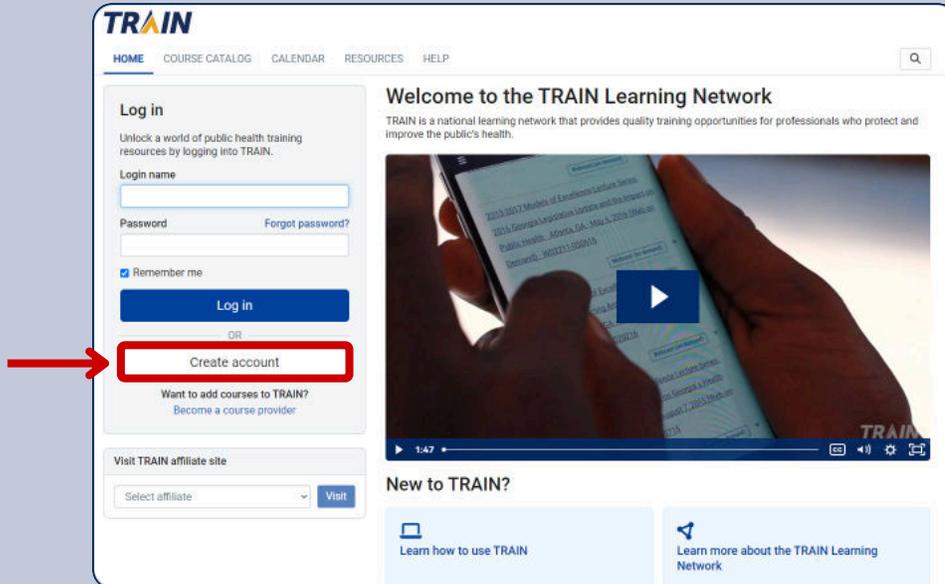# How to create a TRAIN account

Begin your TRAIN journey here.

1

Go to www.train.org

Click the **Create Account** button.

Fill in your information

2

(a) Create your login name. **(b)** Create a password and **(c)** confirm it. **(d)** Provide your email address.

Create Account

Create login name *
(a)
[Login name]
The login name must be unique with any characters except spaces and a minimum of four characters.

Create a password *
(b)
[Password]

Password must:
○ Contain at least one lower case letter
○ Contain at least one upper case letter
○ Contain at least one number
○ Be at least 8 characters
○ Be different from the user's LoginName, FirstName, LastName, and Email

Confirm password *
(c)
[Confirm password]

Email *
(d)
[Email]
Please enter your work email address. If you do not have one, enter your school or personal email.

TIP: Follow the guidelines listed below each text entry box when creating your account.

TIP: Be sure to provide an email that you can access for transactional and account communications.

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2 — Fill in your information (continued)

Provide your **(e)** First and Last name, **(f)** Time zone, and **(g)** Zip/Postal code.

First name *

First name

Last name *

Last name

Time zone *

(GMT-05:00) Eastern Time (US & Canada)

Zip code *

Zip code

Please enter your work Zip/Postal Code. If you do not have one, enter your school or personal Zip/Postal Code.

☐ **I agree to all TRAIN policies** *

Create Account

? WHY ZIP CODE?

Your zip code determines which regional courses you can access on your TRAIN account.

Once you have filled in all your account information, review all **TRAIN policies** and check the **(h)** box to signal your agreement. Then, click the **(i) Create Account** button.

TRAIN

You are being redirected to your TRAIN Affiliate's site. If you are trying to login to another state or federal TRAIN Affiliate's site, you must add at least one Group from that Affiliate within the "Your Profile" page under "Manage Groups".

Logout ⟶   ⬜ Go

! AFFILIATE SITES

You may be directed to another page depending on your location. Click the red **Go** button to continue to TRAIN. If you see more than one option, use the drop down menu to select your desired site.

Already have an account but forgot your login? Follow these steps:

» If you receive a notification that your email already exists in TRAIN, click the **Forgot password?** link.

Email *

janedoe@email.com

This email address already exists as a user account. Please enter a new email address or retrieve your password for the existing account.
Sign in Forgot password?

» Type your login name or email into the text box. Click the blue **Recover Password** button.

TRAIN

Forgot your login name or password?
Enter your login name or email

janedoe@email.com

If you don't remember your login name or email please contact support

Cancel   Recover password

» Check your email for instructions about resetting your password. Click the blue **OK** button.

TRAIN

Check your email

If the login name or email you entered is associated with a user account in our records, you will receive an email from us with instructions for resetting your password.

If you don't receive this email after 15 minutes, please check your junk mail folder, other email addresses, or contact support for further assistance.

OK

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Verify your email address

3

Once you have created your account, check your email and click on the verification link. If you do not receive an email after 20 minutes, check your junk mail folder.

TRAIN

Welcome to TRAIN!

Your account was successfully created.

Your login name: MyLoginName123
Your email address: abc123@email.com

You can always change your name, email, and other information in your Profile.

Verification instructions

1. You will get an email from TRAIN with a verification link.
2. Click on the verification link to verify your email address.
3. If you don't receive this email after 20 minutes, please check your junk mail folder or request another verification email.

