The Florida Department of Health (DOH) ensures that employees receive the assistance needed to use the learning management system (LMS) TRAIN Florida, and manage their trainings effectively.
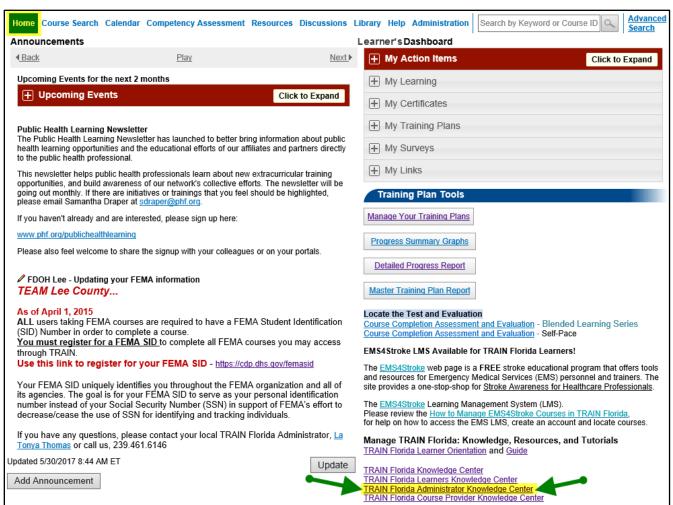
This guide was created to help Lead and Support DOH LMS Administrators understand their assigned User Manager permissions. The following information will assist with locating and downloading the Learner Registration template, and entering information in to the Learner Registration template, for the creation of new learner accounts in TRAIN Florida.

For additional DOH LMS Administrator resources, including information on how to create new learner accounts, please visit the **TRAIN Florida Administrator Knowledge Center**.

How to Download the Learner Registration Template

Step 1: Log in to **TRAIN Florida**

Step 2: On the TRAIN Florida home page
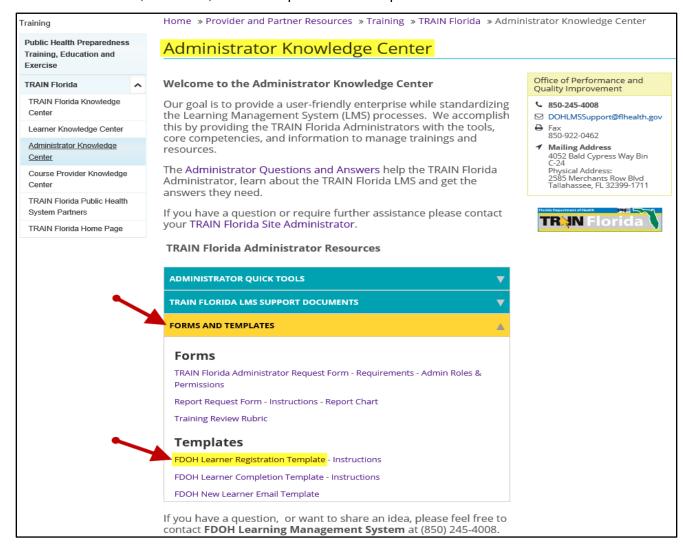Locate and click on the **TRAIN Florida Administrator Knowledge Center** link

Step 3: You will be redirected to the **Administrator Knowledge Center** webpage
Click the **Forms and Templates** drop down
Then locate and click on the **FDOH Learner Registration Template** link
Download, and save, the Excel spreadsheet template file

Step 4: Click **Open**. The file will automatically open as a Microsoft Excel spreadsheet

NOTE: Do not change any of the column titles or the learner upload will NOT work

Enter all requested information, if possible, into the Learner Registration template

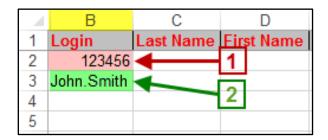|	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	Login	Last Name	First Name	Middle Name	Email	Title	Organization	Department	Bureau/Section	Address 1	Address 2	City	Country	State	County	Zip	Phone daytime	Extension	Phone evening	Mobile	Fax	Pager
2													United States	Florida								
3																						

How to Enter Learner Information in the Learner Registration Template

You may enter as many new learners as needed on the same template but they **must have the same Organization and Department information** for the upload to be successful

Step 1: **Login** (column B): This is a mandatory field. Enter the Login name for the learner.

Per current naming conventions, the Login name must be entered as follows:

1. If the learner is a **DOH (FTE) employee, or an OPS employee**, and has an **approved People First ID number**, enter the People First number

2. If the learner is a **DOH Non-FTE volunteer, contractor, intern**, or is a **FTE but does not yet have a People First number**, enter the learner's first name, dot, last name in this format: **Firstname.Lastname** – Example: John.Smith**

** **NOTE: For FTEs without People First numbers, this is a temporary Login Name:** Once their People First number is assigned, you must update the learner's Login name for their account.

