WELCOME TO SERV-NV

Registration Guide

State Emergency Registry of Volunteers NEVADA (SERV-NV)

Be Prepared! Get Involved! Volunteer!

- Nevada has been working on a way to ensure volunteers are easily accessible during emergencies.
- SERV-NV was developed to collect and maintain volunteers who are able to provide assistance to an affected area during a disaster or public health emergency.
- It is now required that all volunteers register with SERV-NV prior to deployment.

This presentation will walk you through the registration process!

First Steps:

SERV NV

BE PREPARED, GET INVOLVED
VOLUNTEER!

Home
Register Now
Contact Us
FAQ
Terms of Service
Privacy Policy

Welcome to SERVNV

State Emergency Registry of Volunteers Nevada (SERV-NV) is a secure, Web-based system used to register, qualify and credential Nevada's healthcare professionals before a major public health or medical emergency. From this site registrants may elect to join local Medical Reserve Corps, SERV-NV, or both.

SERV-NV is Nevada's registry for Emergency System of Advance Registration for Volunteer Health Professionals (ESAR-VHP). ESAR-VHP is a national network of state-based systems, which verifies the identity and credentials of health professionals so that they can more readily volunteer for disaster, public health, and medical emergencies. By registering through our state ESAR-VHP registry (SERV-NV), volunteers' identities, licenses, credentials, accreditations, and hospital privileges are all verified in advance of a public health and medical disaster or emergency.

Member Login
Username:
Password:
Forgot Username or Password?
Log In

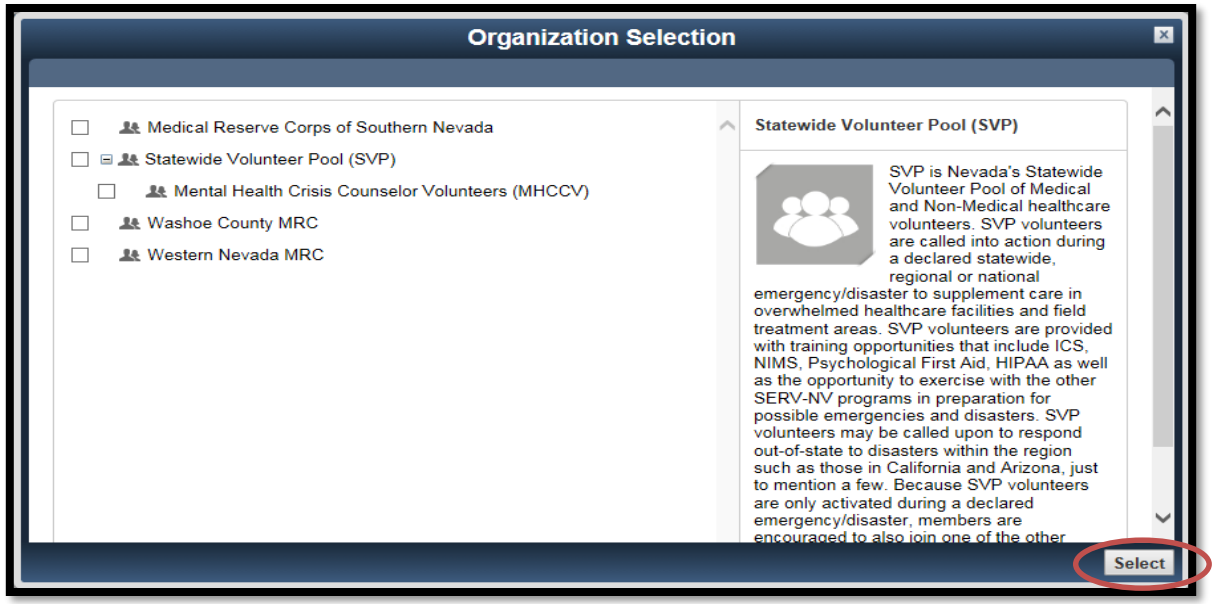
Not Registered?
Register Now

Home | Register Now | Contact Us | FAQ | Terms of Service | Privacy Policy

- In your browser type in **https://servnv.org**
- SERV-NV Log-in/Registration page
- Click on **Register Now**

