



Service Affiliation Request

Purpose

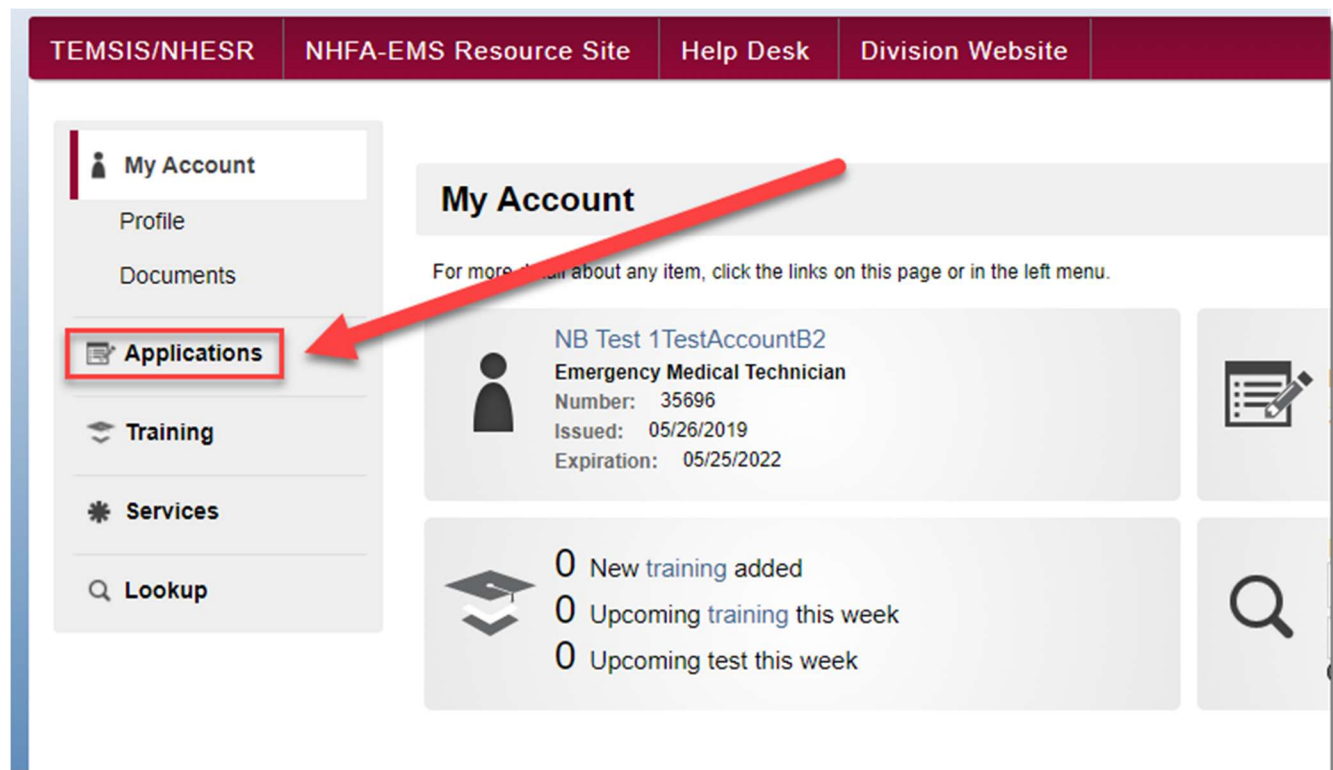
This guide will outline the process to request a new service affiliation in RespondNH.

Users of RespondNH can now generate a service affiliation request from their individual RespondNH accounts. This request will be automatically sent to the appropriate service leader to approve or deny the request.

If you have any questions about this process, you may halt this application and contact The Division of Fire Standards and Training & EMS at fstems@dos.nh.gov or 603-223-4200.

User Generated Request Procedure

1. Navigate to <https://www.respondnh.org> We recommend using Google Chrome web browser.
2. Login using your credentials. See Claiming Your Account if you have never logged in before.
3. Select "Applications" from the left-hand menu:



4. Select "View My Applications":

The screenshot shows the 'Available Applications' section of the NH FSTEMS portal. The user is logged in as 'NB Test 1TestAccountB2'. The page lists available applications for the user, including '1TestAccountB2 Jr, NB Test Middle (35696)'. A red arrow points to the 'View My Applications' button in the top right corner of the application list.

