



If you are an employee (FTE), or Non-FTE staff such as a contractor, volunteer or intern with the Florida Department of Health the TRAIN Florida, the LMS Support team created a TRAIN Florida learner account for you, before or just after you began your employment with the Department.

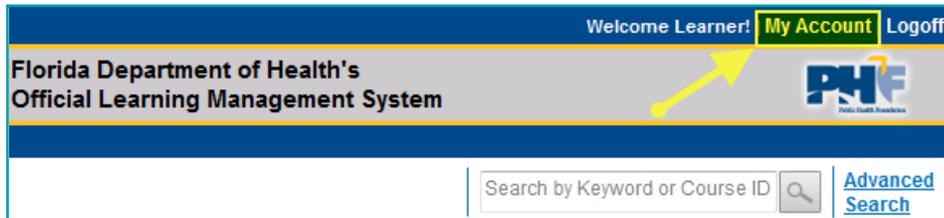
Your account information is monitored and updated regularly by the TRAIN Florida Support team.

Before you make any updates to your account, we strongly encourage you to contact your [Local TRAIN Florida Administrator](#) before starting your account update.

However if this is not possible, the following steps can guide you in updating your account.

Step 1: Go to [TRAIN Florida](#) and **log in**

Step 2: To access your account information – From your TRAIN Florida home page - Locate and click on the **My Account** link in the upper right corner of the TRAIN Florida banner.



Step 3: You will be directed to the **My Account – Details** page. This page lists all of your account information and gives you access to your [Groups](#) and [My Profile](#) information.

My Account

Details | Groups | My Profile

* = required fields.

Login Name: OPQI

First Name: * Learner

Last Name: * OPQI

Middle Name: _____

Email: * DOHLMSSupport@flhealth.c

Reset Password

Title: * Tester

Department / Division: * Office of Chief of Staff

Address 1: * 2585 Merchant's Row Boule

City / Township / Town: * Tallahassee

Country: * United States

County: * Leon

Telephone (daytime): * 850-245-4008

Telephone (evening): _____
i.e. 123-456-7890

Fax: _____

Organization name: * Florida Department of He

Bureau/ Section: Office of Performance and Q

Address 2: _____

State / Territory: * Florida

Zip code / Postal code: * 32399

Extension: _____

Mobile: _____

Pager: _____

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

Question: * Your Favorite Place

Answer: * OPQI

I would like to receive emails from TRAIN.

I would like to receive notifications about the site updates by email.

I would like to receive annual notifications to keep my account up to date.

Course Provider role

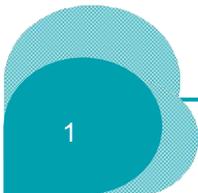
Request Course Provider Role

Conference Presenter role

Request to Become a Conference Presenter

Do you hold a Professional License Number?

Yes No





All information **required** by the TRAIN system will be marked by a **red asterisk** *. Do not leave any required fields blank.

Update all text fields using **Spell Case** (Example: John Smith / Jones Avenue) and full words. Use no abbreviations or acronyms - with the exception of CHD and CMS.

Use the following list to help guide your updates to your details:

- a. **Login Name** – this field can only be changed by a TRAIN Florida Administrator. The TRAIN Florida Administrators will reset your Login Name as needed.

DOH FTE Employees should show their People First number Login Name: 123456

Non-FTE DOH Staff should show their Firstname.Lastname Login Name: Learner.Smith

- b. **First *, Middle and Last * Name** – Your First and Last Name should be your legal name. Do not use nick names. Your Middle name may be listed as a full name, or an initial, and is not required, but can help clarify your name on reports.

First Name: * Learner	Middle Name: Jane
Last Name: * Smith	

- c. **Email *** – if you are a DOH employee, this must be your DOH email address. If you do not have a DOH e-mail account, this should be a valid professional or personal address.

Email: * Learner.Smith@flhealth.gov

- d. **Title *** – this should reflect your current job title. **DOH employees note,** this should be your current Department job classification.

