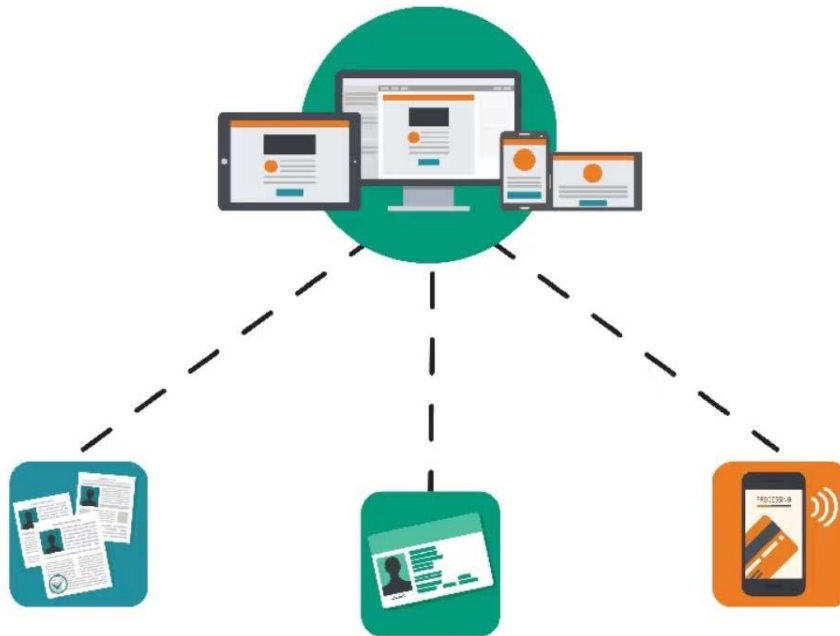


MQA Online Services Portal

**Registration and Adding Prescription
Pad Vendor Online Account**

User Guide

1. Hello and welcome to the Division of Medical Quality Assurance's online help tutorials. The MQA Online Services Portal is the health care practitioner service portal for the Florida Department of Health. In this tutorial, I'll show you how to register as a new user of our MQA Online Services Portal and subsequently add your Prescription Pad Vendor license to your account.



2. For us to serve you, we ask that you register as a new user of our MQA Online Services Portal. Registration allows you to create an account to access the Prescription Pad Vendor Reporting System.



3. Before you begin the registration process, it is important that you have access to a valid email account. To link your license to your new account, you will need your Federal Tax ID number, and the business address zip code currently on file with the Department.

The screenshot shows the top navigation bar of the Florida Health website. On the left is the Florida Health logo with the tagline 'Medical Quality Assurance'. In the center are three dropdown menus: 'Provider Services', 'Consumer Services', and 'Continuing Education'. On the right is an 'ACCOUNT LOGIN' button with a user icon and the text 'ACCESS YOUR ACCOUNT'. A red arrow points from the 'ACCOUNT LOGIN' button to the banner below. The banner features a background image of a wooden gavel on a stack of books. Overlaid on the banner is the text 'New Legislation Impacting Your Profession' in a white serif font. Below the banner is a blue navigation bar with four buttons: 'Apply For A License', 'Verify A License', 'Renew A License', and 'Florida Boards'.

200+ License Types in More Than 40 Health Care Professions

The Department of Health through the Division of Medical Quality Assurance's website offers many services to our licensees, health care businesses, citizens and visitors to Florida.