5. Select Name Change Application from the list of available applications and choose "Service Affiliation Request – From User" – Click "Apply Now":

The screenshot shows the 'My Applications' section of the NH FSTEMS portal. The user is logged in as 'NB Test 1TestAccountB2'. The page displays a list of applications, including 'Name Change Application', 'EMS Provider - Reprint EMS Provider Card', and 'Service Affiliation Request - From User'. A red arrow points to the 'Apply Now' button for the 'Service Affiliation Request - From User' application.

6. The application form will open automatically. This application is divided into two sections.

Section 1: Your User Profile & Demographics

This section will outline your name, date of birth, and email address. Please make any corrections necessary. Note: if you require a name change, please exit this application and see the Name Change Application before continuing with your Service Affiliation request.

Please complete any missing information below

▼ Section 1: Your User Profile & Demographics

First Name: NB Test

Middle Name: Middle

Last Name: 1TestAccountB2

Suffix: Jr

If your name is inaccurate, please exit this application and complete the name change application, before submitting your affiliation request.

*Birth Date: 4/8/1983  Today

*Email: nbibeahsem2@gmail.com

Section 2: New Service Information

Use the drop-down box to select the service with which you are requesting an affiliation. If you cannot locate the service, please contact The Division of Fire Standards and Training & EMS at fstems@dos.nh.gov or 603-223-4200.

Select the service you would like to affiliate with and choose "Submit":

▼ Section 2: New Service Information

*Service you are requesting affiliation with:

1F - TEST Fire Agency (NHEV-2020-9800)

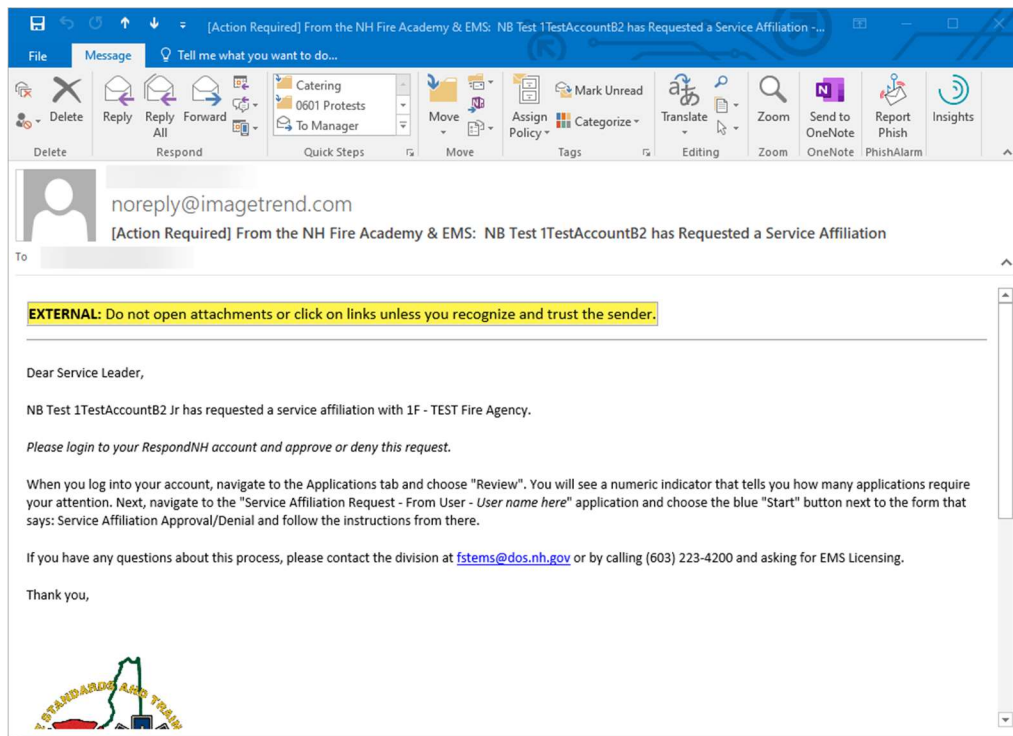
By pressing submit, your affiliation request will be sent to the service leader(s) for approval. You will be notified when it is approved or denied.

☒ Submit

Service leaders from the service you have requested affiliation with will be notified of your request. You will receive an email when the request has been approved or denied.