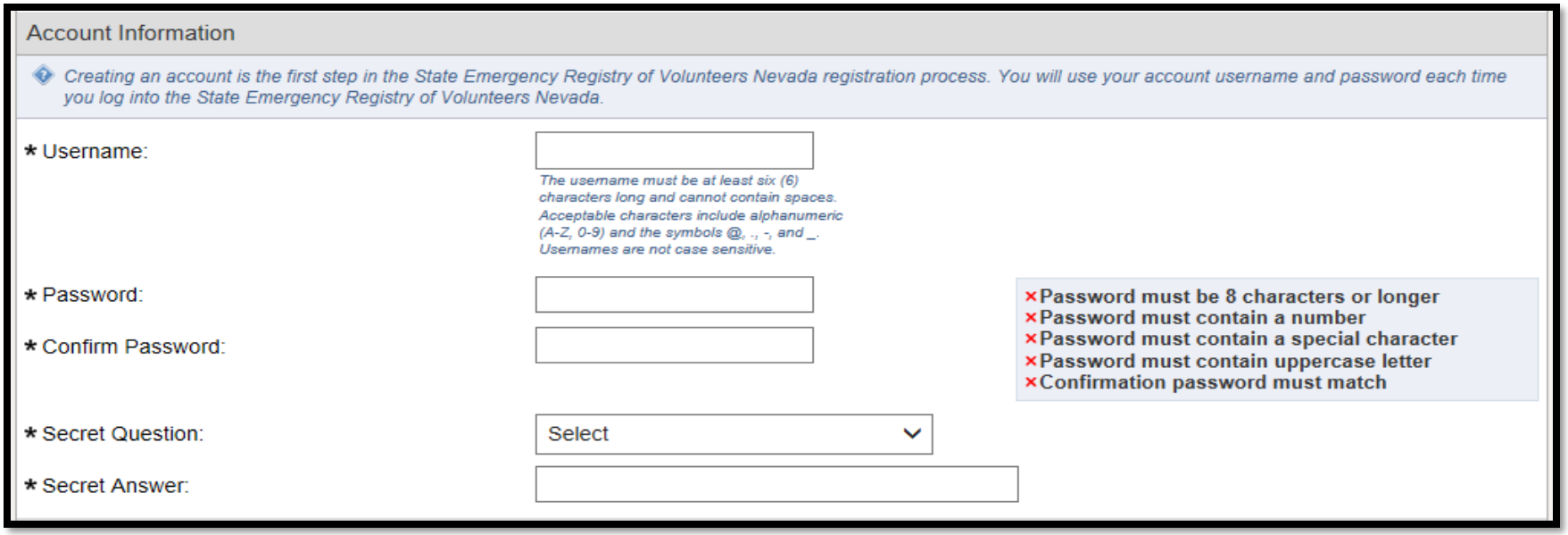
The first thing you will be asked to do is **Add an Organization**.
Click **Add Organizations**

Next you will see a list of options, check the box(es) of the groups you want to join, then click **Select**. *Note: If you click on the groups, a short description of each organization will display on the right.



Account Information:

- Enter a Username and Password you will use to log into servnv.org.
- Remember to keep your Username and Password.
- Select a secret question and provide an answer.



Account Information

Creating an account is the first step in the State Emergency Registry of Volunteers Nevada registration process. You will use your account username and password each time you log into the State Emergency Registry of Volunteers Nevada.

* Username:

The username must be at least six (6) characters long and cannot contain spaces. Acceptable characters include alphanumeric (A-Z, 0-9) and the symbols @, ., -, and _. Usernames are not case sensitive.

* Password:

* Confirm Password:

×Password must be 8 characters or longer
×Password must contain a number
×Password must contain a special character
×Password must contain uppercase letter
×Confirmation password must match

* Secret Question: Select

* Secret Answer:

Terms of Service and Privacy Policy:

Read all Terms of Service, Information Pledge, and Background Check Consent, then agree by **checking** the boxes next to each one.

