

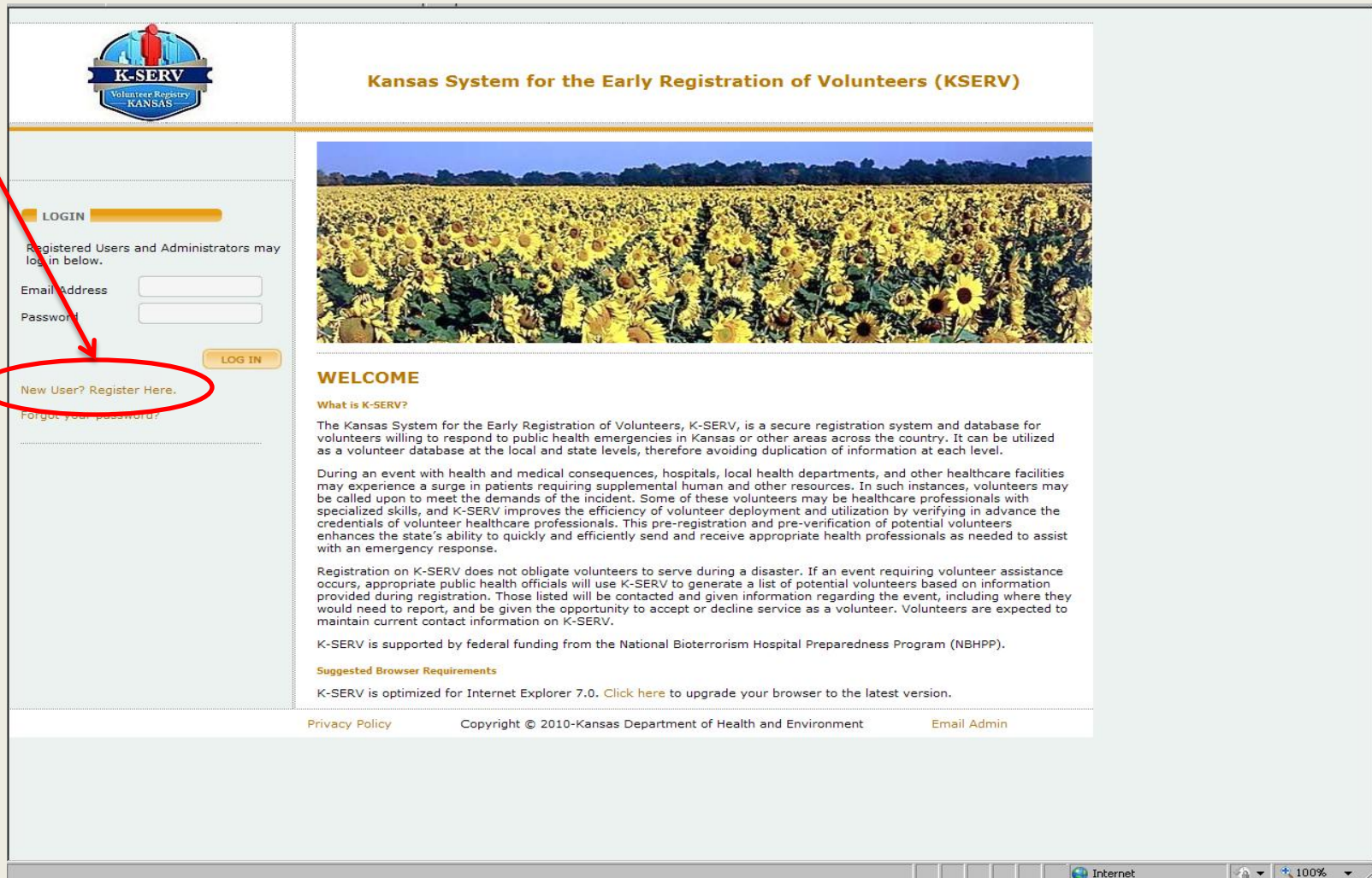
Step by Step Instructions

# HOW TO REGISTER

Go to:

[HTTPS://KSHEALTH.KDHE.STATE.KS.U  
S/VOLUNTEERREGISTRY](https://kshealth.kdhe.state.ks.us/volunteerregistry)


# Homepage: "New User? Register Here"



The screenshot shows the homepage of the Kansas System for the Early Registration of Volunteers (K-SERV). The page features a logo in the top left corner, a navigation bar, and a main content area. A red arrow points to the "New User? Register Here." link in the left sidebar, which is circled in red.

