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:

A. UserID: Leave Blank – do not enter information

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

C. Last Name: Enter last name

D. First Name: Enter first name

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

F. 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

G. Title: Enter your Individual, Company, Organization, or Agency Name, as listed in FMMIS, if applicable

H. Organization: Click in the cell. Click the arrow - This cell will ONLY enter APD Providers

I. 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.
**APD Non-Agency Upload Spreadsheet Instructions**

<table>
<thead>
<tr>
<th>J. Bureau/Section:</th>
<th>Click in the cell. Click the arrow - This cell will ONLY enter Non-Agency Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>K. Address 1:</td>
<td>Enter your work address in this column for all learners</td>
</tr>
</tbody>
</table>
| 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@apdcare.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

Rev. Date.: 3/15/2017