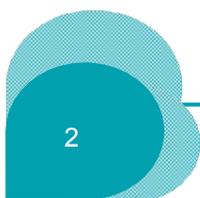
Title: * Government Analyst I

- e. **Organization Name *** – if you are a DOH employee with a People First number this **must** read exactly **Florida Department of Health.** If you are a Non-FTE staff member with no People First number this **must** read exactly **Florida Department of Health Non-FTE.**

Organization name: * Florida Department of Health ▼

- f. **Department/Division *** – please use this link to the [DOH TRAIN Florida Groups spreadsheet](#) to help you confirm this information. Look at Column B/Top Level. **Please note all CMS employees** this section **must** read Division of Children's Medical Services.

Department / Division: * Office of Chief of Staff





- g. **Bureau/Section** – please use this link to the **DOH TRAIN Florida Groups** spreadsheet to help you confirm this information. Look at Column C/Sub Level. **Please note all CMS field employees** this section should be your CMS Regional/Area office. Non-FTE Employees are not required to enter this field.

Bureau/ Section: Office of Performance and Quali

- h. **Address 1 *** – your work/main office street address.

Address 1: * 2585 Merchant's Row Boulevard

- i. **Address 2** – if appropriate a PO Box or further details of your street address.

Address 2: Room 240

- j. **City/Township/Town *** – City name for your office location.

City / Township / Town:* Tallahassee

- k. **Country *** – this must read exactly **United States**. NO abbreviations.

Country:* United States

- l. **State/Territory *** – this must read exactly **Florida**. NO abbreviations.

State / Territory:* Florida

- m. **County *** – County name for your office location.

County:* Leon

- n. **Zip code/Postal code ***– the 5-digit zip code for your office location.

Zip code / Postal code:* 32399

- o. **Telephone (daytime) *** – the most appropriate work telephone number for contacting you should be listed. Must be listed with this format: 850-123-1234. If not – make correction.

Telephone (daytime):* 850-245-4008

- p. **Extension** – enter your 4-digit phone extension – this is optional

- q. **Telephone (evening)** – this is optional.

- r. **Mobile** – this is optional.

- s. **Fax** – this is optional.

- t. **Pager** – this is optional.

Extension: 4545

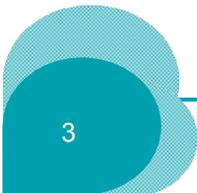
Mobile:

Pager:

Telephone (evening):

i.e. 123-456-7890

Fax:



If this completes your account update – click the **Save and Back** button at the bottom of the page to return to the TRAIN Florida home page.

Step 4: To reset your **password**, locate and click on the **Reset Password** button. A pop-up window will open, to let you know that the information will be saved - click the **OK** button to proceed. The reset password screen will open.

Tip: To reset password, enter an old password and new password into 'Password' and 'Confirm Password' fields.

* = required fields.

Old Password: * 1

New Password: * 2

Confirm New Password: * 3

[1] Enter your current password in the **Old Password** field. Next [2] enter the new password in the **New Password** and [3] **Confirm New Password** fields. Click the **Save** button to change your password. You will be directed back to the My Account page.

NOTE: for security the password characters will be entered as dots in the fields.

Step 5: To change your **secret question and answer** use the drop down menu in the **Question** field, and click on your choice. Enter the new ONE WORD answer, in the **Answer** field.

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

Question: * Your Favorite Place

Answer: * OPQI

Your Favorite Place

Select Question.

Best Friend's Last Name

Favorite Pet's Name

Mother's Maiden Name

Your Favorite Place

Your Favorite Teacher's Last Name

Question: * Favorite Pet's Name

Answer: * Spot

If Step 4 or 5 complete your account update – click the **Save and Back** button at the bottom of the page to return to the TRAIN Florida home page.

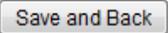
Step 6: To change your choice to opt-in or opt-out of receiving e-mails from TRAIN Florida. **Click the box** next to the options to either check or un-check your choice.

I would like to receive emails from TRAIN.

I would like to receive notifications about the site updates by email.

I would like to receive annual notifications to keep my account up to date.

NOTE: The Department recommends that all employees choose to receive e-mails from TRAIN Florida, as they will be used to send important information such as system information, DOH training and course information, and updates to your account. If you select not to receive, you can always opt-in at a later date.

