Scheduling Your New York State Emergency Medical Services Certification Exam Via Computer Based Testing with PSI Testing Services

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1. Candidates will receive the following email once they have been imported and approved to schedule.

Dear JOHN R DOE:

Your eligibility for the Certified Lab Instructor Examination has been approved. Please visit our website at www.goamp.com or call (833) 310-6428 to schedule an examination appointment. You must schedule and complete your examination before your eligibility period expires on 09/19/2020. When scheduling an appointment, NYE123456 will be used for your ID#.

If you have questions concerning your eligibility or scheduling a testing appointment, please contact Candidate Services at (833) 310-6428. Best wishes for success on the Certified Lab Instructor Examination!



2. Log onto https://www.goamp.com/

3. Select Candidates



- 4. Select: Healthcare NYS DOH DOH of Emergency Medical Services Your desired exam type
- 5. You should then be routed to the page below:



I Need to Set up An Account with PSI

1. If it is your first time in the platform, you will need to click on New User?

Log In
Please enter your login information. Passwords are case sensitive.
User name: Password: Log In
New user
Forgot your password?
Forgot your user name?
If special accommodations are being requested, do not continue with the online registration process and contact AMP at 800/345-6559 to schedule your examination.

7. Please complete the required fields (illuminated in orange) then click continue. Please also note:

A. You must only use your 9-Digit ID# for the "SSN OR Assigned ID#" Field beginning with NYE.

B. B. You must also use the zip code associated with the home address on your record.

New User	
Please complete the info	rmation below. Required fields are displayed in orange.
Choose a user name and password	
Choose a user name:	JohnSmith (8 to 20 characters in length)
Choose a password:	••••••• (Case Sensitive. 8 to 20 characters in length)
Re-enter password:	•••••
Enter your personal identification inf	ormation
First Name:	John
Middle Name:	
Last Name:	Smith
Zip Code:	10001
	(5 Digits. For addresses outside of the United States, please enter 00000.)
SSN OR Assigned ID#:	NYE123456 (9 characters, no spaces or dashes)
Verify SSN OR Assigned ID#:	NYE123456
Cont	inue

3. The system will then locate your eligibility file. Please fill out all fields in orange as they are required.

	MailingAddress
Address 1	18000 W 119th
Address 2	
City	Olathe
County	
State	KS V
Zip Code	66061 -
Country	UNITED STATES OF AMERICA
Email Address	bkalinowski@psionline.com
Home Phone	7176823626 ext
Work Phone	ext
Fax Number	
Cell Phone	
Date of Birth	January • 15 • 1980 •
Gender	Female
	Cancel Next

4. After selecting security questions, you will then be routed to the payment page below. Please fill out all fields and click submit for credit/debit Next. Insert voucher code and click Apply Code if paying with voucher.

				_	
Coupon or voucher co	de (if applicable)			Α	pply Code
Fee			Amount		
Certified Lab Instructor	Examination		\$28.00		
Total			\$28.00		
Fees are processed in	US dollars				
Total amount due is: \$28	.00				
Cardholder First Nam	ејони]		
Cardholder Last Nam	e doe]		
Billing Address	1234 NEW YORK AVE	E]		
Billing City	NEW YORK]		
Billing State	NY V				

5. Next, you will need to select, and answer security questions then click submit:

Security Questions		Welcome, Test.user Log Out
To enhance security v	we require that you complete the follo	owing questions. Answers to
the questions are not case s	sensitive.	
Please select your first security question:	Where did you go to elementary school? •	
Please enter your answer here:	School	Letters and numbers only.
Please select your second security question:	What is your favorite sports team?	
Please enter your answer here:	Sports	Letters and numbers only.
Please select your third security question:	What was your high school mascot?	
Please enter your answer here:	Mascot	Letters and numbers only.
	Submit	

6. You will be brought to the scheduling platform and will see the exam details you're eligible to schedule for. Please click Schedule Exam.

EXAM NAME	
Certified in Public Health Examination - Ready to Schedul	le
CONFIRMATION NUMBER:	
865752131	
EXAM DURATION:	
240 minutes	
	Schedule Exam
Security Procedures	Required Identification Documents
You must arrive at the exam center 30 mins before the start of your scheduled time or forfeit your examination fees and you will not be allowed to take your scheduled test	Government-issued ID
se di conferenzione en la majorita 🕈 de conte feranzi (con	Note: Please refer to your program's Candidate Information Guide for additional required documentation
< Go to Dashboard	

7. A pop up will appear giving you the option to either select Test Center or Remote Online Proctored.

Please select a delivery mode for scheduling	×
Delivery mode	
Test Center Ø	
Remote Online Proctored Exam ②	
Cancel Continue	

- **Test Center** –You will go to a physical PSI test center and will be guided through the exam process by a Test Center Administrator.
- **Remote Online Proctored** You will test from your home, office, or other suitable location and will be guided through the exam process by a Remote Proctor.
 - \circ $\;$ Please see minimum system requirements for this option.