Step 2: **Last Name** (column C) and **First Name** (column D)**:** These are mandatory fields

Enter the legal last and first name of the learner - **Do not use nick names**
Enter the middle name, or initial, of learner (column E) if known

Step 4: **Email** (column F): This is a mandatory field. Enter learner's **valid**, **working** email address. **DOH employees, FTE or OPS, must use their assigned DOH email address**
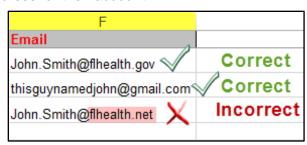
If the learner is a **DOH Non-FTE volunteer, contractor, intern**, or is a **FTE but does not yet have an assigned DOH email address** ** enter a valid, working email address

** **NOTE: For FTEs without an assigned DOH email address this is a temporary email address:** Once their DOH email address is assigned, you must update the learner's email address for their account.
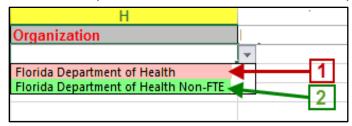
F	
Email	
John.Smith@flhealth.gov ✓	Correct
thisguynamedjohn@gmail.com ✓	Correct
John.Smith@flhealth.net ✗	Incorrect

Step 5: **Title** (column G): Enter learner's official job title – Example: Administrative Assistant I or Registered Nurse Contractor. **Do not abbreviate job titles**.
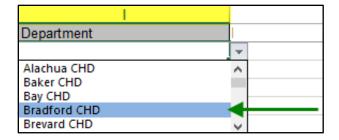
G	
Title	
Administrative Assistant I ✓	Correct
Registered Nurse Contractor ✓	Correct
Admin. Asst. I ✗	Incorrect

Step 6: **Organization** (column H): This is a mandatory field.

1. If the learner is **a DOH Employee, FTE or OPS:**
   Select Florida Department of Health from the dropdown box

2. If the Learner is a **DOH Non-FTE volunteer, contractor, intern:**
   Select Florida Department of Health Non-FTE in the dropdown box

H	
Organization	
	▾
Florida Department of Health ←	1
Florida Department of Health Non-FTE ←	2

Step 7: **Department** (column I): Select the learner's Division, Program Area, or County Health Department from the dropdown box.

I	
Department	
	▾
Alachua CHD	
Baker CHD	
Bay CHD	
Bradford CHD ←	
Brevard CHD	

Step 8: **Bureau/Section** (column J): Enter learner's Office, Bureau, or Regional Office
Enter **full title** – <u>Example:</u> Bureau of General Services
Do not abbreviate titles except for CMS, CPT, and SATP

J	
Bureau/Section	
Bureau of General Services ✓	**Correct**
Bureau of CPT ✓	**Correct**
Bureau of Gen. Servs. ✗	**Incorrect**

Step 9: **Columns K-Q – Learner address information** – **Do not abbreviate address information**

1. **Address 1** (K): <u>This is a mandatory field</u>. Enter learner's workplace street address. Spell out street names and designations.

2. **Address 2** (L): Use this field for Suite numbers, Rooms, Office numbers, etc. if necessary

3. **City** (M): Enter learner's City – where their workplace is located

4. **Country** (N): This field is pre-populated with United States.
   <u>If not</u> – Select United States from the dropdown box

5. **State** (O): This field is pre-populated with Florida.
   <u>If not</u> – Select Florida from the dropdown box

6. **County** (P): Using the dropdown box, select the County for the learner's workplace

7. **Zip** (Q): <u>This is a mandatory field</u>. Enter learner's 5-digit workplace zip code

K	L	M	N	O	P	Q	
Address 1	Address 2	City	Country	State	County	Zip	
4052 Bald Cypress Street	Suite 101	Tallahassee	United States	Florida		32303 ✓	**Correct**
4052 Bald Cypress St.	Ste. 101	TLH			Lee / Leon / Levy	✗	**Incorrect**

Step 10: **Phone daytime** (column R): Enter learner's daytime work phone number – or primary daytime contact number. **Do not use parenthesis or any other format for this number**. If applicable, enter the learner's work **extension** number (column T).

R	S	
Phone daytime	Extension	
850-245-4444 ✓	2161	**Correct**
(850) 245-4444 ✗	2161	**Incorrect**
850.245.4444 ✗		**Incorrect**

Step 11: **Columns T-W – Other Phone Number and Contact Number Information – Fill out this information if applicable to learner:**

1. **Phone evening** (T)**:** Enter learner's evening phone number if different from daytime

2. **Mobile** (U)**:** Enter learner's cell phone number, if different from daytime number

3. **Fax** (V)**:** Enter learner's workplace fax number

4. **Pager** (W)**:** Enter learner's pager number

T	U	V	W
Phone evening	Mobile	Fax	Pager
850-222-5555	850-444-5555		

Step 12: **Save a copy of the completed template**, with a new title, in an appropriate folder on your computer to be used for upload process. This can be used for future reference.

For the **Learner Registration Template Quick Guide** please click **here**.

If you have any questions, or need assistance finding, downloading, or completing the FDOH Learner Registration Template please contact the **DOH LMS Site Administrators** via email at **DOHLMSSupport@flhealth.gov** or by phone at **850-245-4008**.