

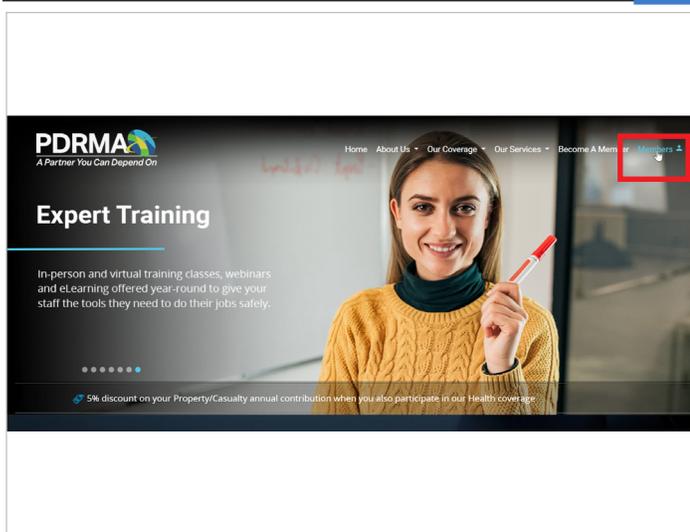
## Website User Guide: Creating a User Account

Creating a PDRMA website account gives you access to an extensive library of resources and training. There are three steps involved in creating an account:

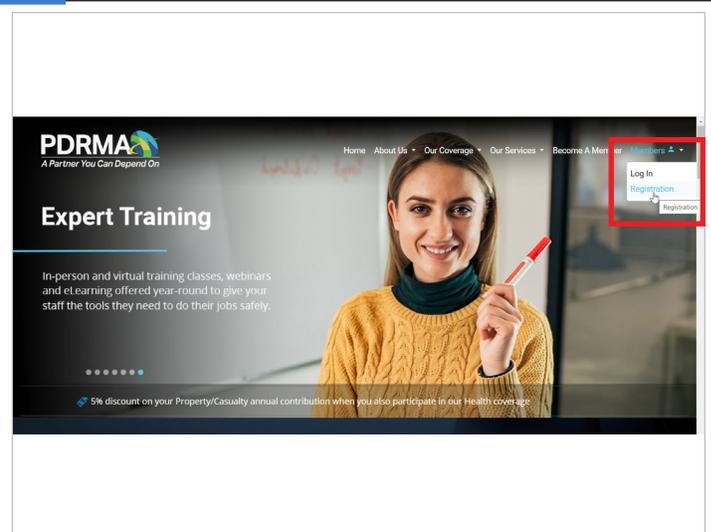
1. **You complete and submit a registration form online.** The steps below walk through that process.
2. **Your Safety Coordinator verifies you.** Once you submit your registration form, we email your Safety Coordinator, who will verify your employment.
3. **You receive an email notifying you that you may log into your account.**

**NOTE:** When you log in, please click **Online Learning Center (OLC)** under the **Training** menu. You will not appear in your Safety Coordinator's list of people to enroll in eLearning courses until you have visited the OLC homepage at least once.

If you have any questions, email [info@pdrma.org](mailto:info@pdrma.org).



- 1 Go to the [PDRMA website](https://www.pdrma.org) and hover the mouse over **Members** in the upper right corner.



- 2 Select **Registration**.

# Creating a User Account

**Registration**  
Please complete this form to request website access. Once submitted, your information will be verified by either your agency's Safety Coordinator or PDRMA staff, and you will receive a system-generated email if your access is approved. Please allow up to two business days to complete this verification process.

**Note:** Required fields are marked with an asterisk (\*).

**Agency**  
\* Agency

**Your Contact Information**  
\* Email

The email you provide will be both your website login username and the email we use for communications, such as for training registration confirmations and general announcements. Provide your work email address if you have one; otherwise use your personal. Once your account is approved, you may specify a different email for general communications if you prefer. If you participate in PDRMA Health, you may specify a different email for health communications by contacting PDRMA Health (830.435.8998)

\* First Name   
Middle Initial   
\* Last Name   
Preferred Name   
\* Cell Phone

**Your Work Information**  
\* Primary Department   
\* Job Level   
\* Job Title

**Account Security**  
Please choose a password that meets the following specifications:

- Minimum of six characters.
- Minimum of one capital letter.
- Minimum of one number.
- Minimum of one special character.

\* Password   
\* Confirm Password

[Submit Registration Form](#)

**3** Fill in the Registration form. Select your agency name from the drop-down menu.

\* Last Name   
Preferred Name

**Health Program Dependents Registering for PATH Access**  
 Check this box if you are a dependent of someone who works for one of our members and have your health coverage through the PDRMA Health Program.

**Your Work Information**  
\* Primary Department   
\* Job Level   
\* Job Title

**Account Security**  
Please choose a password that meets the following specifications:

- Minimum of six characters.

\* Last Name   
Preferred Name   
\* Cell Phone

**Health Program Dependents Registering for PATH Access**  
 Check this box if you are a dependent of someone who works for one of our members and have your health coverage through the PDRMA Health Program.  
Please enter the first and last name of the Health Program participant through whom you have health coverage.

\* First Name   
\* Last Name

**Account Security**  
Please choose a password that meets the following specifications:

- Minimum of six characters.
- Minimum of one capital letter.

**4** If the agency you select participates in PDRMA Health, a field appears asking if you are a dependent of someone who works at the agency. If you check that box, two fields appear. Enter the first and last name of the person through whom you have health coverage.

**Registration**  
Please complete this form to request website access. Once submitted, your information will be verified by either your agency's Safety Coordinator or PDRMA staff, and you will receive a system-generated email if your access is approved. Please allow up to two business days to complete this verification process.

**Note:** Required fields are marked with an asterisk (\*).

**Agency**  
\* Agency

**Your Contact Information**  
\* Email

The email you provide will be both your website login username and the email we use for communications, such as for training registration confirmations and general announcements. Provide your work email address if you have one; otherwise use your personal. Once your account is approved, you may specify a different email for general communications if you prefer. If you participate in PDRMA Health, you may specify a different email for health communications by contacting PDRMA Health (830.435.8998)

\* First Name   
Middle Initial   
\* Last Name   
Preferred Name   
\* Cell Phone

**Your Work Information**  
\* Primary Department   
\* Job Level   
\* Job Title

**Account Security**  
Please choose a password that meets the following specifications:

- Minimum of six characters.
- Minimum of one capital letter.
- Minimum of one number.
- Minimum of one special character.

\* Password   
\* Confirm Password

[Submit Registration Form](#)

**5** After you complete all the required fields, click **Submit Registration Form**. Your agency's Safety Coordinator, or PDRMA's Health Program Team for Health-only members, receives an email, so they can verify you. Allow up to two days for this. Once you are verified, you receive an email confirming your account.

A Partner You Can Depend On

**Legal Consultation**  
Consult with our team of in-house attorneys for most Property/Casualty legal matters you face with no additional fee.

[Home](#) » [Member Login](#)

**Login**  
If you are new to our website and would like to register, please [click here](#).  
If you previously registered on the PDRMA website, and we have authenticated your information, you may log in using the form below.

**Note:** Required fields are marked with an asterisk (\*).

\* Username(Email)   
Click [here](#) if you forgot your username.  
\* Password

**6** On the [website](#), select **Login** under **Members**. Log in with the email address and password you entered in the registration form. **NOTE:** After you log in, click **Online Learning Center (OLC)** under the **Training** menu to ensure you appear in your Safety Coordinator's list to enroll in eLearning. (Not necessary for health dependents.)