

You should only have one TRAIN Florida account.

If you work for one or more agencies, please check with the agencies to see if they created an account for you. If they created an account for you, please do not submit a spreadsheet, instead, email us at apd.lmssupport@apdcares.org.

IMPORTANT:

- **Fill out ALL highlighted in Yellow**
- 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 your 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:** You **must** have an email address - You cannot use/share an email address
 - If you do not have an email address, use a free server such as Outlook, Gmail, Hotmail or Yahoo, and create a separate email address
- G. **Title:** Do not enter information - This cell will ONLY enter Provider Name Pending
- H. **Organization:** Do not enter information - This cell will ONLY enter APD Providers
- I. **Department:** Do not enter information - This cell will ONLY enter Provider Department Pending
- J. **Bureau/Section:** Leave Blank – do not enter information
- K. **Address 1:** Enter your address in this column
- L. **Address 2:** Leave Blank – do not enter information

APD Provider Pending Approval Upload Spreadsheet Instructions



- M. **City:** Enter your city location in this column
- N. **Country:** Do not edit this cell: It must have United States in the cell
- O. **State:** Do not edit this cell: It must have Florida in the cell
- P. **County:** Enter your county location in this column
- Q. **Zip:** Enter workplace zip code in this column
- 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**