**K-SERV**  
Volunteer Registry  
KANSAS

## Kansas System for the Early Registration of Volunteers (KSERV)



**LOGIN**

Registered Users and Administrators may log in below.

Email Address

Password

**LOG IN**

**New User? Register Here.**

[Forgot your password?](#)

### WELCOME

**What is K-SERV?**

The Kansas System for the Early Registration of Volunteers, K-SERV, is a secure registration system and database for volunteers willing to respond to public health emergencies in Kansas or other areas across the country. It can be utilized as a volunteer database at the local and state levels, therefore avoiding duplication of information at each level.

During an event with health and medical consequences, hospitals, local health departments, and other healthcare facilities may experience a surge in patients requiring supplemental human and other resources. In such instances, volunteers may be called upon to meet the demands of the incident. Some of these volunteers may be healthcare professionals with specialized skills, and K-SERV improves the efficiency of volunteer deployment and utilization by verifying in advance the credentials of volunteer healthcare professionals. This pre-registration and pre-verification of potential volunteers enhances the state's ability to quickly and efficiently send and receive appropriate health professionals as needed to assist with an emergency response.

Registration on K-SERV does not obligate volunteers to serve during a disaster. If an event requiring volunteer assistance occurs, appropriate public health officials will use K-SERV to generate a list of potential volunteers based on information provided during registration. Those listed will be contacted and given information regarding the event, including where they would need to report, and be given the opportunity to accept or decline service as a volunteer. Volunteers are expected to maintain current contact information on K-SERV.

K-SERV is supported by federal funding from the National Bioterrorism Hospital Preparedness Program (NBHPP).

**Suggested Browser Requirements**

K-SERV is optimized for Internet Explorer 7.0. [Click here](#) to upgrade your browser to the latest version.

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Internet 100%

# User Agreement

## Kansas System for the Early Registration of Volunteers (KSERV)



### Kansas Department of Health & Environment Division of Health, Bureau of Community Health Systems Kansas System for the Early Registration of Volunteers (K-SERV) User Agreement

#### Background

The Kansas System for the Early Registration of Volunteers (K-SERV) is a secure, web-based electronic registration and communication system as a service to register, credential, manage, and activate individuals who are interested in assisting during disaster situations. This system was created by and is maintained by the Kansas Department of Health and Environment (KDHE), Bureau of Community Health Systems (BCHS), through funding from U.S. Department of Health and Human Services.

#### Privacy Policy

With your registration as a volunteer, you are being asked to provide personal information in order to assess your capability to be deployed during an emergency event. The information provided will be used to contact you regarding the need for your volunteer services, to coordinate your services, to conduct any follow up activities after your deployment and/or to seek reimbursement from third parties.

If you are joining a Kansas Medical Reserve Corps as part of this registration process, that organization's program administrator or coordinator will also receive the information and use this data to contact you. Your Medical Reserve Corps Unit administrator or coordinator may require you to provide additional information prior to deployment.

#### Agreement

I hereby certify that all statements made in my K-SERV application are true, and I agree and understand that any misstatement, fabrication or omission of material facts may cause forfeiture of my eligibility for enrollment as a volunteer. I further understand and agree that:

1. By registering with or using the K-SERV system, I consent to the collection and use of my registration information to the state of Kansas.
2. I have the right to withdraw my application or discontinue my enrollment as a volunteer at any time by indicating the same in my registration profile.
3. I am not guaranteed selection for placement as a volunteer during a disaster or other public health emergency. If selected for deployment during a disaster or other public health emergency, I have the right to refuse to serve under any circumstances and for any reason.
4. My application information may be shared with federal, state, regional, or local partners for the purpose of emergency preparedness activities and with those agencies where I consent to be placed as a volunteer.
5. I will keep confidential the passwords associated with my profile and registration information.
6. I am responsible for all activity made by me or anyone I allow to edit my profile, including my friends and family.
7. I will update my profile information with any changes to my personal information, including licensure information.
8. I understand that the information I provide will be used by K-SERV administrators to determine the status of my credential(s), if applicable, my healthcare license is current, valid, and free of any restrictions. By registering and agreeing to these Terms of Service, I agree to have the status of my credential(s) verified by federal or Kansas licensing/credentialing authorities. I also understand that the information I provide will be used by K-SERV administrators to assign me an emergency credentialing level in accord with applicable emergency credentialing standards. I understand that the assignment of an emergency credentialing level neither designates clinical privileges nor authorizes me to provide health services without proper authorization and supervision.
9. I understand that, during an emergency or disaster, the information I provide will be used by authorized K-SERV Site administrators and state or local emergency/disaster managers to assign me to activities for which I am adequately credentialed, and by on-site emergency/disaster operational area officials to identify me once I am deployed to the emergency/disaster locale. I hereby voluntarily consent to the collection, use, and maintenance of my personal information as described herein.