REQUIREMENTS



WEBINARS



RENEWAL CALENDAR

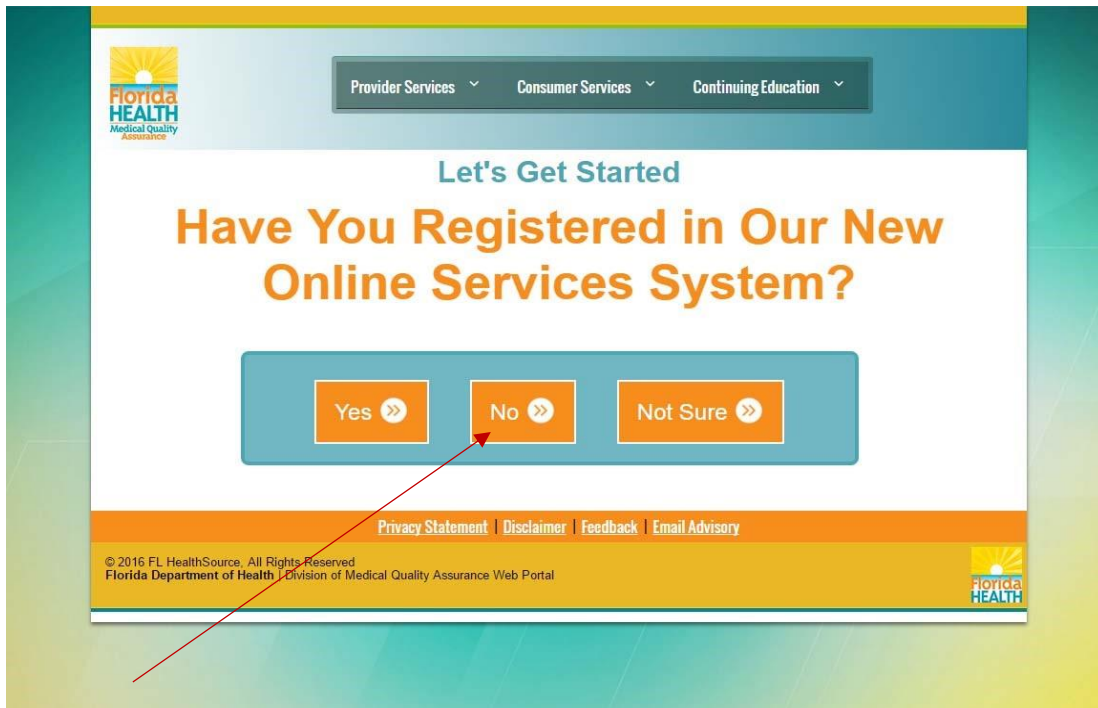


VALOR



ONLINE SERVICES

4. To get started, go to www.FLHealthSource.gov and click the account login button on top right of page.



5. Select “No” and review the instructions provided. Click “Register” to begin the registration process.

Account Owner

* First Name:

Middle Name:

* Last Name:

Account Login

* Email: (e.g. name@domain.com)

* Confirm Email:

* User ID:

Use email address as User ID:

Or enter your own User ID:

Password Recovery

* Secret Question:


* Secret Answer:

Communication

Email Communication: Yes No

Security Measures

* Complete the on-screen security check:

I'm not a robot
 

reCAPTCHA
Privacy - Terms

[Next](#) [Cancel](#)

6. Fields marked with an asterisk are required. Enter your first and last name in the Account Owner section. Please note that a valid email address is required to complete your registration. You have the option of using your email address as your user ID by selecting the checkbox provided. Or you can enter your own user ID in the field provided.

Account Owner

* First Name:

Middle Name:

* Last Name:

Account Login

* Email: (e.g. name@domain.com)

* Confirm Email:

* User ID:

Use email address as User ID:

Or enter your own User ID:

Password Recovery


* Secret Question:

* Secret Answer:

Communication

Email Communication: Yes No

Security Measures

* Complete the on-screen security check: I'm not a robot  reCAPTCHA Privacy - Terms

7. The Password Recovery section is used to verify your identity if you forget your user ID or password.

Account Owner

* First Name:

Middle Name:

* Last Name:

Account Login

* Email: (e.g. name@domain.com)

* Confirm Email:

* User ID:

Use email address as User ID:

Or enter your own User ID:

Password Recovery


* Secret Question:

* Secret Answer:

Communication


Email Communication: Yes No

Security Measures

* Complete the on-screen security check: I'm not a robot 

[Next](#) [Cancel](#)

- Select the “Yes” radio button for Email Communication if you would like to receive important email communication from the Department to the email address you provide when entering or updating your address. Selecting “No” will not exclude you from receiving automatic emails generated by the online portal regarding your license. Complete the on-screen security check on the bottom of this page by clicking the “I’m not a robot” check box. Once you have entered all the required information, click the “Next” button to submit your user profile information.



