


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 Provider 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: Help us to process your request faster! The APD LMS Support team will not upload spreadsheet that are incomplete to has errors. 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  
**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 staff member's 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 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
- Title:** Enter your Agency Name, as listed in FMMIS
- 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 your Agency or Solo Region type.** Enter the Region type in this column for all learners. This cell will ONLY allow these entries.
- Bureau/Section:** Enter Agency's Provider ID Number in this column for all learners
  - Please use this format: Provider ID – 0123456
- Address 1:** Enter your Agency's work address in this column for all learners
- Address 2:** Leave Blank – do not enter information

## Provider Staff Upload Spreadsheet Instructions



- M. **City:** Enter Agency's 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

### Save and Rename your Spreadsheet

Rename your document using the following format: Agency Name-Date.

For Example: JohnSmithHomeCare-100117

- **Please do not send the spreadsheet by Google Sheets, we 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](mailto: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](mailto: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. They will not reply to your emails or telephone calls.**