If you don't want to verify your email address, contact support or log out.

? WHY VERIFY?

Verifying your email enhances identity confirmation, security, and protection from fraud and spam.

TIP: TRAIN will send annual re-verification emails to keep your information updated so you can receive necessary transactional and account communications.

TRAIN

Email address is confirmed.

You can now receive emails from TRAIN. To ensure the privacy of our users and to avoid being labeled as SPAM, TRAIN will automatically ask you to re-verify your account every one year.

Continue

After you have verified your email, and completed your profile by following the below **pages.**
CLICK ON SEARCH TYPE "QMAP" enter then double click on the QMAP Preparatory course then Launch. This PREP course should take 1-2 hours it is a PRE REQUSITE ONLY. You will study in the Full QMAP COURSE you purchase.

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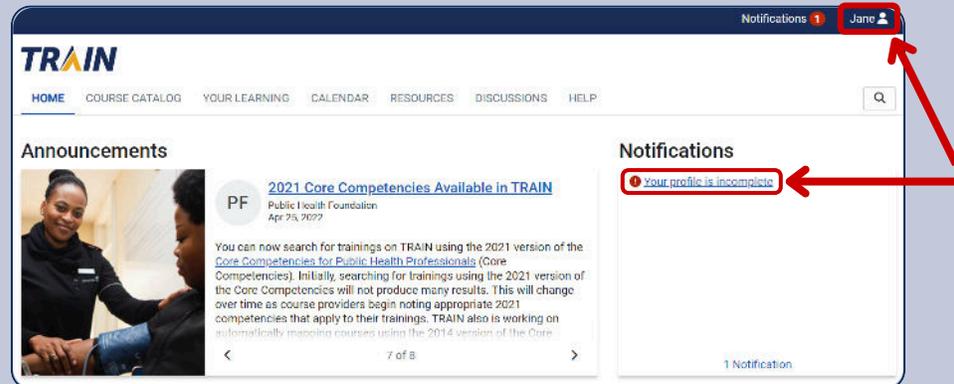
How to complete your TRAIN profile

Manage and edit your account information

1 Go to Your Profile

Under the Notifications section on the TRAIN homepage, click the link that says **Your Profile is incomplete**.

» If you do not see the link, click on your name in the upper right hand corner.

Jane 👤

» Click on **Your Profile** in the dropdown menu.

Update Your Profile

2

Fill in the required information for each section. Use the dashboard on the left to click through the sections as you complete your profile.

Country *

United States

State / Territory *

District of Columbia

TIP: Required fields are marked with a red asterisk.

TIP: If there is a red exclamation icon next to a section in **Your Profile**, it is a required section that you have not yet completed. The icon will disappear once you fill in the required information.

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3 Manage Groups

Follow these steps to select your group(s):

(a) Click the blue **Join a Group** button. This will take you to the Group Selection page.

>> If you have been given a group code, enter it in the **Join by Group Code** text field. Click the blue **Join** button.

Manage Groups

Join By Group Search *

&+ Join a Group

Group selection is required. Please select a location or territory in which you work, study, or reside.

Join By Group Code

12345   **Join**

(b) Use the Group Selection page to choose your group(s). You are able to select any number of groups.

>> Use the **Location** tab to make any additional place-based selections.

>> If you are part of an affiliate group, use the search bar or click on the associated tab.

Group Selection

In TRAIN we use Groups to optimize your experience and customize content to suit your needs. It also ensures you will see content from local course providers, and generally content that is more relevant to you.

Select an affiliate you want to join.

Group search

Location
Select the location where you work, study, or reside.

MRC
If you are a member of the Medical Reserve Corps, then you should select MRC Portal in addition to your state.

CDC
To access additional CDC TRAIN (Centers for Disease Control and Prevention) content, and to participate in CDC-hosted communities of practice, you should also add the CDC Portal.

VHA
To access additional Veterans Health Administration, Employee Education System content, you should add the VHA Portal.

VBA MDE
To access Veterans Benefits Administration, Military Medical Disability Examinations content, you must add the VBA portal to your group selection.

Med Learning
To access additional Med Learning content, your should add the Med Learning portal.

FDA
If you are a member of the FDA, then you should select FDA Portal in addition to your state.

(c) Once you have made a group selection, click the **Confirm these selections** button.   **✓ Confirm these selections**

>> To remove a selected group, click the red **x.**   **✕**

>> To finalize your group selections, click the **Confirm Group Selections** button.   **✓ Confirm Group Selections**

>> To edit your group selections, click the blue **pencil** icon.   ✏️

>> To add another group, click the **Join Another Group** button.

&+ Join Another Group

? AFFILIATES

An affiliate is any organization that manages a customized TRAIN website.

These organizations include state public health agencies, regional training centers, and professional associations.

? GROUPS

Groups depend on your location and customize your experience so that you see content more relevant to you.

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Account

4

Account | (Fields marked below are required)

Email *

sample@abc.org | **a**

You will receive course-related messages and annual notifications to keep your account up to date.

