


Providers and staff members can only have one TRAIN Florida account.

Please check to see if your staff member has an account.

 **IMPORTANT:** Help APD process your request faster! The APD LMS Support team will not upload spreadsheet that are incomplete. Please use this version: [Provider Upload Staff-template](#).

- **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 must have an individual, unique, active, email address
- Please note, the cells of the spreadsheet expand to allow full entry of information

Follow these steps to complete the spreadsheet:

- A. **Login:** Enter the staff member's first name, period, last name – Example: John.Smith
- B. **Last Name:** Enter **Last** name
- C. **First Name:** Enter **First** name
- D. **Middle Name:** Enter middle initial or full name, if appropriate
- E. **Email:** Enter valid email address – **NOTE:** All staff members **must** have an email address - Staff cannot use/share the same email address
- If your staff member has no email address, use a free server such as Outlook, Gmail, Hotmail or Yahoo, and create a separate email address
- F. **Title:** Enter your Agency Name, as listed in FMMIS
- G. **Organization:** Click in the cell. Click the arrow – Click on [APD Providers](#)
- H. **Department:** Click in the cell. Click the arrow. When the dropdown arrow appears. **Select your Agency or Solo Region type.** Enter the Region type in this column for all learners. This cell will ONLY allow these entries.
- I. **Bureau/Section:** Enter Agency's Provider ID Number in this column for all learners
- Please use this format: **Provider ID - 0123456**
- J. **Address 1:** Enter your Agency's work address in this column for all learners
- K. **Address 2:** Leave Blank – do not enter information
- L. **City:** Enter Agency's workplace city location in this column for all learners
- M. **Country:** Click in the cell. Click the arrow - This cell will ONLY enter [United States](#)

Provider Staff Upload Spreadsheet Instructions



- N. **State:** Click in the cell. Click the arrow - This cell will ONLY enter Florida
- O. **County:** Click in the cell. Click on the arrow. When the dropdown arrow appears, then:
- **Select the County** where the agency or solo provider physically works. Enter the workplace County in this column for all learners. 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 for all learners
- 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 for all learners, 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: Agency Name-Date.
For Example: JohnSmithHomeCare-053122

- **Please do not send the spreadsheet by Google Sheets, APD 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: Provider Learner Account Request**
Please enter the Agency Name, Provider Contact and Provider ID number in the body of the email.

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 one business day 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.