# Volunteer Registration Form

**KSERV**  
Kansas System for the Early Registration of Volunteers (KSERV)

**Volunteer Registration**  
Thank you for choosing to register! Please enter your information in the form below. All fields marked with \* (in red) are required for registration into the volunteer registry. If you need help, click here for more information.

**Name**

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

Alias

**Residential Address**

Address 1 \*

Address 2

City \*

State \*

County \*

Zip Code \*

**Personal Contact Information**  
Phone numbers should be in the format ###-###-####

Home Phone

Work Phone \*

Work Phone Extension

Cell Phone

Fax Number

Numeric Pager

Numeric Pager Pin

Alpha Pager

Alpha Pager Pin

SMS Email Address

Email \*

**NEXT**

Required fields  
are in **RED**



# Kansas System for the Early Registration of Volunteers (KSERV)

## Volunteer Registration

Thank you for choosing to register! Please enter your information in the form below. All fields marked with \* (in red) are required for registration into the volunteer registry. If you need help, click here for more information.

**Fields in red (\*) are required.**

### Personal Information

**Birth Date \*** 09/29/1985  
mm/dd/yyyy  
A valid birth date is required.

**Gender \***  Male  Female

**Height \*** 5' 1"

**Weight (in pounds) \*** 125

**Hair Color \*** Blonde

**Eye Color \*** Gray

**Languages Spoken**  
English  
Spanish  
Asian Chinese  
Arabic  
Afrikaans

**Driver's License**  
(Please complete all fields or none at all.)

**License Number**

**Issue State** ALABAMA

**Expiration Date** mm/dd/yyyy

**Emergency Contact Information**

**Name \*** hklrjkljg

**Relationship \*** Spouse

**Contact Number 1 \*** 765-652-0632

**Extension (P0)**

**Contact Number 2**

**Extension (P0)**

Required fields are in RED



### Employment Information

**Organization \*** Local Health Departments

**Employer** Riley County Health Department - LHD4

**Role \***

- Nurse**
  - Advanced Practice Registered Nurse
  - Licensed Practical Nurse
  - Licensed Vocational Nurse
  - Registered Nurse
- Nurse Practitioners**
- Other**

### Volunteer Information

I consent and acknowledge that as a public health volunteer, the Kansas Department of Health and Environment will be collecting, using, and maintaining my personal information for its own use.

I pledge that the above information is current and accurate to the best of my knowledge.

I also verify that I have not been convicted of a felony or, within the past 24 months, been convicted of a misdemeanor that resulted in imprisonment. If this information is incomplete or untrue I understand that my volunteer assignment can and may be terminated.

In the event of a declared national emergency, would you consider volunteering to work under the auspices of the Federal Government if you check yes. In the event of a national emergency, the information you provide will made available to the Federal Government upon its request.

**Geographical Deployment Preference**

**Distance (in miles) from your legal residence that you are willing to be deployed (i.e. Travel Distance)** 0 - 25

**Time (in days) that you would be willing to be on deployment** 0 - 10

**Type of Incident that you would be willing to respond to**  
Food (non-emergency) Health Events  
Other Natural Disaster  
Other Types  
Other Temporal Events

# Form Cont.

### Employment Information

**Organization \*** Local Health Departments

**Employer** Riley County Health Department - LHD4

**Role \***

- Nurse**
  - Advanced Practice Registered Nurse
  - Licensed Practical Nurse
  - Licensed Vocational Nurse
  - Registered Nurse
- Nurse Practitioners**
- Other**

**Medical Reserve Corp.**  
 Yes  No  
Are you currently a member of a Medical Reserve Corp. in Kansas? For more information, please see: <http://www.kdhe.ks.gov>

**Account Information**  
**User Name** emily.eliote@gmail.com

**Security Question #1** Select a security question  
**Answer #1**

**Security Question #2** Select a security question  
**Answer #2**

You should not be an adult & children's length, 1-6 letters, 1 blank space, 1 blank character (space/tab)

**Password \***


**Confirm Password \***

Please enter the text displayed in the image in the text box below:  
**m m m s x r q**  
Image Text

**SEND TO KSERV**

# Registration Confirmation

Upon successfully completing your registration, it's time to log in.



