You can only have one TRAIN Florida account.

If you have any problems or questions, please contact us at apd.lmssupport@apdcares.org

⚠ **IMPORTANT: Help us to process your request faster! The APD LMS Support team will not upload spreadsheet that are incomplete to has errors.**

- **Fill out ALL requested information.**
- Do not alter or reformat the spreadsheet – do not hide, delete, or re-title columns.
- Do not use formulas in the spreadsheet.
- Use Spell Case in all fields – Examples: John Smith, Main Street, Jones Agency.
- All accounts <u>must have</u> an individual, unique, active, email address. Accounts cannot be created if accounts share an email address.
- Please note, the cells of the spreadsheet expand to allow full entry of information.

Follow these steps to complete the spreadsheet:

A. **UserID:**   <u>Leave Blank</u> – do not enter information.

B. **Login:**   Enter your first name, period, last name – Example: John.Smith

C. **Last Name:**   Enter L**ast** name

D. **First Name:**   Enter F**irst** name

E. **Middle Name:**   Enter middle initial or full name, if appropriate

Email: Enter valid email address – **NOTE:** You **must** have an email address - you cannot use/share an email address with another TRAIN Florida account
   - If you do not have an email address, use a free server such as Outlook, Gmail, Hotmail or Yahoo, and create a separate email address.

F. **Title:**   Enter your occupation title, i.e. Registered Nurse

G. **Organization:**   Leave APD Providers in this cell

H. **Department:**   Click inside the cell. When the dropdown arrow appears, click on the arrow, then:
   - **Select your Agency Region**. This cell will ONLY allow these entries.

I. **Bureau/Section:** Leave this cell blank.

J. **Address 1:**   Enter your work address in this column.

K. **Address 2:**   <u>Leave Blank</u> – do not enter information.

L. **City:**   Enter your workplace city location in this column.

M. **Country:**   Leave Blank – do not enter information.

N. **State:**   Leave Blank – do not enter information.

O. **County**:   Click inside the cell. When the dropdown arrow appears, click on the arrow, then:
- **Select your County.** This cell will ONLY allow these entries.

P. **Zip**:   Enter workplace zip code in this column for all learners

Q. **Phone daytime:**   Enter work daytime phone number in this column
- Please use this format: **555-123-4567**

R. **Extension:**   Enter phone extension number, for daytime number, if appropriate

S. **Phone evening:**   Leave Blank – do not enter information.

T. **Mobile:**   Enter mobile phone number in this column, ONLY if different from daytime phone number
- Please use this format: **555-123-4567**

U. **Fax:**   Leave Blank – do not enter information

V. **Pager:**   Leave Blank – do not enter information

Save and Rename your Spreadsheet
Rename your document using the following format: MCM-YourName-Date.
For Example: MCM-JohnSmith-100117
- **Please do not send the spreadsheet by Google Sheets, we cannot access them.**
- **Please do not save the file as a pdf, we can only upload an excel file.**

Email your Spreadsheet

Email the spreadsheet to apd.lmssupport@apdcares.org, **Subject:** Med Admin Trainer Account

If you have a question or require further assistance, we are just an email away!
TRAIN Florida APD Support Team Hours
We are available to help Monday-Friday, 8am-5pm (excluding Holidays)
Email us at apd.lmssupport@apdcares.org
Please allow a minimum of five business days to complete your request.

⚠ **Please do not contact the Public Health Foundation (PHF) or the Florida Department of Health (DOH) regarding TRAIN Florida. They will not reply to your emails or telephone calls.**