicant	Ms. Testy M	AcTester		
Contact Phone		12345	6789	
Contact Email		daire	@phecc.ie	
Address Line 1		Here		
Address Line 2		There		
Address Line 3				
City		Every	where	
Eircode				
County		Co Ki	Idare 💌	
Country		Irelan	d 🔹	
Renewal option				
We will normally s	end all renewal an	d re-registration notices e	lectronically. If you wo	Identification receive these notices in the post please
check the box bel	ow.		M	
	ceive naner form			

iii. Return to the *Registration Renwal* page (click *The register* on the blue menu and click *Registration Renewal* on the left hand options to return you to *Step 4* above).