



Instructions for TRAIN Florida Users:

For use when the learner account requires updating.

Please update all text fields using Spell Case. (example: John Smith)

Step 1:

Locate and click on the My Account link:



A. **Click on the Details Tab** – Please ensure the required information on this page is correct.

- i. **Login Name** – this field can only be changed by a TRAIN Florida Administrator. The practice we will follow is to use the People First number, if have you one. If you are not a state employee, the practice will be to use your first name_last name as your login. The TRAIN Florida Site Administrator will reset that for you as needed.

Sample:

- ii. **First, Middle and Last Name** - please verify your First, Middle and Last Name. This should be your legal name; please do not use nick names. Please use Spell Case.

Sample First Name:

Sample Last Name:

Sample Last Name: **This can be your full middle name or initial**

- iii. **Email** – verify your DOH email address. If you do not have a DOH e-mail account, please ensure your personal e-mail address is correct. Please contact the [Local Administrator](#) for assistance.

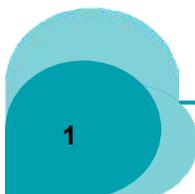
Sample E-mail address:

- iv. **Title** – verify your current DOH class title. If you are an Intern, Contractor, Volunteer or DOH partner, please verify or enter an applicable job title. Please use Spell Case and do not abbreviate the title.

Sample Title:

- v. **Organization Name** – if you are a state employee verify or enter “[Florida Department of Health](#).” If you are not a state employee verify or enter in “[Florida Department of Health Partners](#).”

Sample Organization Name:





Updating your TRAIN Florida Account

It's a new day in Public Health

- vi. **Department/Division** – please use the attached **DOH TRAIN Florida Groups** spreadsheet; go to column B and locate and copy your Division or CHD, then enter it into the **Department/Division** text box.

Sample Department/Division: **Department / Division:** * Chief of Staff

- vii. **Bureau/Section** – please use the attached **DOH TRAIN Florida Groups** spreadsheet; go to column C and locate and copy your Bureau, then enter it into the **Bureau/Section** text box.

Sample Bureau/Section: **Bureau/ Section:** Knowledge Management

- viii. **Address 1** – verify or enter in your work address. Please use Spell Case and do not abbreviate the street address.

Sample Address 1: **Address 1:** * 2585 Merchant's Row Boulevard

- ix. **Address 2** – verify or enter in your secondary work address – this is optional. Usually a Post Office Box.

Sample Address 2: **Address 2:**

- x. **City/Township/Town** – verify or enter in your city name. Type in the first 3 letters of the city, then, click on the city name in the drop down box.

Sample City/Township/Town: **City / Township / Town:** * Tallahassee

- xi. **Country** – United States should be prefilled, if not, use the dropdown box and select United States.

Sample Country: **Country:** * United States

- xii. **State/Territory** – Florida should be prefilled, if not, use the dropdown box and select Florida.

Sample State/Territory: **State / Territory:** * Florida

- xiii. **County** – verify or select your county. Type in the first 3 letters of the county, then, click on the county name in the drop down box.

Sample County: **County:** * Leon





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- xiv. **Zip code/Postal Code** – verify or enter your 5-digit work address zip code.

Sample Zip code/Postal Code: **Zip code / Postal code:** * 32399

- xv. **Telephone (daytime)** – verify or enter your work telephone number. Please use the following format: XXX-XXX-XXXX.

Sample Telephone (daytime): **Telephone (daytime):** * 850-245-4008

- xvi. **Extension** – verify or enter your 4-digit extension – this is optional.

Sample Extension: **Extension:** 2565

- xvii. **Telephone (evening)** – this is optional. Please use the following format: XXX-XXX-XXXX.

Sample Telephone (evening): **Telephone (evening):**

- xviii. **Mobile** – this is optional. Please use the following format: XXX-XXX-XXXX.

Sample Mobile: **Mobile:**

- xix. **Fax** – this is optional. Please use the following format: XXX-XXX-XXXX.

Sample Fax: **Fax:**

- xx. **Pager** – this is optional. Please use the following format: XXX-XXX-XXXX.

Sample Fax: **Pager:**

- xxi. Please choose your secret question and provide a ONE WORD answer.

Sample Question and Answer: **Question:** * Your Favorite Place
Answer: * OPQI

- xxii. Please choose your TRAIN Florida e-mail options.

Sample e-mail options:

- I would like to receive emails from TRAIN.
- I would like to receive notifications about the site updates by email.
- I would like to receive annual notifications to keep my account up to date.

Note: If you select not to receive e-mails from TRAIN, you will not be informed of any TRAIN Florida notifications, this includes updates to your account, DOH training or course information. You can always opt in at a later date.



- xxiii. If you are a designated DOH employee or DOH Network System Partners, then, you must request to be a Course Provider.

