

Setting up your account in



Provider's Quick Guide

Introduction:

What is TRAIN?

TRAIN, is the nation's premier learning resource for professionals who protect the public's health. TRAIN is comprised of the national www.train.org site and participating TRAIN affiliate sites. Affiliate sites are managed by many state public health agencies, academic partners, and others. When completed, TRAIN will serve the majority of the U.S. public health workforce.

Learners can use TRAIN to:

- Search or browse the nationwide database for on-site or distance learning courses
- Sign up for e-mails about new courses
- Create a personal learning record of competency-based training
- Provide and view feedback about courses listed on the site
- Register online for many courses

The VDH Office of EMS has chosen TRAINVirginia as the platform we will use to enable Virginia EMS providers to register and take online CE programs for CE credit.

Learning Objectives:

Learn how to:

- ✓ log onto the **TRAIN**Virginia website
- ✓ locate "*Create Account*" section
- ✓ complete new account creation process

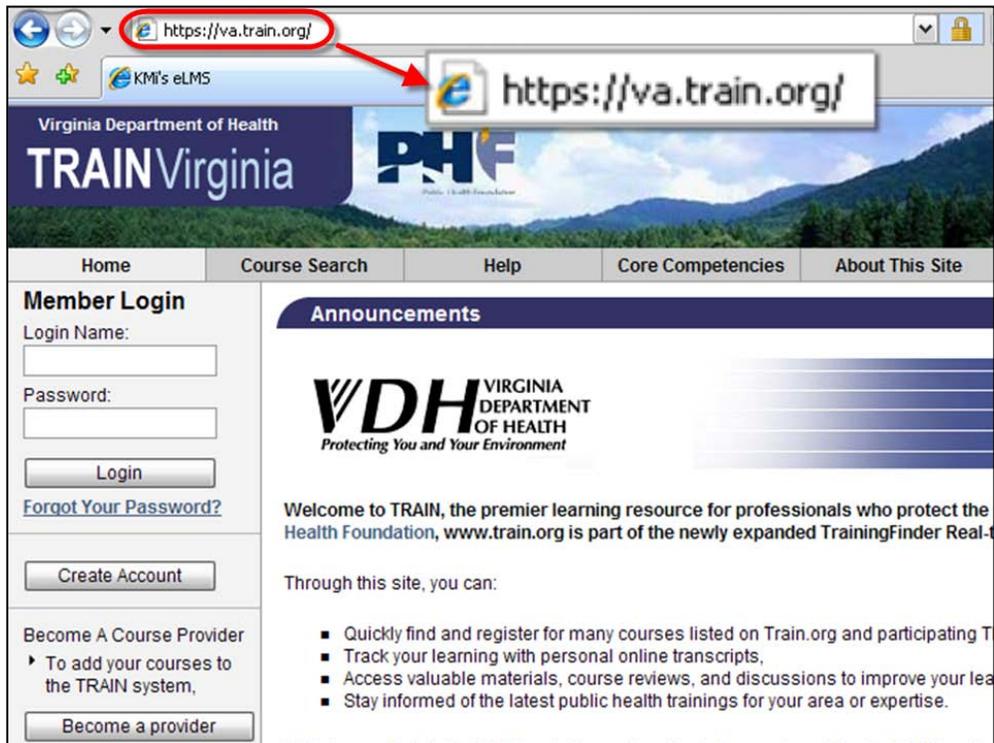
Browser Requirements	Operating Systems Supported
WINDOWS	WINDOWS
▪ Internet Explorer 7.0	▪ Windows 7
▪ Netscape 7.1 +	▪ Windows Vista
	▪ Windows XP



