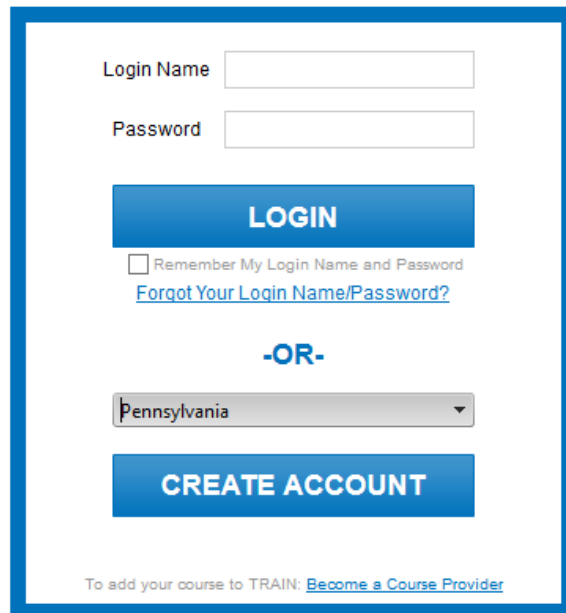


Using Train National Continuing Education

If you had an account on CentreLearn, your account has been switched over to Train National – to log in please use your same login information that you did with CentreLearn. If you have trouble, please call your Regional Council Office. **DO NOT CREATE A NEW ACCOUNT.**

If you did not have an account, select Pennsylvania then “Create Account”



The screenshot shows a login and account creation form. It features two input fields for 'Login Name' and 'Password'. Below these is a blue 'LOGIN' button. A checkbox labeled 'Remember My Login Name and Password' is present, along with a link for 'Forgot Your Login Name/Password?'. A separator '-OR-' is shown below. A dropdown menu is set to 'Pennsylvania'. Below the dropdown is a blue 'CREATE ACCOUNT' button. At the bottom, there is a link: 'To add your course to TRAIN: [Become a Course Provider](#)'.

*Note, when selecting a user login – please use pa and your cert number, for example pa123456

You will need to agree to the Train Policies:

Please read the following TRAIN policies carefully. If you agree to these policies, check the box below to continue with the registration.
Note: You must agree to these policies to be able to access the TRAIN website.

TRAIN Policies

- [1. General Policies and Liability Terms](#)
- [2. Confidentiality Statement](#)
- [3. Learner Rights and Responsibilities](#)
- [4. Course Provider Rights and Responsibilities](#)
- [5. Definitions](#)

I agree to these TRAIN policies

Next

Cancel

Next, fill out all required fields. (Required fields have a *)

Required Fields

Login Name *	<input type="text"/>
Password *	<input type="password"/>
Confirm Password *	<input type="password"/>
First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Position Title *	<input type="text"/>
Telephone (daytime) * Example: (777)777-7777	<input type="text"/>
Email *	<input type="text"/>
Confirm Email *	<input type="text"/>
Organization name *	<input type="text"/>
Department / Division *	<input type="text"/>
Address 1 *	<input type="text"/>
Country *	<input type="text" value="United States"/>
State / Territory *	<input type="text" value="Select"/>
City / Township / Town *	<input type="text"/>
Zip code / Postal code *	<input type="text"/>
County *	<input type="text"/>

Please choose your secret question and provide a ONE WORD answer.

Question *	<input type="text" value="Select Question."/>
Answer *	<input type="text"/>

Next

Make sure your information matches the information in the EMS Registry (EMS Portal) – information that doesn't match will prevent your ability to create an account and/or log in.

There are specific fields that must be completed the following way, not completing them as show below can prevent you from creating an account and/or logging in.

For “Professional Role” you must select “Emergency Responder” then in the drop down box select “Emergency Medical Services Personnel.”

Please choose a category of additional user attributes: Professional Role

Please take a minute to review all roles before making your selection.

Please select up to three (3) Professional Roles that best match your profession, and select Specialization where available.
If the “Other” option is selected, please enter specialization.