Terms of Service and Privacy Policy

* Terms of Service:	☐ By checking this box, I indicate that I agree to the Terms of Service and have read and understand the Privacy Policy for this site. My submission of this form will constitute my consent to the collection and use of this information and the transfer of this information across the Internet to processing and storage facilities supporting this system. I also agree to receive required administrative and legal notices such as this electronically.
* Information Pledge:	☐ By checking this box, I pledge to provide only correct information when completing this registration process. I also give consent to the State Emergency Registry of Volunteers Nevada and their designated agents to collect, use, verify, and maintain any information that is collected through the use of this site.
* Background Check Consent:	☐ By checking this box, I do hereby authorize a background check.

Name and Address Information:

Next, enter your **Name and Address** information.

Name and Address

Prefix:
Example: Dr., Col., Mr., Mrs., Ms.

* First Name:

Middle Name:

* Last Name:

Suffix:
Example: Jr., Sr., MD., PhD, RN

* Address Line 1:

Address Line 2:

* City:

* State: Nevada

* County or Tribe of Residence: County Tribe
If you are a tribal member, a tribal designee, or currently employed by a tribal government, please enter a Tribe of Residence.

* Zip Code:

Alternate Address Line 1:

Alternate Address Line 2:

City:

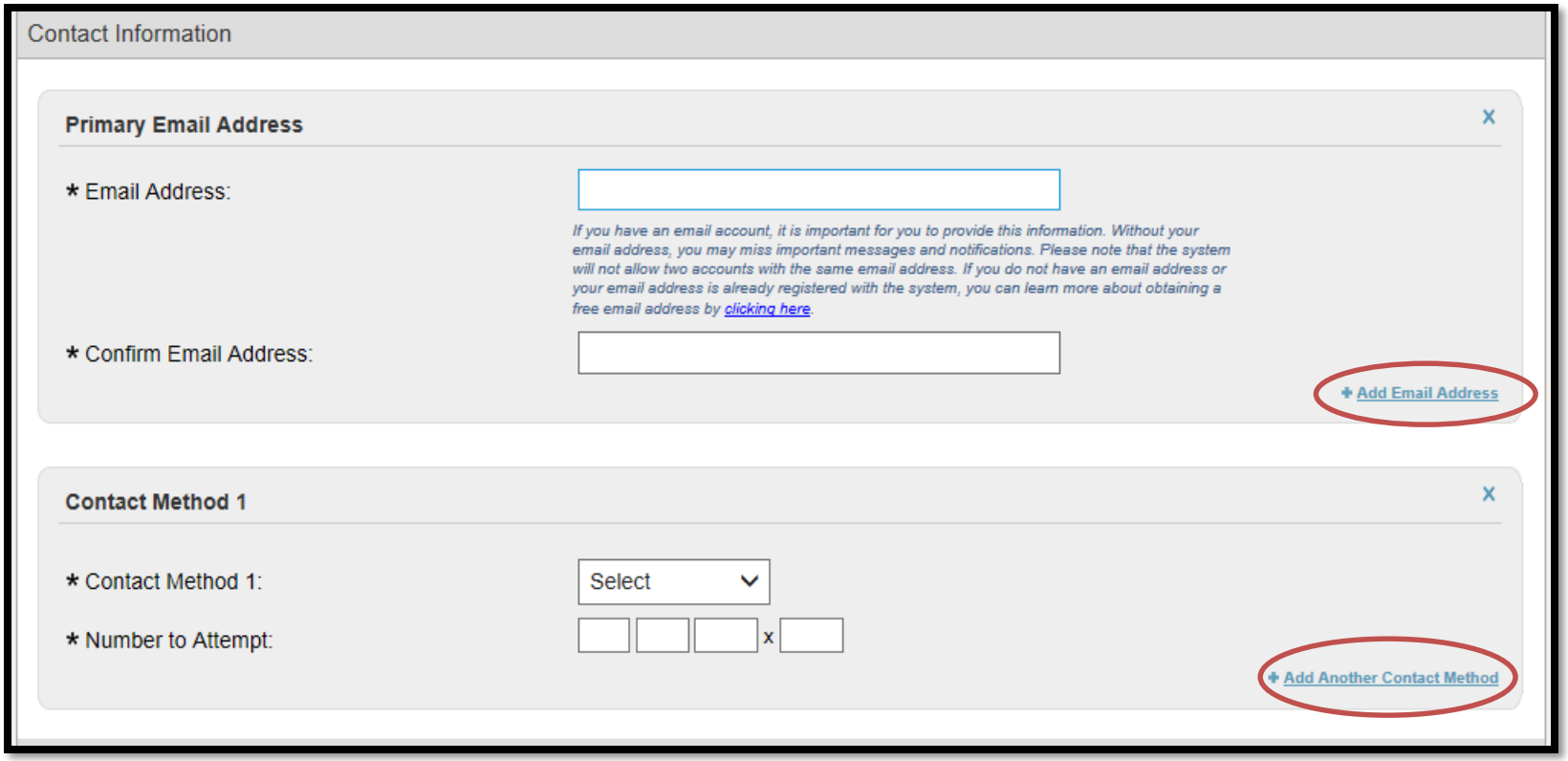
State: Select

Zip Code:

Contact Information:

Next, enter in your **Contact Information**.

*Note: Although one (1) is required, you can add up to two (2) email addresses and five (5) phone numbers. You can also arrange which phone number you want called as a 1st attempt, 2nd, etc. by using the arrows on the right hand side next to each number.



Occupation Information:

Occupation Information

* What is your occupation type? Select

Select **Medical** or **Non-Medical**, then select your occupation and the current status. *Note: The occupations list is arranged in alphabetical order, broken into two occupation types, medical and non-medical.

Occupation Information

* What is your occupation type? Medical

* Occupation: Select

If your occupation does not appear in the list, please select Other.