Step 1

Locating the TRAINVirginia web page

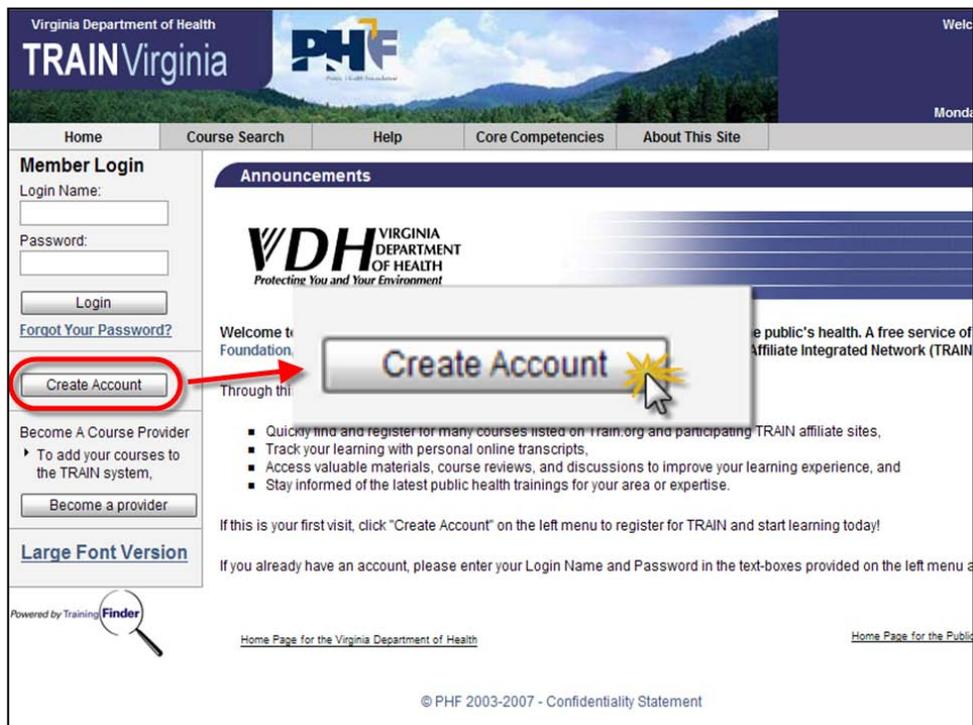
1. Open your web browser and type the following URL into the address bar:
 - a. <https://va.train.org>
2. Press Enter to load the TRAINVirginia home page. See below.



Step 2

Locating the "Create Account" button

1. Once the TRAINVirginia home page loads, click on the "Create Account" button.



Step 3

Read and agree to policies

1. Make sure to review all the TRAINVirginia policies.
2. When you are finished check the box that says, "I agree to these TRAIN policies" and click the next button.

The screenshot shows the TRAINVirginia registration interface. At the top, there are navigation links: Course Search, Help, Core Competencies, and About This Site. Below these is a message: "Please read the following TRAIN policies carefully. If you agree to these policies, check the box below to continue with the registration. Note: You must agree to these policies to be able to access the TRAIN website." Underneath, a list of "TRAIN Policies" is provided, including General Policies and Liability Terms, Confidentiality Statement, Learner Rights and Responsibilities, Course Provider Rights and Responsibilities, and Definitions. A red box highlights the checkbox "I agree to these TRAIN policies*" and the "Next" button. A red arrow points from this box to a larger, semi-transparent box that also contains the "I agree to these TRAIN policies*" checkbox and "Next" and "Cancel" buttons. A mouse cursor is shown clicking the "Next" button. At the bottom right, there is a copyright notice: "© PHF 2003-2007 - Confidentiality Statement".

Step 4

Beginning the registration process

1. Complete all the required fields.
 - a. All required fields are located on the left hand side of the screen and are marked with a red asterisk.
2. The Office suggests that you fill in the optional fields, however this information is not required to start an account.
3. Once you have finished, click on the next button.

The screenshot displays the registration form on the TRAINVirginia website. The form is divided into two columns: "Required Fields:" on the left and "Optional Fields:" on the right. The "Required Fields" section includes: Login Name (filled with "Jon Doe"), Password (masked with dots), Confirm Password (masked with dots), First Name (filled with "Jon"), Last Name (filled with "Doe"), Title (empty), Telephone (daytime) (marked with a red asterisk and circled in red), Email, Confirm Email, Organization name (with a dropdown arrow), and Department / Division (with a dropdown arrow). The "Optional Fields" section includes: Middle Name, Telephone (evening), Daytime Extension, Pager, Fax, and a checkbox for "I would like to receive notifications about". A large red asterisk is placed over the "Telephone (daytime)" field label. A red arrow points from the circled "Telephone (daytime):*" label to the "Telephone (daytime)." label. At the bottom, a black box with white text states: "You must fill in all fields marked with a red asterisk." The "Country" field is filled with "United States".

Organization name: *

Department / Division: *

Address 1: *

City / Township / Town: *

Zip code / Postal code: *

Country: *

State / Territory: *

County: *

Please choose your secret question and provide a ONE WORD answer.
You will be asked this question if you forget your password:

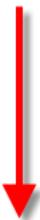
Question: *

Answer: *

I would like to receive notifications about

Next 

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Step 5

Completing the TRAINVirginia registration process

1. Select "Virginia Certified EMS Provider" in the left drop down menu.
 - a. **This step is very IMPORTANT in order to ensure your CE credit is properly recorded.**

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Course Search | Calendar | Help | Competencies | About This Site

Please select from the dropdown menus below your location, agency and/or job role as appropriate.