Course Provider role
Request Course Provider Role

- xiv. If you are a designated DOH employee or DOH Network System Partners, then, you must request to be a Conference Presenter.

Conference Presenter role
Request to Become a Conference Presenter

- xv. If you hold a Professional License Number, then click the “Yes” radio button and follow the instructions.

Do you hold a Professional License Number?
 Yes No

Step 2: The Groups Tab

- A. **Click on the Groups Tab** – please use the attached [DOH TRAIN Florida Groups](#) spreadsheet to set your assignment to the correct group. More than one portal may be assigned, if appropriate to your work and associations.

One of the keys understanding TRAIN Florida is understanding the simple group structure that controls membership. Everyone enrolled in TRAIN Florida belongs to at least one group as assigned by TRAIN Florida Administrators, in their learner details. With each group membership is access to a variety of system resources including announcements, discussion boards, resources and training courses.

All TRAIN Florida Users **must** assign themselves to the correct TRAIN Florida group or groups in the Group section of their learner account after their initial log in to the system. Please see “How do I assign my TRAIN Florida Group?” in the [Learner Questions and Answers](#) and [tutorial](#) for instructions.

State Portal – The group to which you are currently assigned will be listed under Selected Groups; it shows the organizational path to the sub group currently assigned. If your current group assignment is **not** correct, please click “Select Groups,” then click the drop down menus, from top to bottom on this screen, and select the correct group and sub-groups.

- i. If you are a DOH employee (People First ID) check the Florida Department of Health checkbox. If you are a DOH Intern, Volunteer, Contractor or Federal Assignee check the Florida Department of Health **Partners** checkbox and go to step 2a.
- ii. Click the plus sign to display the Florida Department of Health group's tree.
- iii. Use the attached **DOH TRAIN Florida Groups** spreadsheet; go to column B and locate your Division or CHD name, then locate and click the check box next to the Division or CHD name on the tree.
- iv. Next, click the plus sign to display the Division or CHD group tree. Use the attached DOH TRAIN Florida Groups spreadsheet; go to column C and locate your Bureau name, then locate and click the check box next to the Bureau name on the tree.
- v. Next, use the attached **DOH TRAIN Florida Groups** spreadsheet; go to column D. If your Bureau has a Section locate your Section name, then, locate and click the plus sign to display the Bureau group tree, click the check box next to the Section name on the tree.
- vi. Next, scroll to the bottom of the page and click the submit button.

Step 2a: DOH Intern, Volunteer, Contractor or Federal Assignee

- i. Click the plus sign to display the Florida Department of Health Partners group's tree.
- ii. Use the attached **DOH TRAIN Florida Groups** spreadsheet; go to column B and locate your assigned Division or CHD name, then locate and click the check box next to your assigned Division or CHD name on the tree.
- iii. Next, click the plus sign to display the Division or CHD group tree. Use the attached DOH TRAIN Florida Groups spreadsheet; go to column C and locate your assigned Bureau name, then locate and click the check box next to the Bureau name on the tree.
- iv. Next, use the attached **DOH TRAIN Florida Groups** spreadsheet; go to column D. If your Bureau has a Section name locate the Section name, then, locate and click the plus sign to display the Bureau group tree, click the check box next to your Section name on the tree.
- v. Next, scroll to the bottom of the page and click the submit button.

Step 2b: Please review the following and complete the sub-steps below. If this section does not apply, continue with the Step 3.

- i. **MRC Portal** – If you are a Medical Reserve Corp member, you may select this group. Click “Select Groups,” then click the region with which you are associated, and click

submit.

- ii. **CDC Portal** – To access additional Centers for Disease Control and Prevention (CDC TRAIN) content, you may also select this group. Click “Select Groups,” then click the appropriate sub-group from the dropdown menu, and click submit.
- iii. **HRSA Portal** – To access additional Health Resources and Services Administration (HRSA) content, you may also select this group. Click “Select Groups,” then click the appropriate employment environment, then select the one content area that interests you the most, and click submit.

Step 3: The My Profile Tab

- A. **My Profile** – please ensure your profile information is correct. There is a drop down menu at the beginning of that tab page with additional user attribute categories. Please review each category to ensure that the information is correct. When you are finished with all three categories click “Save and Back.”

Please choose a category of additional user attributes:

Please take a minute to review your selection.

Please select up to three (3) Professional Roles that best match your profession, and select Specialization where available.

- Professional Role
- Work Settings
- Demographic Information

- i. **Professional Role** – You may select up to three professional roles that most closely match the work you do. Some roles have an additional dropdown box with more specific roles related to that profession. Next continue to Work Settings.
- ii. **Work Settings** – All DOH employees must check the Official Public Health Agencies checkbox, then use the dropdown and select State/ Territory. Next continue to Demographic Information.
- iii. **Demographic Information** – This page is optional.
- iv. Click the Save and Back button