## Kansas System for the Early Registration of Volunteers (KSERV)

~Registration Confirmation~

Your account has been successfully created.  
Please note the following information:

- \*UserName: example account
- \*Secure Notification ID:

The Secure Notification ID is created by using a touchtone telephone and spelling out your FirstName.LastName without spaces. All "." (periods) have been substituted with a 0 (zero).

**LOG IN**


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[Email Admin](#)

# Home Page

Go To:  User Help | Admin Help | Log Out



## Kansas System for the Early Response (SERV)

[MY USER INFO](#) | [ADMINISTRATION](#) | [REPORTS](#)

Home > User Settings

### Welcome to the K-SERV

**Welcome Emily.Nickel. Your password will expire in 57 days. [Click here to change your password now.](#)**

Welcome to K-SERV! This system is designed to help the State of Kansas collect information about volunteers like you, for the use in an emergency. Information collected may be used to mobilize volunteer groups during a regional emergency.

#### Getting Started

Now that you have a log in and password, you will be able to view, verify and edit your personal information. Take a look at the links on the left side of the page. Through these, you will be able to:

- \*Edit personal and contact information through "Edit My Profile"
- \*Change login information, such as your password and your Secret Question for the Volunteer Registry
- \*View details of any Volunteer events and Deployments
- \*Verify your Volunteer status, if you haven't already done so

If you are an administrator, additional navigation will be available up top, which will provide you with site access to different administration and reporting functions.


Please fill out all information in your profile.

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# My License

Go To:  [User Help](#) | [Admin Help](#) | [Log Out](#)



## Kansas System for the Early Registration of Volunteers (KSERV)

[MY USER INFO](#)

[Home](#) > [User Settings](#) > [My Licenses](#)

### My Licenses

Click the License Type to see the license details.

**NOTE:** Licenses in *Gray italics* have expired. Please update expired licenses as soon as possible so you don't lose your active credential status.

To add a license:

1. Select a license type from the list.
2. Identify if it should be your primary license.
3. Click the ADD button.

None

- None
- Physician (MD)
- Registered Nurse
- Marriage And Family Therapist
- Medical And Public Social Worker
- Psychologist
- Mental Health Counselor
- Respiratory Therapist
- Clinical Social Worker
- Dentist
- Advanced Practice Registered Nurse
- Pharmacist
- Physician Assistant
- Veterinarian
- CardiovascularTechnologist Technician
- Diagnostic Medical Sonographer
- Emergency Medical Technician Paramedic
- Licensed Practical Nurse
- Licensed Vocational Nurse
- Medical Clinical Laboratory Technician
- Medical Clinical Laboratory Technologist
- Medical Records And HealthInformation Technician
- Radiologic Technologist Technician
- Physician (DO)

volunteer for incident deployments. You may only be one license, it will be your primary license by default.

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# My License...Adding License Type

## EXAMPLE: Emergency Medical Technician/Paramedic

MY USER INFO    ADMINISTRATION    REPORTS

Home > User Settings > My Licenses > View User EMT/Paramedic License

**Emergency Medical Technician / Paramedic**

Using the form below, please enter your license information, as it appears on your license. When done, click the Submit or Update button below. The information you enter on this page will be verified by your local administrator. At this time you will receive your credential level for use in an emergency.

**Primary License**

This is my primary license

**License Information**

License First Name \*

License Middle Name \*

License Last Name \*

License Suffix \*

License Number \*

Licensing State \*

License Expiration Date \*

**Certification/Registration**

Do you have a certification?  Yes  No

**Clinical - Active**

Are you clinically active?  Yes  No

**Inspector General Status**

Have you ever had a civil or criminal conviction in federal or state court, or had any adverse federal or State licensing actions, or been excluded from participating in federal or state health care programs?

Yes  No

SUBMIT

# Questions or Having Issues?

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Kansas Department of Health and Environment  
Bureau of Community Health Systems

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