[Logon](#) | [Contact Us](#)

Preview Registration


Please take a minute to review the information submitted while completing the registration process. If the information needs to be corrected, press EDIT. Otherwise, press SAVE to proceed with the registration process.

First Name:	Mickey
Second Name:	
Last Name:	Mouse
Email:	mqaonlineservices1@gmail.com
Userid:	mqaonlineservices1@gmail.com
Secret Question:	What city were you born?
Secret Answer:	orlando
Email Communication:	Yes

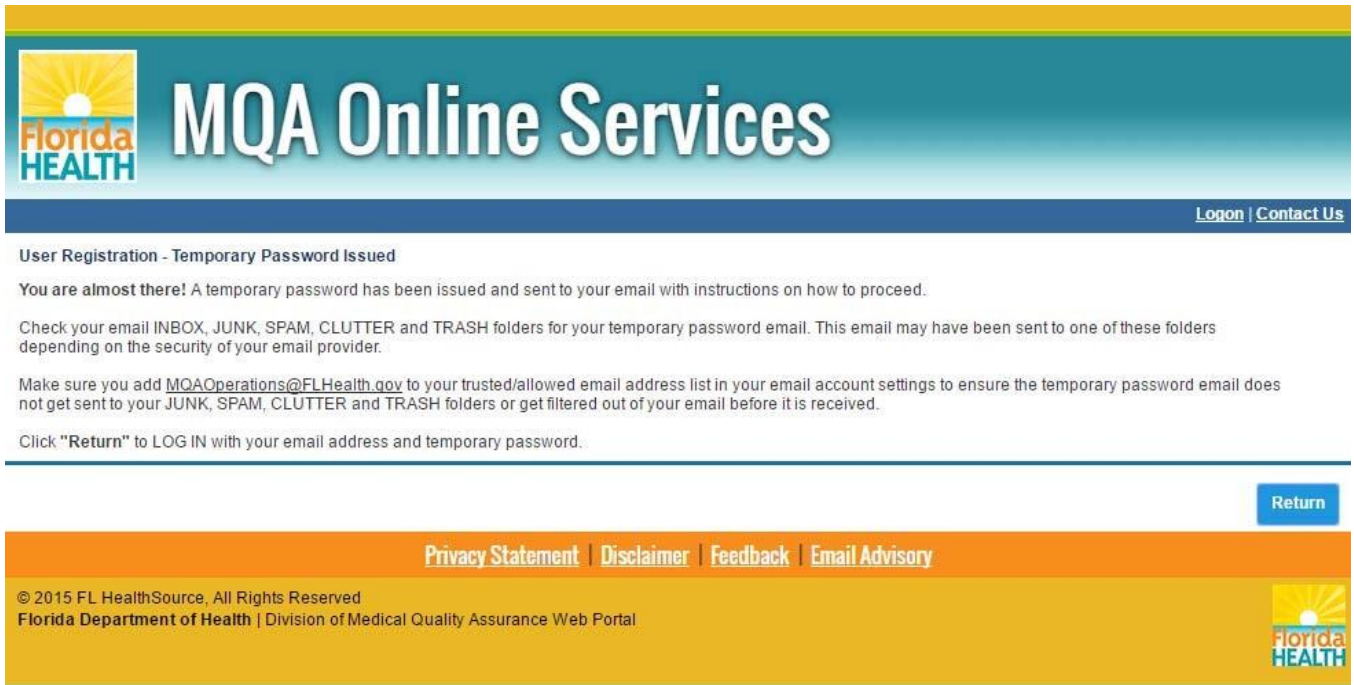
[Save](#) [Edit](#) [Cancel](#)