First name * | **b**

Jane

Middle name

Last name * | **c**

Doe

Login name

clcundari

User ID

4181404

d

Reset password

Course provider [Approved]

Fill in the required information.

(a) Enter an email that you can access for necessary transactional and account communications.

(b) Enter your first name.

(c) Enter your last name.

» If you want to reset your password, click the **(d) Reset Password** button.

» Enter your old password. Then enter and confirm your new password.

» Click the green **Submit** button. | Submit

Change your password

Old password * | ··················

New password * | ············

Password must:
- ⊘ Contain at least one lower case letter
- ⊘ Contain at least one upper case letter
- ⊘ Contain at least one number
- ⊘ Be at least 8 characters
- ⊘ Be different from the user's LoginName, FirstName, LastName, and Email

Confirm new password * | ············

Cancel | Submit

---

5 ## Contact

Enter your phone number.

(a) Click the blue **Add a Phone Number** button.

Contact | (Fields marked below are required)

? **Phone numbers ***

+ Add a phone number

At least one contact number must be provided.

(b) Use the drop down menu to select your phone type.

Input your phone number.

Add a phone number ✕

Is this your work, home or mobile number? *

Select phone type ▾

Select phone type
Work
Home
Mobile

Cancel | Accept

Add a phone number ✕

Is this your work, home or mobile number? *

Select phone type ▾

Phone Number *

(__) ___-____

Cancel | Accept

(c) Click the green **Accept** button. | Accept

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Address

6

Address

(Fields marked below are required)

Country * (a)
United States ˅

Street address * (e)
1300 L St

State / Territory * (b)
District of Columb ˅

Street address cont.

City * (c)
Washington D.C.

Time zone * (f)
(GMT-05:00) Easte ˅

Zip / Postal Code * (d)
20001

Fill in your address. Use the drop down menus to view more options.

(a) Select your country.

(b) Select your state or territory.

(c) Enter the name of your city.

(d) Enter your zip code.

(e) Enter your street address.

(f) Select your time zone.

Organization

7

Enter your **(a)** organization name, **(b)** department / division, and **(c)** title.

(?) ORGANIZATION

Examples of organizations include state public health agencies, regional training centers, and professional associations.

Organization

(Fields marked below are required)

Organization name * (a)
Public Health Founda

Department / Division * (b)
1

Bureau / Section

Title * (c)
Public Health Associa

Professional Role

8

Professional Role

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.

Primary

☐ Allied Health Professional
--Select-- ˅ (a)

☑ Administrator / Director / Manager (b) ●

☐ Administrative Support Staff ○

☐ Animal Control Specialist / Veterinarian ○

☐ Biostatistician ○

☐ Childcare Provider ○

☐ Communicable Disease / Infection Control Staff ○

☐ Community Health Worker (CHW) ○

☐ Computer / Information Systems Specialist ○

Scroll through the listed professional roles and select *up to* three (3) that apply to your position.

(a) Check the box to the left of your role(s).

(b) To set a role as your primary one, check the circle under the Primary column to the right of your role.

≫ If you do not see your professional role listed, scroll to the bottom and manually enter it in the **Other** section.

☐ Other (specify)_____ ○

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9 Work Settings

Scroll through the listed work settings and select up to three (3) settings that apply to your position.

(a) Check the box to the left of the work settings.

(b) To set a setting as your primary one, check the circle under the Primary column to the right of the listed work settings.

≫ If you do not see your professional role listed, scroll to the bottom and manually enter it in the **Other** section.

☐ Other (specify)_____

Done click search enter qmap

Work Settings

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

Primary

☐ Academic / Educational Institution
--Select--   ○

a ☑ **Official Public Health Agencies**
Federal   ● b

☐ US Military/Uniformed Services
--Select--   ○

☐ Other Government Agencies (except Military)   ○

☐ Healthcare Services
--Select--   ○

☐ Indian Health Service   ○

☐ Tribal Health Sites   ○

Optional sections

10

The Professional License Number, Demographic Information, FEMA Student ID Number, and Professional Organization ID Number sections are recommended, but optional unless you are in a specific group that requires them.

Manage Groups

Account

Contact

Address

Organization

Professional License Number ←

Professional Role

Work Settings

Demographic Information ←

FEMA Student ID Number ←

Professional Organization ID Number ←

≫ Depending on your group, there may be more sections available for you to fill out. These will appear in the same dashboard as the standard sections.

≫ Once you have filled out the necessary information, click the green **Save** button in the upper right hand corner of the screen.

≫ To close out of your profile, click the yellow **Cancel** button.

Cancel   Save

Your Profile Is incomplete

Your profile contains all your system settings and attributes. Please note that some fields are required, until you complete all required settings some site functionality may be limited. For your convenience each section in the profile will indicate if it is incomplete.

Manage Groups   Manage Groups

Account   Join By Group Search *

Contact   National/CDC
                   ↳ Academia & Research
Address   ↳ Community Health Workers (CHW)

Organization   National/PHF

Professional License Number

CDC CE Information   Join Another Group

Professional Role   Join By Group Code

Work Settings   Group Code   Join

Demographic Information

FEMA Student ID Number

Professional Organization ID Number

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