Select Job Role

Select Agency/Industry

Select Job Role
Not a Virginia Certified EMS Provider
Virginia Certified EMS Provider

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2. Select the “**Agency/Industry**” which most closely approximates your role in Virginia’s EMS System.
 - a. Examples:
 - i. A career firefighter would choose ---->Firefighter
 - ii. A volunteer EMS provider would choose ----> Volunteer Agency
 - iii. A career nurse would choose ----> Hospital
 - iv. A career nurse who also volunteers with a local EMS agency could choose either ----> Hospital or Volunteer Agency

The screenshot shows the PHF (Public Health Foundation) website interface. At the top, there is a navigation bar with links for 'Course Search', 'Calendar', 'Help', 'Competencies', and 'About This Site'. Below this, a form prompts the user to 'Please select from the dropdown menus below your location, agency and/or job role as appropriate.' There are two dropdown menus: 'Select Job Role' and 'Select Agency/Industry'. The 'Select Agency/Industry' dropdown is open, showing a list of options: 'Business and Industry', 'Firefighter', 'Hospital', 'Law Enforcement', 'Legal Community', 'Local Government Agency', 'Nonprofit Associations', 'Nursing Homes & Long Term Care Facilities', 'Other', 'Other Health Care Providers', 'Schools and Universities', 'State Agency', and 'Volunteer Agency'. A red circle highlights the entire dropdown menu. Below the form, there are 'Back' and 'Next' buttons. At the bottom right, there is a copyright notice: '© PHF 2003-2011- Confidentiality Statement'.

3. After you have made your selections in drop down menus, click the next button.

This screenshot shows the same PHF website interface as the previous one, but now both dropdown menus ('Select Job Role' and 'Select Agency/Industry') are closed. A mouse cursor is clicking on the 'Next' button. The rest of the page, including the navigation bar and copyright notice, remains the same.

4. Check the “Are you a member of the Medical Reserve Corps (MRC)” box **ONLY** if it applies to you. Then click the next button.

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Home Course Search Help Core Competencies About This Site

Are you a member of the Medical Reserve Corps (MRC)?

Yes

No

Back Next

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5. Select whether you wish to access additional training content and material from the CDC and then click the next button.

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Course Search Calendar Help Competencies Ab

To access additional CDC TRAIN (Centers for Disease Control and Prevention) content and to p
You can add or delete CDC from your groups by going to My Account, selecting the Groups tab, a

Yes

No

Back Next

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- Check up to three (3) Professional Roles boxes that best match your profession, and select a specialization where available. Click next after you have completed this step.

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Welcome Guest! |
Monday, October 15

Course Search Help Core Competencies About This Site

Please take a minute to review all roles before making your selection.

Please select up to three (3) Professional Roles that best match your profession, and select Specialization where available. If the "Other" option is selected, please enter specialization.

Professional Role	Value
<input type="checkbox"/> Allied Health Professional	--Select--
<input type="checkbox"/> Administrator / Director / Manager	
<input type="checkbox"/> Administrative Support Staff	
<input type="checkbox"/> Animal Control Specialist / Veterinarian	
<input type="checkbox"/> Biostatistician	
<input type="checkbox"/> Childcare Provider	
<input type="checkbox"/> Communicable Disease / Infection Control Staff	
<input type="checkbox"/> Computer / Information Systems Specialist	
<input type="checkbox"/> Dental Professional	--Select--
<input checked="" type="checkbox"/> Emergency Responder	--Select--
<input type="checkbox"/> Environmental Health Professional	--Select--
<input type="checkbox"/> Epidemiologist / Surveillance Staff	
<input type="checkbox"/> Food Services / Facilities Management Staff / Housekeeper	
<input type="checkbox"/> Government Official	--Select--
<input checked="" type="checkbox"/> Health Educator	



<input type="checkbox"/> Mental and Behavioral Health Professional	--Select--
<input type="checkbox"/> Nurse	--Select--
<input type="checkbox"/> Occupational Health and Safety Personnel	
<input type="checkbox"/> Outreach / Field Worker	
<input type="checkbox"/> Pharmacy Professional	--Select--
<input type="checkbox"/> Physician	--Select--
<input type="checkbox"/> Non-Physician Clinician	--Select--
<input type="checkbox"/> Policy / Planner	
<input type="checkbox"/> Program Specialist	
<input type="checkbox"/> Public Health Official	
<input type="checkbox"/> Public Relations / Media Specialist	
<input type="checkbox"/> Researcher / Analyst	
<input type="checkbox"/> Student	
<input type="checkbox"/> Teacher / Faculty	
<input checked="" type="checkbox"/> Volunteer	
<input type="checkbox"/> Other (specify) _____	

Back Next 

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- Choose “**Healthcare Services**” and click *Next* to continue.

