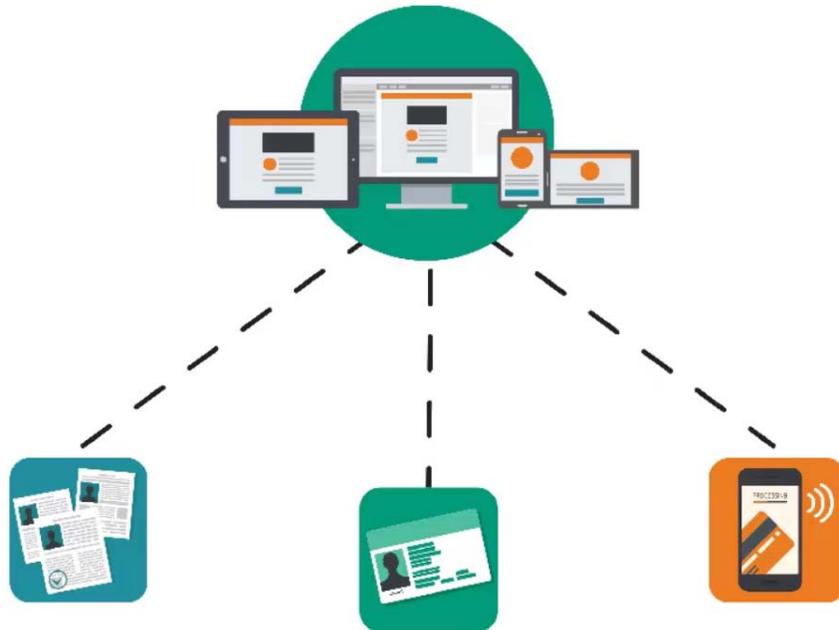


MQA Online Services Portal Registration and Adding a License User Guide



MQA Online Services Portal Registration and Adding a License

1. Hello and welcome to the Division of Medical Quality Assurance's online help tutorials. The MQA Online Services Portal is the health care practitioner service portal for the Florida Department of Health. In this tutorial, I'll show you how to register as a new user of our MQA Online Services Portal and subsequently add your license to your account.



2. In order for us to serve you, we ask that you register as a user of our MQA Online Services Portal. Registration allows you to apply for a license or submit a license renewal, request a duplicate or replacement license, and pay fees, along with all of the other services provided by MQA. Registration is not required to perform a license search or to file a complaint.



3. Before you begin the registration process, it is important that you have access to a valid email account. If you have a current license or pending application with the Florida Department of Health, you will need your social security number, date of birth and the mailing address zip code currently on file with the Department.

200+ License Types in More Than 40 Health Care Professions

The Department of Health through the Division of Medical Quality Assurance's website offers many services to our licensees, health care businesses, citizens and visitors to Florida.



REQUIREMENTS



WEBINARS



RENEWAL CALENDAR



VALOR

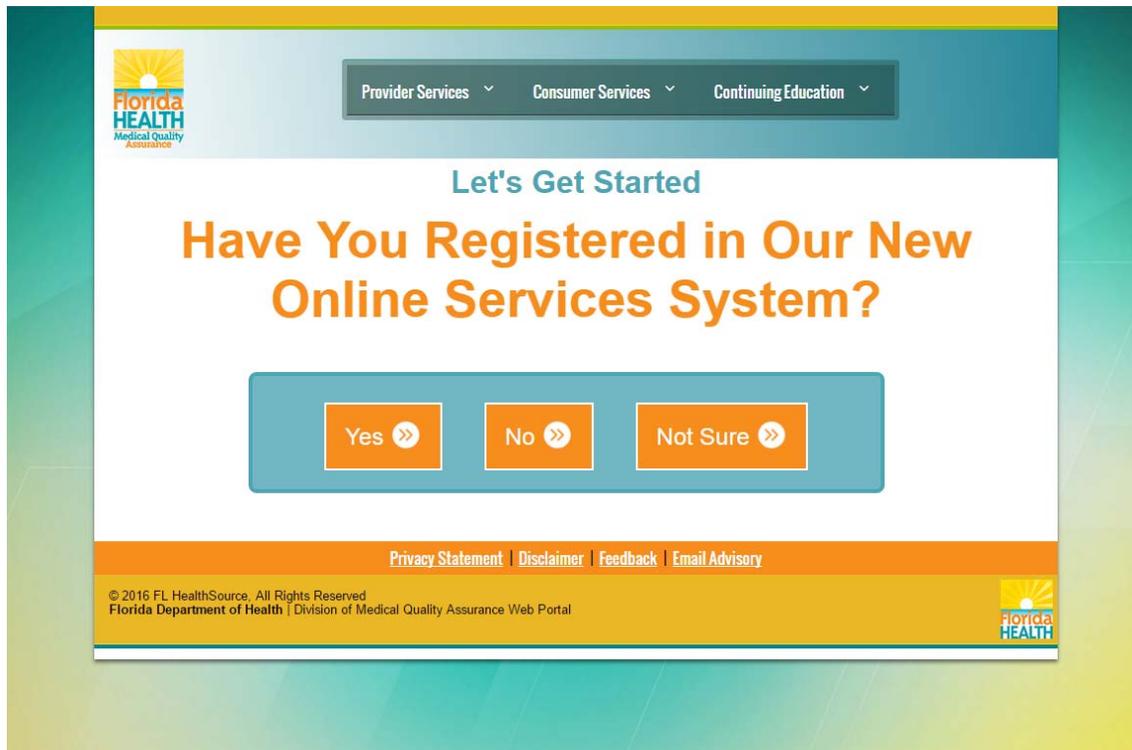


ONLINE SERVICES

4. To get started, go to www.FLHealthSource.gov and click the “Renew A License” button or the “Apply For A License” button, even if your license does not currently need to be renewed.