* What is your current professional status for this occupation? Select

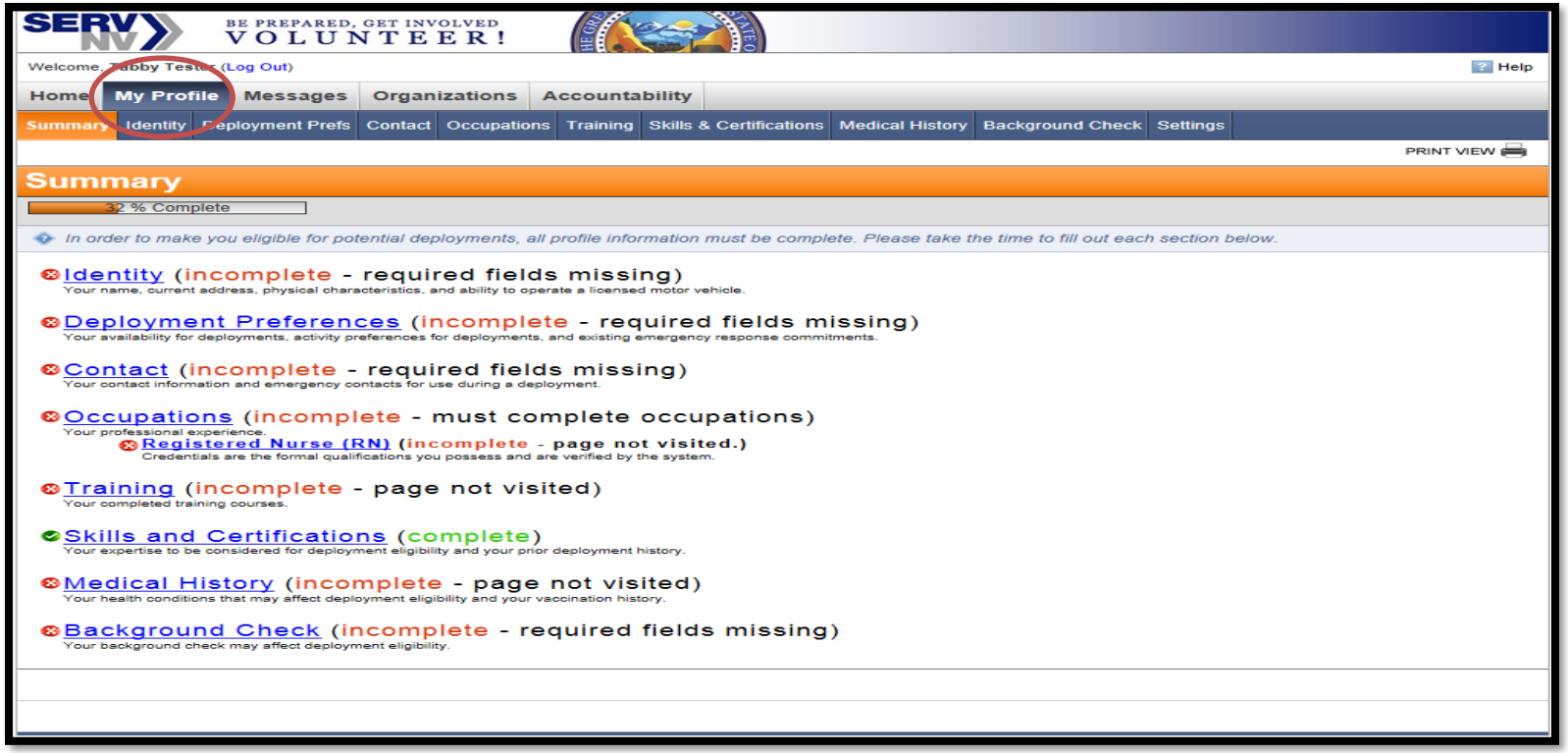
Previous Next

Click **Next**

Once you have clicked **Next**, you will see this notice:

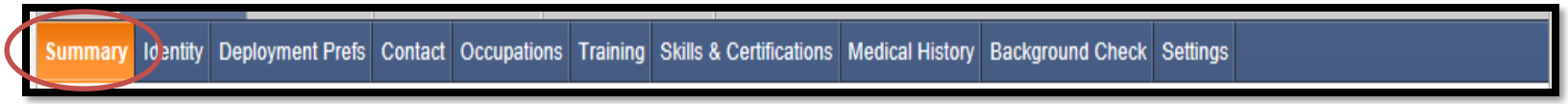
Click on **Profile Summary** to complete your profile.

All of the following pages can be seen in **My Profile.** Please visit each section to fill in the required information. At the top of each page there is an **Edit Information** button. After you have filled in your information, scroll to the bottom and click **Save Changes**, then move on to the next section.



When you have successfully saved your data, you will see the green Success bar at the top.

You can use the **tabs** at the top to **visit each section**, or you can use the **Summary** tab to see the areas you have not yet visited.