I Already Have an Account with PSI

If you have already created your account and want to: Schedule a later date/time Launch your online remotely proctored exam

- 1. Click on the same link in your eligibility email from PSI
- 2. Enter your username and password
- 3. Click on Log In

Log In
Please enter your login information. Passwords are case sensitive.
User name: test.user
Password:
Log In
New user?
Forgot your password?
Forgot your user name?
If special accommodations are being requested, do not continue with the online registration process and contact AMP at 800/345-6559 to schedule your examination.

8. After selecting security questions, you will then be routed to the payment page below. Please fill out all fields and click submit for credit/debit Next. Insert voucher code and click Apply Code if paying with voucher.

Coupon or voucher coo	de (if applicable)		Apply Code
Fee		Amount	
Certified Lab Instructor	Examination	\$28.00	
Total		\$28.00	
Fees are processed in U	JS dollars		
Total amount due is: \$28.	00		
Carunoluer First Nam			
Cardholder Last Name	DOE		
Billing Address	1234 NEW YORK AVE		
Billing City	NEW YORK		
Billing State	NY 🗸		

4. You will then be directed to the scheduling platform and will see the exam you are eligible to schedule for. Click Schedule Exam.

EXAM NAME	
Certified in Public Health Examination - Ready to Schedu	le
CONFIRMATION NUMBER:	
365752131	
XAM	
DURATION:	
	Schedule Exam
	Schedule Exam
Security Procedures	Schedule Exam
Security Procedures	Schedule Exam
Security Procedures	Schedule Exam Required Identification Documents Government-Issued ID
Security Procedures for must arrive at the exam center 30 mins before the start your scheduled time or forfeit your examination fees and ou will not be allowed to take your scheduled test	Schedule Exam Required Identification Documents Government-issued ID Note: Please refer to your program's Candidate Information

5. A pop up will appear giving you the option to either select Test Center or Remote Online Proctored.

Please select a delivery mode for scheduling	×
Delivery mode	
Test Center Ø	
Remote Online Proctored Exam Ø	
Cancel Continue	

- **Test Center** –You will go to a physical PSI test center and will be guided through the exam process by a Test Center Administrator.
- **Remote Online Proctored** You will test from your home, office, or other suitable location and will be guided through the exam process by a Remote Proctor.
 - Please see minimum system requirements for this option.

I Want to Test in a Test Center

1. Select Test Center as the delivery mode.

Please select a delivery mode for scheduling	×
Delivery mode	
Test Center Ø	
Remote Online Proctored Exam Ø	
Cancel Continue	

2. Select/Enter the following:

- A. A country in the top drop down
- B. A city or zip code in the second drop down
- C. A preferred month for testing (please note that your eligibility expiration date will be the last day available on the scheduling platform. For example, if your eligibility expires on September 30^t, that is the last day appointments will be available to you.)

D. Exam Center



Α	list	of	available	test	centers	will	appear:
---	------	----	-----------	------	---------	------	---------

Exam Center Address 🏦	Distance 12	First Available Date	11
1. OLATHE 18000 W. 105th St. Corporate Ridge Office Park Olathe KS US 66061	0.96 miles	01 July 2020	~
 Gladstone, Missouri (HRB) H & R Block Office 5941 Antioch Gladstone MO US 64119 	28.09 miles	07 July 2020	~
 JEFFERSON CITY 2410 Hyde Park Road Suite C Jefferson City MO US 65109 	140.8 miles	01 July 2020	~

3. Click on the name of your desired test center.

		July 2	2020			>	Available Start Time(s) for 01 July 2020
	Мо	Tu	We	Th	Fr	Sa	01-30 PM
			1	2	3	4	
	6	7	8		10	11	
	13					18	
9	20					25	
8	27						

- 4. Select a date on the calendar and a time for the exam.
- 5. Click on Continue at the bottom of the page.



6. A pop up containing the details of your selection will appear. You have the option to change your selection or continue booking your appointment.

Confirm Schedule Details an Certified in Public Health Examir	nd Proceed nation			×
Exam Center OLATHE 18000 W. 105th St. Corporate Ridge Office Park Olathe,KS,US 66061	Scheduled Date Jul 01, 2020	Start Time 01:30 PM (Time Zone: America/Chicago)	EXAM DURATION 240 Minutes	
	C	hange Continue		

- 7. After clicking on Continue, you will receive a pop up confirming your exam appointment was created successfully.
- 8. The information on your dashboard will then outline your appointment details.