[Privacy Statement](#) | [Disclaimer](#) | [Feedback](#) | [Email Advisory](#)

© 2015 FL HealthSource, All Rights Reserved
 Florida Department of Health | Division of Medical Quality Assurance Web Portal



9. On the next page, you'll need to verify that the information you entered is correct. If you need to correct any information, click the "Edit" button and make the changes. When all information is verified, click the "Save" button. After saving, you will be sent an email confirmation containing your user ID and your temporary password.



The screenshot displays the MQA Online Services portal. At the top left is the Florida Health logo, and the main header reads "MQA Online Services". On the right side of the header, there are links for "Logon" and "Contact Us". The main content area is titled "User Registration - Temporary Password Issued" and contains the following text:

You are almost there! A temporary password has been issued and sent to your email with instructions on how to proceed.

Check your email INBOX, JUNK, SPAM, CLUTTER and TRASH folders for your temporary password email. This email may have been sent to one of these folders depending on the security of your email provider.

Make sure you add MQAOperations@FLHealth.gov to your trusted/allowed email address list in your email account settings to ensure the temporary password email does not get sent to your JUNK, SPAM, CLUTTER and TRASH folders or get filtered out of your email before it is received.

Click "Return" to LOG IN with your email address and temporary password.

A blue "Return" button is located on the right side of the page. At the bottom, there is a footer with links for "Privacy Statement", "Disclaimer", "Feedback", and "Email Advisory", along with the copyright notice: "© 2015 FL HealthSource, All Rights Reserved. Florida Department of Health | Division of Medical Quality Assurance Web Portal". The Florida Health logo is also present in the bottom right corner of the footer.

10. At this point, you'll need to access your email account to locate the email containing your user ID and temporary password. Once you locate the temporary password, return to the MQA Online Services Portal.

Welcome to MQA Online Services Portal

The Division of Medical Quality Assurance (MQA) Online Services Portal provides access to updated features, such as:

- requesting name or status change
- adding secondary practice location
- changing your password
- uploading and attaching supporting documentation

For additional information about the portal with detailed instructions on registering and linking your license, please visit www.flhealthsource.gov/mqa-services.

New User

When using the new Online Services Portal for the first time, you will be required to register for a new user account. **You cannot access the service portal using the user ID/password used to access the prior system.** Registration is a one-time process that takes approximately 5 minutes.

[Register Now](#)

Returning User

User ID:

Password:

[Sign In](#)

[Forgot user ID?](#)

[Forgot password?](#)

[Privacy Statement](#) | [Disclaimer](#) | [Feedback](#) | [Email Advisory](#)

© 2015 FL HealthSource, All Rights Reserved
Florida Department of Health | Division of Medical Quality Assurance Web Portal



11. Under Returning User, enter your user ID and temporary password. Then, select “Sign In.”

Reset Password

Your new password must contain the following:

- A minimum of 8 characters
- Must contain at least one Uppercase alphabetic character
- Must contain at least one Lowercase alphabetic character
- Must contain at least one Number
- Must contain at least one special character (Examples: !@#%*^&*()_+{})
- Must not be the same as your USER ID
- Must not be a variation of your USER ID

Old/Temporary Password:

New Password:

Confirm Password:

[Save](#)

[Privacy Statement](#) | [Disclaimer](#) | [Feedback](#) | [Email Advisory](#)

© 2015 FL HealthSource, All Rights Reserved
Florida Department of Health | Division of Medical Quality Assurance Web Portal

12. You will be prompted to create a new password for your account. Enter the temporary password provided in the email in the “Old/Temporary Password” field. Enter a new password in the “New Password” field and the “Confirm Password” field. Note the password requirements shown at the top of the page. Once you’ve entered a password that meets the requirements, select “Save.”