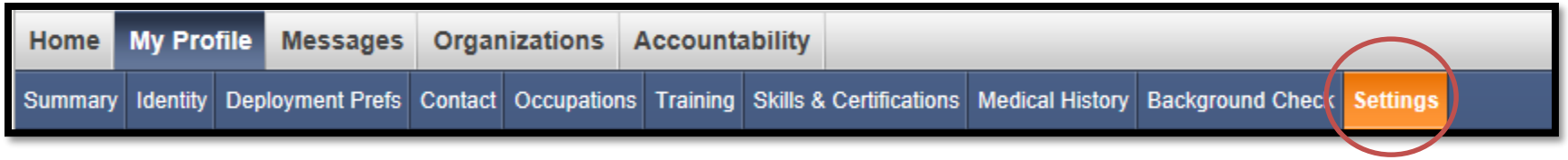
*Note: On the **Summary** tab, the **Skills & Certifications** section will already be **green** indicating it is complete even if no information has been entered. Please be sure to visit this page as well to add any information you think would be relevant.

*Note: On the **Summary** tab, the **Training** and **Medical History** sections will turn **green** indicating they are complete once you have visited them, even if no information has been entered. You can come back anytime to make changes.

Also within **My Profile** is the **Settings** section.

Within the **Settings** tab, you are able to:

- Change your Account Status
- Change your Username
- Change your Password
- Change your Security Question
- Change your Display Preferences



Once you have completed each section, go back to the **Summary** tab to review.