If this completes your account update – click the **Save and Back** button  at the bottom of the page to return to the TRAIN Florida home page.

Step 7: This Step applies only to specifically designated DOH employees or DOH Public Health System Partners.

To request to be a Course Provider – Click on the **Request Course Provider Role** link. A form will open under this title. Fill out **all** required information fields, marked with a **red asterisk ***. The system will not accept an incomplete form.

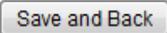
Course Provider role

Request Course Provider Role

To request to be a Conference Presenter – Click on the **Request to Become a Conference Presenter** link. A pop-up window will open and ask - Are you sure that you want to become a Conference Presenter? – Click **OK**.

Conference Presenter role

Request to Become a Conference Presenter

You **must** click the **Save and Back** button  at the bottom of the page **to complete the submission** of your requests. This will return you to the TRAIN Florida home page.

Step 8: To update the professional licensing information in your account, locate the section: **Do you hold a Professional License Number?**

NOTE: To receive reportable credit for courses that offer CEU's or other professional licensing credits, you must enter your licensing information and keep it up to date.

If you have entered licensing information - it will reflect in this section. You may update the existing information or add new information in the fields provided. If you wish to remove this information, delete the field entries then click the button  next to **No**.

Do you hold a Professional License Number?

Yes No

License Type 1:* Nursing LPN (Licensed Practical Nurse)

License Number 1:* 444LPNTestLicenseNumber

License Type 2: --- None --- --- Select ---

License Number 2:



If you would like to add licensing information – click the button  next to **Yes**. The **License Type** fields will open. Use the drop down menu in the **License Type 1** field to choose your license type and choose the proper title in the **Select** field if appropriate. Next enter the number into the **License Number 1** field. Repeat in the License Type 2 fields if you have another.

If this completes your account update – click the **Save and Back** button  at the bottom of the page to return to the TRAIN Florida home page.

Step 9: To Update/Assign your TRAIN Florida Groups

Use this link to the [How Do I Assign/Update My TRAIN Florida Groups](#) learner question and answer document.

The document will walk you through the process for correcting your group assignments, or adding group assignments for your learner account.

Step 10: To Update Your Account Profile Information

The **My Profile** section allows you to edit or update your Professional Role, Work Settings, and add Demographic Information in your TRAIN Florida account via a drop down menu.

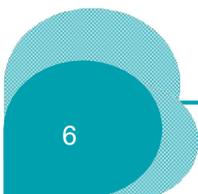
- a. The **Professional Role** screen is the default screen. Choose the role(s) closest to your primary DOH classification. You must choose at least one (1) Professional Role, but you may select up to three (3) and select a specialization where available. If you select Other please be sure to enter the specialization. If you are in a supervisory position, you **must** choose Administrator/Director/Manager as one of your choices.

	Professional Role	Value
<input type="checkbox"/>	Allied Health Professional	Select
<input type="checkbox"/>	Administrator / Director / Manager	
<input checked="" type="checkbox"/>	Administrative Support Staff	
<input type="checkbox"/>	Animal Control Specialist / Veterinarian	

- b. The **Work Setting** screen lists workplace descriptions. **All DOH employees (FTE), and Non-FTE staff must choose only the Official Public Health Agencies setting** and the **State/Territory** classification.

Please do not select any other work settings unless you have left the Department.

	Work Settings	Value
<input type="checkbox"/>	Academic / Educational Institution	Select
<input checked="" type="checkbox"/>	Official Public Health Agencies	State / Territory
<input type="checkbox"/>	Military	
<input type="checkbox"/>	Other Government Agencies (except Military)	





- c. The **Demographic Information** screen and the information it requests **is optional**. While the information will be useful for Department reporting, it is not required in order to protect your privacy. You may fill out as many or as few of the fields as you choose.

To save your updates to any or all of the screens in your profile information – click the **Save and Back** button  at the bottom of the page to return to the TRAIN Florida home page.

If you have any questions or concerns regarding updating the information in your TRAIN Florida learner account, or your TRAIN Florida group assignments please contact your [Local TRAIN Florida Administrator](#)

