## **Cypherworx Registration Instructions**

Everyone will be required to register and create an account with Cypherworx before you are able to begin any of the training modules, specifically the NYS Collaborative Protocol training.

- Start by navigating to the following webpage: <a href="https://collabornation.net/login/urdpm">https://collabornation.net/login/urdpm</a>
   Please note that you MUST use this URL listed to create a free account with access to our training.
- 2. You should be directed to the page shown below. Please complete the information in the red box as a first time user of the system. Once complete, press the 'Create Account' button at the bottom of the page.

| Email<br>Password | Enter  |
|-------------------|--|
| Password          |  |
| For               | got your password or email?  |
|                   |  |
|                   | SIGN UP<br>n account on CollaborNation.net, you can create one by<br>ation and clicking Create Account. All fields are required  |
| 'irst Name        | Last Name  |
| mail Address      | Confirm Email Address  |
| Password          | Password strength:   |
| onfirm password   |  |
|                   | Your email address and password will be<br>used to log in to your account. Your email<br>will also be used for any notifications.<br>Passwords are required to be at least 5<br>characters in length and are case sensitive. |
| САРТСНА           |  |
|                   | anxiding the fallowing inform<br>Irst Name<br>mail Address<br>assword  |

3. If all your information was entered correctly, you should be directed to the following page. Please select the blue 'Join Free' button to continue the enrollment process.

| 9     | Further instructions have been sent to your e-mail address.<br>Log in successful for Christopher Galton.   |
|-------|--|
|       | Welcome to University of Rochester Division of Prehospital   |
|       | Medicine   |
| 'ou a | re about to join <i>University of Rochester Division of Prehospital Medicine</i> at no cost to you. If this is correct, please confirm that you would like to join. If you do not wish to join, you may return to the home page. |
|       |  |

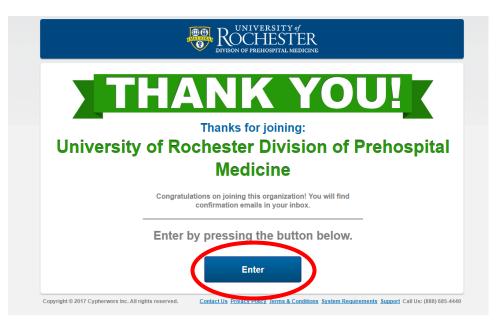
4. Select 'Yes' to confirm your enrollment.

|  | DIVISON OF PREHOSPITAL MEDICINE   |  |  |
|--|---|--|--|
| Further Instructions have been sent<br>Log in successful for Aaron Farrey.     Welcome to Un | Are you sure that you would like to join University of<br>Rochester Division of Prehospital Medicine?   |  |  |
|  | Rochester Division of Prehospital Medicine at no cost to you. If this is correct, please Id like to join. If you do not wish to join, you may return to the home page.         Join (FREE)       Home |  |  |
| Copyright © 2017 Cypherworx Inc. All rights reset  |   |  |  |

- 5. You will then be asked to provide some additional information about your certification level, contact phone number, and MLREMS agency affiliations. All of these fields are able to be edited as long as your account is active, but must be completed at the time of registration. Below are a few suggestions to help you navigate these fields.
  - Please select the highest EMS level of certification that you practice at in the MLREMS region, even if you do not practice at that level at ALL of your agencies. (Example: You are a paramedic for Gates Ambulance but are only able to practice as a BLS EMT at Gates Fire Department select paramedic)
  - The field for 'Primary Agency' is at your discretion, but typically your place of full time employment, even if it is not here you practice at your highest level of care.
  - 'Additional Agencies' should be completed for as many agencies as possible. This will allow one training to be accepted by all your agencies simultaneously, saving you the time to make copies or send emails.
  - If you have no additional agencies, the field should be completed with the '\* No Additional Agencies field as a place holder.
  - Click 'submit' once all the fields have been answered.

| Additional Reg           | istration Information               |   |  |  |
|--------------------------|-------------------------------------|---|--|--|
| Additional Neg           | Additional Registration Information |   |  |  |
| Level of Certification*: | Select an option                    | ٠ |  |  |
| NYS EMS Region*:         | Select an option                    | • |  |  |
| NYS EMT Number*:         |                                     |   |  |  |
| Provider's Phone Number: |                                     |   |  |  |
| Primary Agency*:         | Select an option                    | ٠ |  |  |
| Additional Agency*:      | Select an option                    | ۲ |  |  |
| Additional Agency*:      | Select an option                    | - |  |  |
| Additional Agency*:      | Select an option                    |   |  |  |
| Additional Agency*:      | Select an option                    | • |  |  |
| Additional Agency*:      | Select an option                    |   |  |  |
|                          |                                     |   |  |  |

6. You may now simply select Enter to complete the process and enter the Cypherworx site.



7. Once you enter the University of Rochester, Division of Prehospital Medicine site, you should see a screen similar to the one below. The assigned courses will vary based on your level of certification, but everyone should have something assigned to them if you completed the registration correctly

|                     | My Courses Course Catalog Discussions Events Resources Teams   |  |  |  |  |
|---------------------|--|--|--|--|--|
|                     | ) items  |  |  |  |  |
| Learner Settings    | My Courses   |  |  |  |  |
| Site Members        | CEUs Earned: 0 / 0 (year/total) Clock Hours: 0 / 0 (year/total) (What is a CEU?)   |  |  |  |  |
| Transcript          |  |  |  |  |  |
| Additional Training | Click on the Take Course link below to take or return to your course. If you wish to no longer list a certain course on this page please<br>click the delete button. Once courses are deleted they will no longer appear in your My Courses section. |  |  |  |  |
| · Log Out           |  |  |  |  |  |
|                     | Collaborative Protocol Update - ALS Providers Collection<br>(Collection)   |  |  |  |  |
|                     | CEUS Earned: 0   |  |  |  |  |
|                     |  |  |  |  |  |
|                     | Notes Delete Expand  |  |  |  |  |
|                     | Collaborative Protocol Update - Ketamine   |  |  |  |  |
|                     | NOT STARTED IN No Expiration CEUS Earned: 0  |  |  |  |  |
|                     | Notes Delete   |  |  |  |  |
|                     | Collaborative Protocol Update - Patella Dislocation NOT STARTED No Expiration CEUS Earned: 0 Take Course   |  |  |  |  |
|                     |  |  |  |  |  |

If you have any questions, please contact us at <u>mlrems@mlrems.org</u>, or by calling 463-2900