Home | My Profile | Messages | Organizations | Accountability

Summary | Identity | Deployment Prefs | Contact | Occupations | Training | Skills & Certifications | Medical History | Background Check | Settings

PRINT VIEW

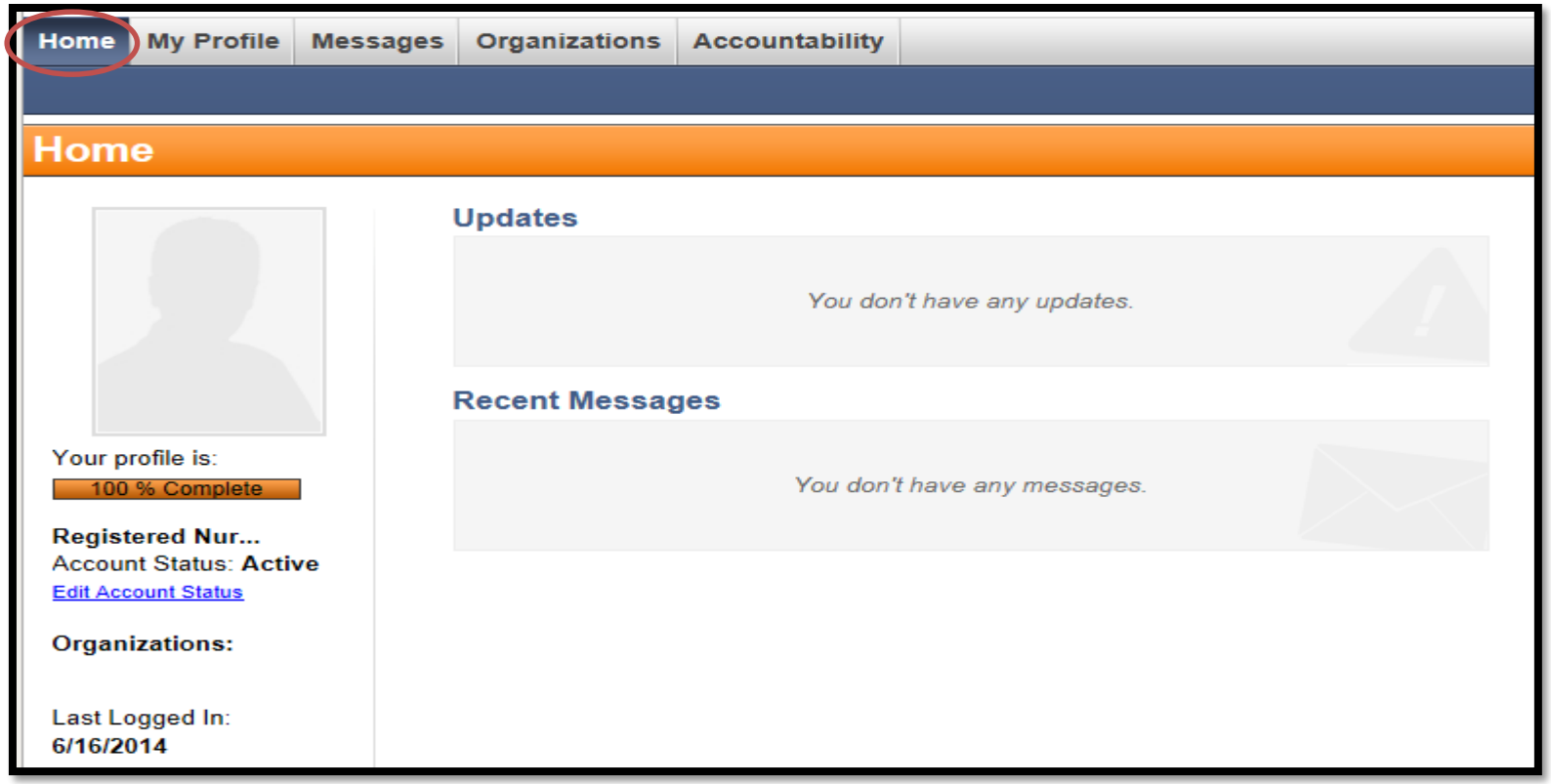
Summary

100 % Complete

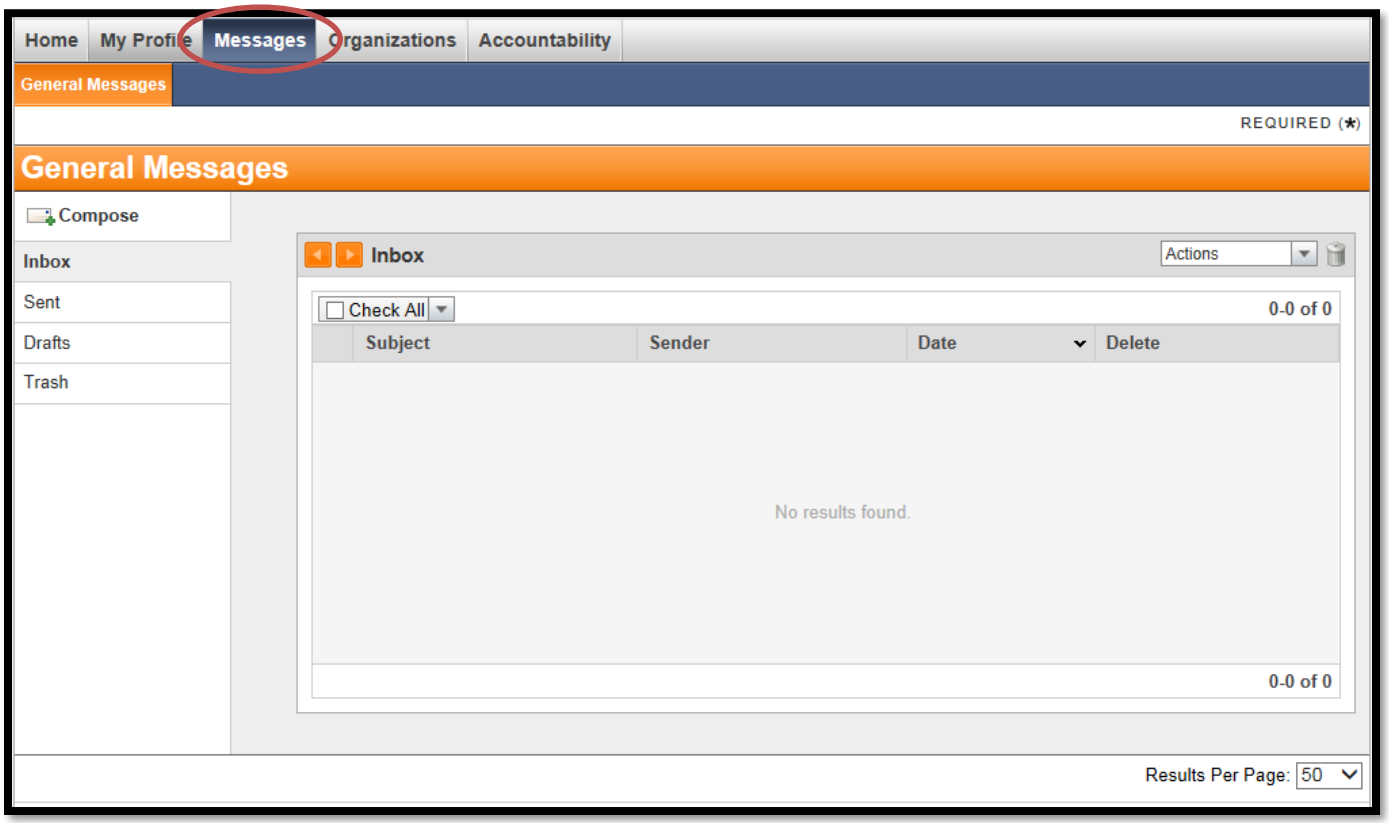
- Identity (complete)
  Your name, current address, physical characteristics, and ability to operate a licensed motor vehicle.
- Deployment Preferences (complete)
  Your availability for deployments, activity preferences for deployments, and existing emergency response commitments.
- Contact (complete)
  Your contact information and emergency contacts for use during a deployment.
- Occupations (complete)
  Your professional experience.
  - Registered Nurse (RN) (complete)
    Credentials are the formal qualifications you possess and are verified by the system.
- Training (complete)
  Your completed training courses.
- Skills and Certifications (complete)
  Your expertise to be considered for deployment eligibility and your prior deployment history.
- Medical History (complete)
  Your health conditions that may affect deployment eligibility and your vaccination history.
- Background Check (complete)
  Your background check may affect deployment eligibility.

