

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

Please check to see if your staff member has an account. TRAIN Florida Provider rosters are located on your TRAIN Florida Home page under Hot Topics. [Click Here](#) for the instructions - [Video](#).

 **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](#)

- 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.