Florida HEALTH MQA Online Services

Logged in as services, mqa

[Update Account](#) | [Logoff](#) | [Contact Us](#)

Step 1: Do you have an existing license or application? Step 2: Provide Identifying information Step 3: Confirm Information

Do you have a current license or pending application with the Florida Department of Health?

Yes [How do I know?](#)

No - I do not have a current license or pending application.

No - I am active military, military veteran, or the spouse of a person serving on active duty in the United States Armed Forces seeking licensure in a health care profession. (In order to qualify, you must have received an honorable discharge within the previous six (6) months, or will receive an honorable discharge within six (6) months after, the date of submission of the application OR be the spouse of a person serving on active duty in the U.S. Armed Forces)

Next Cancel

[Privacy Statement](#) | [Disclaimer](#) | [Feedback](#) | [Email Advisory](#)

© 2015 FL HealthSource, All Rights Reserved
Florida Department of Health | Division of Medical Quality Assurance Web Portal

Florida HEALTH

13. When accessing the portal for the first time, you will be asked a few questions. The first question asks if you have a current license or pending application with the Florida Department of Health. If you select “Yes,” you will be asked to enter additional information to add your license to your account. If you select “No,” you will be directed to the Dashboard where you can apply for a new license. If you select “Cancel,” you will be routed to your Dashboard. If you do not add your license at this time, you will still have an opportunity to do so when you return to your account by selecting “Add My License or Previous Application” from your Dashboard.

You must link your license to your account to access the Counterfeit Prescription Pad Vendor Reporting System.

Below are instructions for adding a license upon initial log-in.



MQA Online Services

Logged in as *services, mqa*

[Update Account](#) | [Logoff](#) | [Contact Us](#)

Step 1: Do you have an existing license or application?

Step 2: Provide Identifying Information

Step 3: Confirm Information

Select your profession and license type. Your selection under "Profession" will list specific licensing types.

Note: an Advanced Registered Nurse Practitioner (ARNP) should select Registered Nurse.

* Profession: How do I know?

* License Type: How do I know?

Next

Cancel

[Privacy Statement](#) | [Disclaimer](#) | [Feedback](#) | [Email Advisory](#)

© 2015 FL HealthSource, All Rights Reserved
Florida Department of Health | Division of Medical Quality Assurance Web Portal



14. After selecting "Next," you will be prompted to select your profession and license type from the dropdown lists provided.



MQA Online Services

Logged in as **services, mqa**

[Update Account](#) | [Logoff](#) | [Contact Us](#)



Special Information about the ZIP CODE

Practitioners: Enter your mailing address zip code currently on file with the Florida Department of Health. Please note that your mailing address zip code can be found on your renewal postcard or your physical license. If you are adding an application, please use the zip code provided during the application process.

Facilities, Schools and Other Organizations: Enter your practice location zip code. Please note that your practice location zip code can be found on your physical license or can be obtained through our online license verification search.

* Required Information

<input checked="" type="radio"/> Option A		OR	<input type="radio"/> Option B	
License Type:	9701 - Prescription Pad Vendor	License Type:	9701 - Prescription Pad Vendor	
* Indiv/Org Number:	<input type="text"/>	Application Number:	* <input type="text"/>	
* Tax Number:	<input type="text"/> Full Number with No Dashes	* Indiv/Org Number:	<input type="text"/>	
* Zip Code:	<input type="text"/>	* Zip Code:	<input type="text"/>	

Security Measures

* Complete the on-screen security check:

[Next](#) [Cancel](#)

[Privacy Statement](#) | [Disclaimer](#) | [Feedback](#) | [Email Advisory](#)

© 2015 FL HealthSource, All Rights Reserved
Florida Department of Health | Division of Medical Quality Assurance Web Portal



For verification purposes, you will then be required to enter your individual Organization number provided in your vendor approval letter, Federal Tax number and your business address zip code currently on file with the Department of Health.