Your profile should be at 100% complete.

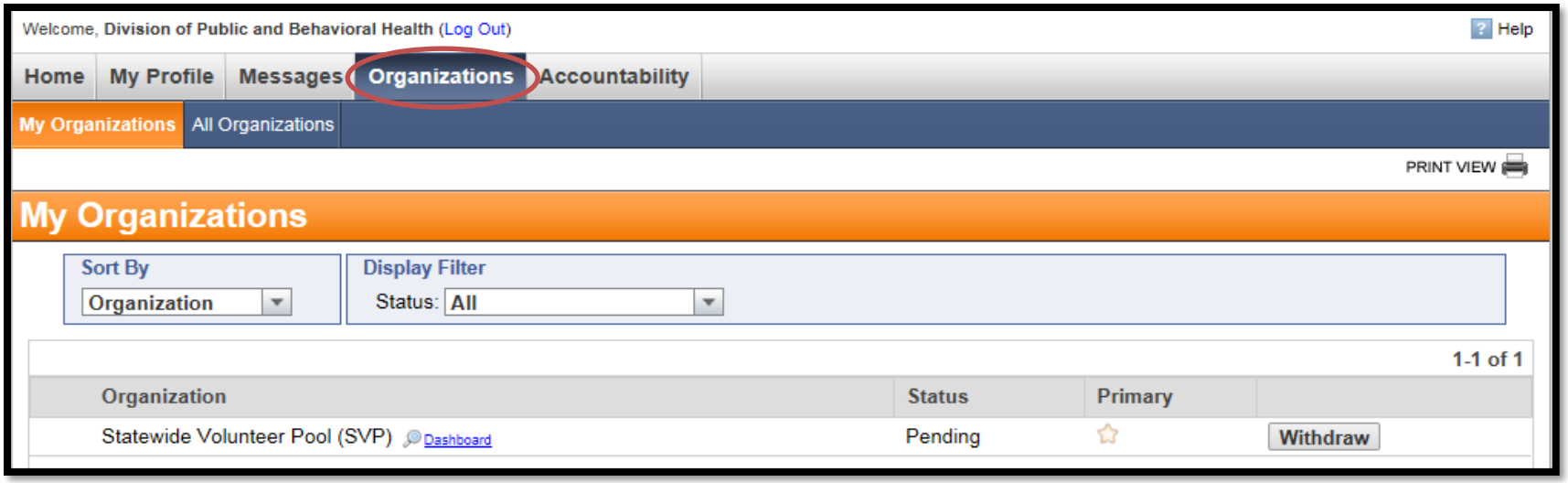
After your profile is complete, the next time you log in, it will take you to the **Home** tab. From there you can view any updates or any messages you may have received since the last time you logged in.



On the **Messages** tab, you can view all of your messages, and you can send messages to the organization coordinator/administrator.



From the **Organizations** tab, you can view which organization(s) you are apart of and check your status. From here you can also withdraw from an organization.



If you click on **All Organizations** you will see a list of the organizations that are available for you to join. Simply click on the title of the Organization, then click the **Join** button located above the Organization description on the right.

Thank you

- For more information regarding:
  - Statewide Volunteer Pool (SVP),
  - Mental Health Crisis Counselor Volunteers (MHCCV), or
  - Website/Helpdesk issues or general information request, please contact:

  Tabatha Hart, 775-684-5986, **servnv@health.nv.gov**

- **Medical Reserve Corps of Southern Nevada,** please contact: Deborah Moran, 702-759-1342, **moran@snhd.org**
- **Washoe County Medical Reserve Corps**, please contact: David Gamble, 775-326-6050, **dgamble@washoecounty.us**
- **Western Nevada Medical Reserve Corps**, please contact: Jeanne Freeman, 775-283-7217, **jmfreeman@carson.org**