Professional Role	Value
<input type="checkbox"/> Allied Health Professional	Select
<input type="checkbox"/> Administrator / Director / Manager	
<input type="checkbox"/> Administrative Support Staff	
<input type="checkbox"/> Animal Control Specialist / Veterinarian	
<input type="checkbox"/> Biostatistician	
<input type="checkbox"/> Childcare Provider	
<input type="checkbox"/> Communicable Disease / Infection Control Staff	
<input type="checkbox"/> Computer / Information Systems Specialist	
<input type="checkbox"/> Dental Professional	Select
<input checked="" type="checkbox"/> Emergency Responder	Emergency Medical Services Personnel
<input type="checkbox"/> Environmental Health Professional	Select
<input type="checkbox"/> Epidemiologist / Surveillance Staff	
<input type="checkbox"/> Finance and Budget Staff	
<input type="checkbox"/> Food Services / Facilities Management Staff / Housekeeper	
<input type="checkbox"/> Government Official	Select
<input type="checkbox"/> Health Educator	
<input type="checkbox"/> Human Services Personnel	
<input type="checkbox"/> Laboratory Professional / Technician	
<input type="checkbox"/> Law Enforcement	
<input type="checkbox"/> Legal Professional	

Next, change “Professional Role” to “Work Settings” and then select “Healthcare Services” then in the drop down box select “Pre-Hospital”

Details Groups My Profile

Please choose a category of additional user attributes: Work Settings

Please select up to three (3) Work Settings that best fit your work environment. Choose Subcategories where applicable.

Work Settings	Value
<input type="checkbox"/> Academic / Educational Institution	Select
<input type="checkbox"/> Official Public Health Agencies	Select
<input type="checkbox"/> Military	
<input type="checkbox"/> Other Government Agencies (except Military)	
<input checked="" type="checkbox"/> Healthcare Services	Pre-Hospital
<input type="checkbox"/> Indian Health Service	
<input type="checkbox"/> Tribal Health Sites	
<input type="checkbox"/> Non-Profit Organization (except Healthcare)	
<input type="checkbox"/> Private Industry (except Healthcare)	
<input type="checkbox"/> Other (specify)	

Next, change "Work Settings" to "Help Make TRAIN Better!"

*You must select one

Details Groups My Profile

Please choose a category of additional user attributes: Help Make TRAIN Better! ▾

Help Make TRAIN Better!	Value
How did you hear about TRAIN? *	Work ▾

Save and Back Cancel

Last, change "Help Make TRAIN Better!" to Pennsylvania EMS Attributes

This information MUST be completed and it MUST match the EMS Registry.

Details Groups My Profile

Please choose a category of additional user attributes: Pennsylvania EMS attributes ▾

Pennsylvania EMS attributes	Value
Date of Birth of the practitioner *	<input type="text"/> (Format: MM/DD/YYYY) Date of Birth of the practitioner Attribute is Required
EMS Certification Level/Type *	EMT ▾
EMS Region the practitioner lives in *	EMMCO West, Inc. ▾
PA EMS certification number *	<input type="text"/> PA EMS certification number Attribute is Required
Primary county the individual receiving training resides in *	Mercer ▾

You should now be able to log into TRAIN.

Once you get logged in, in the search box, type in PA EMS then hit enter

PA EMS










You should have the picture below:

Tip: To sort by any column, click the column heading. Or use default order by [Keyword Search Proximity](#)
Tip: To view course description, click on the Course Title
Tip: Alphabetical page indexing is used when sorted by Title, Sponsor/Offerer or Format.
 \$ = Fee associated with the course 🦋 = Credit is offered

Show expired courses

20 rows per page Filter * A B C D E F G H I J K L M N O P Q R S T U V W X Y Z | All

Select page within selected letter: << < 1 2 3 4 5 > >> Displaying page 1 of 5, items from 1 to 20 of 96

			Title	Type	Sponsor/Offerer	Rating
	\$	🦋	PA-EMS: 2015 ALS Statewide Protocol Update	Course	PA Bureau of EMS	★★★★☆ (58) 4.4 out of 5 stars
	\$	🦋	PA-EMS: 2015 BLS Statewide Protocol Update	Course	PA Bureau of EMS	★★★★☆ (124) 4.5 out of 5 stars
			PA-EMS: Pennsylvania Medical Command Physician Course Module 1	Course	PA Bureau of EMS	★★★★☆ (15) 3.9 out of 5 stars
			PA-EMS: Pennsylvania Medical Command Physician Course (All Modules)	Course	PA Bureau of EMS	(no reviews)
			PA-EMS: Pennsylvania Medical Command Physician Course Module 6	Course	PA Bureau of EMS	★★★★☆ (7) 4.3 out of 5 stars
			PA-EMS: Pennsylvania Medical Command Physician Course Module 7	Course	PA Bureau of EMS	★★★★☆ (5) 4.8 out of 5 stars