Florida HEALTH

MQA Online Services

Logged in as **Mouse, Mickey**

[Update Account](#) | [Logout](#) | [Contact Us](#)

Step 1: Do you have an existing license or application? Step 2: Provide identifying information **Step 3: Confirm Information**

Please confirm your license/application information.

* Required Information

Indiv / Org Number:	9059348
Name:	Nurse, Example
License Type	License Number
Registered Nurse	9409710

* Select One:

Yes, I confirm this is my license/application information.

No, this is not my license/application information.

[Next](#) [Cancel](#)

[Privacy Statement](#) | [Disclaimer](#) | [Feedback](#) | [Email Advisory](#)

© 2015 FL HealthSource, All Rights Reserved
Florida Department of Health | Division of Medical Quality Assurance Web Portal

Florida HEALTH

15. The following screen displays the matching license information found in our system. If you receive a message that no information was found, you will need to contact our office for assistance. If the license information displayed is correct, select the “Yes, I confirm this is my license/application information” radio button and select “Next” to complete the process of adding your license to your account.

My Dashboard

Important information about your dashboard:

- In order for you to do any online activities with your license, such as renewal, status changes, and address updates, you will need to first add your license to this online account. If your license has been successfully added to this account, it will show in the "License Information" box to the right.
- If you have not yet added your license to your account, you can do this by selecting the "Add My License or Previous Application" option under the "Additional Activities" section below.

To start choose an option and you will return to this dashboard after you have finished.

License Information	Show Details
License Number:	
License Type:	Prescription Pad Vendor

My Application

To start a new application or resume a previously saved application.

Choose a Board/Council	▼	
Choose an Activity	▼	Select

Additional Activities

Authorized Representative		Select
Add My License or Previous Application		Select
View Exam Results		Select
Emergency/Disaster Volunteer		Select
Licensure Documents	Choose a License Type ▼	Select
Prescription Pad Vendor Monthly Report	SPM - SYMMETRY PRINTING AND ...	Select
Physician Workforce Survey	Prescription Pad Vendor #	Select

16. Once you have added your license, you will be routed to your Dashboard. From your Dashboard, you can add additional licenses and perform other activities associated with your license. You can also view or update your account information by clicking on the "Update Account" link.



MQA Online Services

Logged in as *Respiratory, Ten*

[Update Account](#) | [Logoff](#) | [Contact Us](#)

My Dashboard

Important information about your dashboard:

- In order for you to do any online activities with your license, such as renewal, status changes, and address updates, you will need to first add your license to this online account. If your license has been successfully added to this account, it will show in the "License Information" box to the right.
- If you have not yet added your license to your account, you can do this by selecting the "Add My License or Previous Application" option under the "Additional Activities" section below.

To start choose an option and you will return to this dashboard after you have finished.

License Information

[Show Details](#)

License Number:

License Type: **Prescription Pad Vendor**

My Application

To start a new application or resume a previously saved application.

Choose a Board/Council

Choose a Profession

Choose an Activity [Select](#)

Additional Activities

Authorized Representative	Select
Add My License or Previous Application	Select
View Exam Results	Select
Emergency/Disaster Volunteer	Select
Licensure Documents <input type="text"/>	Select
Prescription Pad Vendor Monthly Report <input type="text"/>	Select
Physician Workforce Survey <input type="text"/>	Select



17. To access the Monthly Reporting System, click 'Select' to the right of 'Prescription Pad Vendor Monthly Report', located under the Additional Activities section of the Dashboard. For additional instructions on the Monthly Reporting System, go to <http://www.floridahealth.gov/licensing-and-regulation/counterfeit-proof-prescription-pad-vendors/vendor-reporting.html>.

MQA Customer Contact Center



Phone:

Monday – Friday
8 a.m. – 6 p.m. EST
850-488-0595

Email:

Click the Contact Us link from your
MQA Online Services account

18. For additional assistance, please call our MQA Customer Contact Center at 850-488-0595 or use the “Contact Us” link in the top right corner of the Online Services Portal.