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Welcome Guest
Monday, October

Course Search Help Core Competencies About This Site

Please select up to three (3) Work Settings that best fit your work environment. Choose Subcategories where applicable.

Work Settings	Value
<input type="checkbox"/> Academic / Educational Institution	--Select--
<input type="checkbox"/> Official Public Health Agencies	--Select--
<input type="checkbox"/> Military	
<input type="checkbox"/> Other Government Agencies (except Military)	
<input checked="" type="checkbox"/> Healthcare Services	--Select--
<input type="checkbox"/> Indian Health Service	
<input type="checkbox"/> Tribal Health Sites	
<input type="checkbox"/> Non-Profit Organization (except Healthcare)	
<input type="checkbox"/> Private Industry (except Healthcare)	
<input type="checkbox"/> Other (specify)	

Back Next

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- Select the appropriate demographic information. Remember this information is optional. When you are finished, select the Next button.

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Course Search Help Core Competencies About This Site

Please select appropriate demographic information (optional).

Demographic Information	Value
Education level (highest attained)	--Select--
Sex	--Select--
Ethnicity	--Select--
Race	--Select--
Birth Date	<input type="text"/> (Format: MM/DD/YYYY)
Primary Language	--Select--
Secondary Language	--Select--

Back Next

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9. Under “Virginia Attributes”, answer the mandatory question # 1, however DO NOT COMPLETE any other ITEMS and select the next button.

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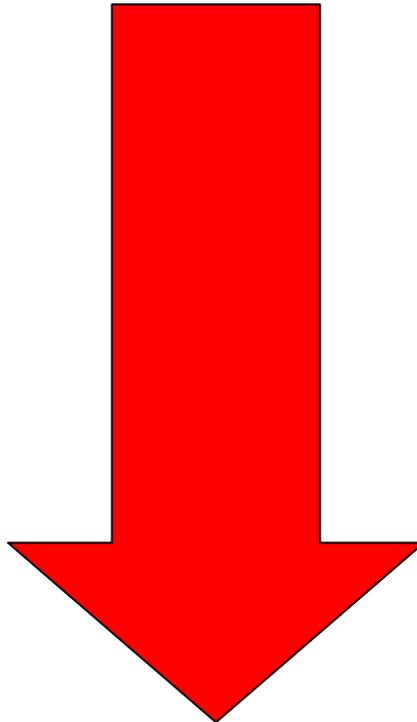
Course Search Help Core Competencies About This Site

Please enter the appropriate information (optional).

Virginia Attributes	Value
Current VDH Employee *	No  
Professional Association Number	<input type="text"/>
Race / Ethnicity	--Select--
Manager / Supervisor	<input type="checkbox"/>



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The following screens **MUST** be completed correctly in order for your CE to be posted to your records. Please pay special attention to your keying in this section.

- Under Virginia EMS Attributes fill in **BOTH** fields marked with a red asterisk. Be sure that you fill in your **certification number** and **training program** level information **correctly**, or you will not receive CE credit for courses that you take.

CE credit is available from the Virginia Office of EMS for the "Virginia Certified EMS Provider" group only.

Remember, it is your responsibility as a Virginia EMS provider to assure that your Virginia certification number is entered correctly in order to receive CE credit.

This program will **ONLY ACCEPT** your certification number, **NOT** your social security number. (Correct Example: E123456789)

The Office of EMS is not responsible for incorrect information which occurs during your TRAINVirginia registration process and can not research missing CE credits due to failure from inaccurately setting up your TRAINVirginia account. Please assure that your certification number and level are correctly entered prior to leaving this page.

Virginia EMS Attributes	Value
Certification Number *	B123456789
Training Program Level *	--Select-- --Select-- A - First Responder B - Emergency Medical Technician E - Paramedic F - EMT Instructor G - ALS Coordinator H - Instructor Candidate I - Intermediate J - EMT Enhanced M - Emergency Operations Instructor P - EMS Physician

Back Next

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- You should now see your name and confirmation that your new account has been created.
- Congratulations in finishing your account setup.
- Click the Continue button to move on and register for courses.

Hello, Jon

Your **NEW ACCOUNT** has been created.

Click on **Continue** button to register for your course.

Continue

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