< Go to Dashboard

I Want to Test Online

1. Select Remote Online Proctored Exam as the delivery mode.

Please select a delivery mode for scheduling	×
Delivery mode	
Test Center 2	
Remote Online Proctored Exam 2	
Cancel Continue	

2. Select/Enter the following:

- A. A country in the top drop down
- B. A time zone (Please note that your eligibility expiration date will be the last day available on the scheduling platform. For example, if your eligibility expires on September 30th, that is the last day appointments will be available to you.)
- C. A day and time you would like to take the exam
- D. Click Continue

Certified in Public Health Examination			
Proctored Exam Certified in Public Health			
Certified in Public Health			
Examination (240 minutes)			
ountry	Timezone		
Select	Select		*
Before taking your remote online proctored exam, plea Your location must support Voice over Internet Protoco	e check system compatibility - o (VoIP) in order to complete the	exam.	
Corporate firewalls and VPNs may restrict user access.	is recommended that you use a	a personal device.	

	Mo	Tu	We	Th	Fr	Sa	05:00 PM 05:30 PM 06:00 PM 06:30 PM
					1	2	
	4	5	6	7	8	9	07:00 PM 07:30 PM 08:00 PM 08:30 PM
0	11	12	13	14	15	16	09:00 PM 09:30 PM 10:00 PM 10:30 PM
		19	20		22	23	
			27		29	30	11:30 PM
11							

3. After clicking on Continue, you will receive a pop up that your exam appointment

was created successfully.

The information on your dashboard will outline your appointment details.

B65752131	NUMBER:		
EXAM DATE:	EXAM TIME:	EXAM	
Jul 01, 2020	02:30 PM Time Zone: America/Chicago	DURATION: 240 minutes	
		Print Acknowled	gement Reschedule Launch Exam Cancel Schedul
Security P	rocedures		Required Identification Document
occurry i			
Please note that s while taking your	smoking, eating, or drir exam.	nking is not allowed	Government-issued ID
Please note that s while taking your If you are taking following:	smoking, eating, or drir exam. your exam via Web Del	iking is not allowed	Government-issued ID Note: Please refer to your program's Candidate Informatio Guide for additional required documentation
Please note that : while taking your If you are taking following: • You must t distraction	smoking, eating, or drir • exam. your exam via Web Del ake your exam in a priv	iking is not allowed ivery, note the rate room, free from	Government-issued ID Note: Please refer to your program's Candidate Informatio Guide for additional required documentation
Please note that : while taking your If you are taking following: • You must t distraction • To check y following I HERE for a	smoking, eating, or drir e xam. your exam via Web Del ake your exam in a priv 5. our system compatibility (System Compatibility (hking is not allowed ivery, note the vate room, free from ty, please visit the titons provided: CLICK Check	Government-issued ID Note: Please refer to your program's Candidate Informatio Guide for additional required documentation
Please note that : while taking your If you are taking following: • You must t distraction • To check y following I HERE for a • You can lat appointme	smoking, eating, or drir exam. your exam via Web Del ake your exam in a priv s. our system compatibilit ink and follow the direc System Compatibility (unch the exam within 3 nt time.	iking is not allowed ivery, note the rate room, free from ty, please visit the tions provided: CLICK Theck 0 minutes of your	Government-Issued ID Note: Please refer to your program's Candidate Informatio Guide for additional required documentation

You will also receive an email from <u>no-reply@psiexams.com</u> with your exam information.

PSI strongly encourages you to perform the system compatibility check by clicking on CLICK HERE under Security Procedures.

 To check your system compatibility, please visit the following link and follow the directions provided: CLICK HERE for a System Compatibility Check

I Want to Reschedule My Exam

1. Please review and follow the Log in procedures on Page 2. You will need you to complete the same steps to log in.

<u>OR</u>

1. You may also search for the exam at <u>http://online.goamp.com/</u>.

2. Select Candidates



3. Select Healthcare, NYS DOH Bureau of Emergency Medical Services, and your Examination.

ABOUT SERVICES CANDIDATES PORTALS E-STORE PSI CORPOR
Welcome to PSI Candidate Services
Everything You Need is Three Steps Away
Let us help you locate detailed information about your examination program! To find a candidate handbook, testing locations, fees and scheduling information, make a selection in each category below.
1 Healthcare v
2 NYS DOH Bureau of Emergency Medical Services
 3 Select an examination ~
Already have an account with us? Log in here
Handbooks Special Accommodations and Rescheduling

4. You may click on either Register for this exam or Reschedule this to reschedule your examination.

0	
	ABOUT SERVICE:
	NYS DOH Bureau of Emergency Medical Services
	Advanced EMT Examination
0	Candidate Support Center Information
	(833) 310-6428
	Additional Information
	Candidate Information Bulletin
	View Sponsor's Website Locate Testing Center Register for this Exam Reschedule this Exam
6	Back to Candidate Information