Service Leader Approval/Denial of Affiliation Request

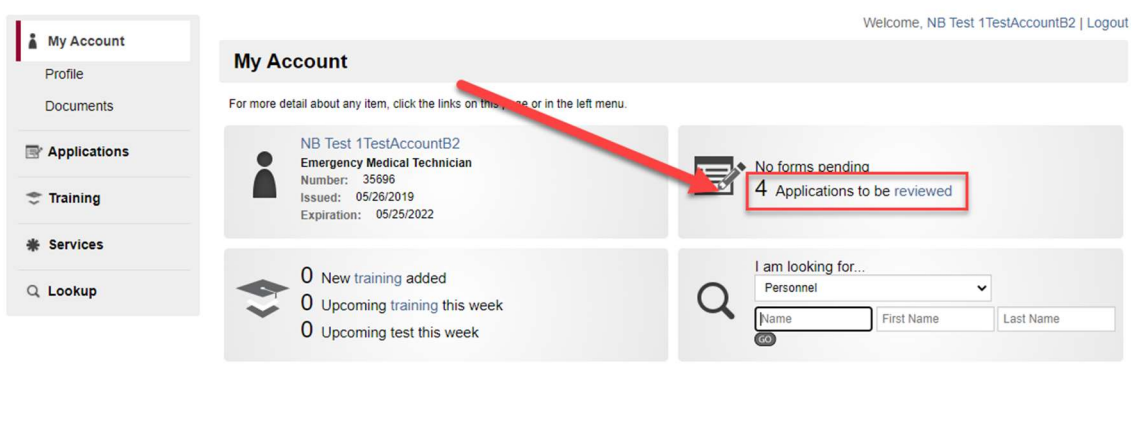
Service leaders will receive an email from The Division of Fire Standards and Training & EMS that looks something like this:



This will indicate that a user has requested an affiliation with your service. Please follow the instructions and login to your RespondNH account. If you have never logged in before, please see the guide "Claiming your Account".

Approving or Denying the Request

1. Login to RespondNH at <https://www.respondnh.org>
2. As a service leader, any pending application, needing review will appear here:



3. Click the link and navigate to “Review Applications”
4. Choose the appropriate application and choose “Start” under forms next to: “Service Affiliation Approval/Denial”

Welcome, NB Test 1TestAccountB2 | Logout

My Account

- Applications**
 - Continue
 - Review 4
- Training
- Services
- Lookup

Review Applications

The *Continue* button will be displayed for each form that you need to review.

You can click the grey header bar for any application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click Go to search for licenses matching your criteria. If you want to view all licenses again, click Clear.

Select Application Status

▼ **Service Affiliation Request - From User - (1TestAccountB2 Jr, NB Test Middle)**

Status: Submitted - Pending Additional Forms
 Number:
 Level(s):
 Forms: 0 of 1 completed

Initiated On: Jun 28, 2021
 Issue Date:
 Expiration Date:

Form	Requested	Completed	Action
Service Affiliation Approval/Denial	Jun 28, 2021		<input checked="" type="checkbox"/> Start

Records 1-1 of 1 First Previous Next Last Page 1 Per Page 10

5. The service affiliation request will open automatically. Review the user and service information for accuracy.

Welcome, NB Test 1TestAccountB2 | Logout

My Account

- Applications**
 - Continue
 - Review 4
- Training
- Services
- Lookup

Service Affiliation Request

Service Leader Affiliation Approval/Denial Form

▼ **Section 1: User Requesting Affiliation**

First Name: NB Test

Middle Name: Middle

Last Name: 1TestAccountB2

Suffix: Jr

Birth Date: 4/8/1983

With the following service:

Service: 1F - TEST Fire Agency (NHEV-2020-9800)

*Do you approve of the affiliation request?

☐ Yes ☒ No

Please choose submit below. Your service roster will NOT be changed and the system will notify the user that the service affiliation has been denied.

☒ Submit

6. Select the radio button indicating your approval or denial. If you select “No” you are finished with the form, just choose “Submit”. If you choose “Yes” Section 2: Employment Details will open:

***Employment Status:** Select Employment Status

Primary Service: ☐ Yes ☐ No

If you are adding or updating multiple services on this form, please keep in mind that only one service can be set as the primary service. If you flag multiple services as primary, only the last service listed in the grid that has the Primary flag set as Yes will be marked as the primary service.

Position: ☐ Authorized Representative and EMS License Signer

- *Will the affiliated user be participating in the State of New Hampshire Group 2 Retirement System?

Your agency will receive an email with a Form A attachment; per rule, you will have 15 days to complete and return the Form A from the hire date. If you have any questions about this process, please contact the NH Division of Fire Standards and Training & EMS at 603-223-4220.

- Primary Job Role:

Select Primary Job Role

Responsibilities:

☐ Patient Care Provider

☐ Fire Suppression

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