

This process is for approved independent and third party vendor trainers and agencies who provide training services for the Agency for Persons with Disabilities.

Agencies:

Your staff members should only have one TRAIN Florida account.

Please check with your staff members before requesting accounts. If a staff member works for multiple agencies, they may already have a TRAIN Florida account. Their account is assigned to the agency who uploads them first. Please do not add them to the spreadsheet. You will be able to receive a staff member training report, even for these staff members.

IMPORTANT:

- **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, 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:

- UserID:** Leave Blank – do not enter information
- Login:** Enter the first name, period, last name – Example: John.Smith
- Last Name:** Enter **last** name
- First Name:** Enter **first** name
- Middle Name:** Enter middle initial or full name, if appropriate
- Email:** Enter valid email address – **NOTE:** All trainers **must** have an email address - Trainers cannot use/share the same email address
 - If the trainer does not have an email address, use a free server such as Outlook, Gmail, Hotmail or Yahoo, and create a separate email address
- Title:** Enter your Individual, Company, Organization, or Agency Name, as listed in FMMIS, if applicable
- Organization:** Click in the cell. Click the arrow - This cell will ONLY enter APD Providers
- Department:** Click in the cell. When the dropdown arrow appears, click on the arrow, then:
 - **Select APD Trainers.** Enter the Region type in this column for all learners. This cell will ONLY enter APD Trainers.

- J. **Bureau/Section:** Click in the cell. Click the arrow - This cell will ONLY enter Non-Agency Trainer
- K. **Address 1:** Enter your work address in this column for all learners
- L. **Address 2:** If applicable, enter Provider Number in this column for all learners
 - Please use this format: **Provider ID – 0123456**
- M. **City:** Enter workplace city location in this column for all learners
- N. **Country:** Click in the cell. Click the arrow - This cell will ONLY enter United States
- O. **State:** Click in the cell. Click the arrow - This cell will ONLY enter Florida
- P. **County:** Click in the cell. When the dropdown arrow appears, click on the arrow, 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.
- Q. **Zip:** Enter workplace zip code in this column for all learners
- R. **Phone daytime:** Enter work daytime phone number in this column for all learners
 - Please use this format: **555-123-4567**
- S. **Extension:** Enter phone extension number, for daytime number, if appropriate
- T. **Phone evening:** Leave Blank – do not enter information
- U. **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**
- V. **Fax:** Leave Blank – do not enter information
- W. **Pager:** Leave Blank – do not enter information

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
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