5. Select your profession and license type from the dropdown lists provided, then click “Submit.”



6. Select “No” and review the instructions provided. Click “Register” to begin the registration process.

Account Owner

* First Name:

Middle Name:

* Last Name:

Account Login

* Email: (e.g. name@domain.com)

* Confirm Email:

* User ID:

Use email address as User ID:

Or enter your own User ID:

Password Recovery

* Secret Question:

* Secret Answer:

Communication

Email Communication: Yes No

Security Measures

* Type the characters from the picture as shown:



Type the above numbers into the box below:

[Not readable? Get 2 more words](#)
[Get an audio reCAPTCHA \(spoken numbers\)](#)
[get help with this](#)

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7. Fields marked with an asterisk are required. Enter your first and last name in the Account Owner section. Please note that a valid email address is required to complete your registration. You have the option of using your email address as your user ID by selecting the checkbox provided. Or you can enter your own user ID in the field provided.

Account Owner

* First Name:

Middle Name:

* Last Name:

Account Login

* Email: (e.g. name@domain.com)

* Confirm Email:

* User ID:

Use email address as User ID:

Or enter your own User ID:

Password Recovery

* Secret Question:

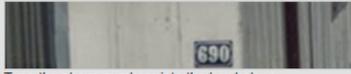
* Secret Answer:

Communication

Email Communication: Yes No

Security Measures

* Type the characters from the picture as shown:



Type the above numbers into the box below:

[Not readable? Get 2 more words](#)
[Get an audio reCAPTCHA \(spoken numbers\)](#)
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8. The Password Recovery section is used to verify your identity if you forget your user ID or password.

Account Owner

First Name: Mickey

Middle Name:

Last Name: Mouse

Account Login

Email: MQAOnlineServices1@gmail.com (e.g. name@domain.com)

Confirm Email: MQAOnlineServices1@gmail.com

User ID:

Use email address as User ID:

Or enter your own User ID:

Password Recovery

Secret Question: What city were you born?

Secret Answer: orlando

Communication

Email Communication: Yes No

Security Measures

Type the characters from the picture as shown:



Type the above numbers into the box below:
690

[Not readable? Get 2 more words](#)
[Get an audio reCAPTCHA \(spoken numbers\)](#)
[get help with this](#)

Next Cancel

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9. Select the “Yes” radio button for Email Communication if you would like to receive important email communication from MQA to the email address you provide when entering or updating your address. Selecting “No” will not exclude you from receiving automatic emails generated by the online portal regarding your application and payments. Enter the characters displayed within the image at the bottom of the page. If you cannot read the characters in the picture, you may click the “Not Readable” link below the box to display a new image. Once you have entered all the required information, click the “Next” button to submit your user profile information.

 **MQA Online Services**

[Logon](#) | [Contact Us](#)

Preview Registration

Please take a minute to review the information submitted while completing the registration process. If the information needs to be corrected, press EDIT. Otherwise, press SAVE to proceed with the registration process.

First Name:	Mickey
Second Name:	
Last Name:	Mouse
Email:	mqaonlineservices1@gmail.com
UserId:	mqaonlineservices1@gmail.com
Secret Question:	What city were you born?
Secret Answer:	orlando
Email Communication:	Yes

Save Edit Cancel

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Florida Department of Health | Division of Medical Quality Assurance Web Portal



10. On the next page, you’ll need to verify that the information you entered is correct. If you need to correct any information, click the “Edit” button and make the changes. When all information is verified, click the “Save” button. After saving, you will be sent an email confirmation containing your user ID and your temporary password.



MQA Online Services

[Logon](#) | [Contact Us](#)

User Registration - Temporary Password Issued

You are almost there! A temporary password has been issued and sent to your email with instructions on how to proceed.

Check your email INBOX, JUNK, SPAM, CLUTTER and TRASH folders for your temporary password email. This email may have been sent to one of these folders depending on the security of your email provider.

Make sure you add MQAOperations@FLHealth.gov to your trusted/allowed email address list in your email account settings to ensure the temporary password email does not get sent to your JUNK, SPAM, CLUTTER and TRASH folders or get filtered out of your email before it is received.

Click "Return" to LOG IN with your email address and temporary password.

[Return](#)

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11. At this point, you'll need to access your email account to locate the email containing your user ID and temporary password. Once you locate the temporary password, return to the MQA Online Services Portal.

Welcome to MQA Online Services Portal

The Division of Medical Quality Assurance (MQA) Online Services Portal provides access to updated features, such as:

- requesting name or status change
- adding secondary practice location
- changing your password
- uploading and attaching supporting documentation

For additional information about the portal with detailed instructions on registering and linking your license, please visit www.flhealthsource.gov/mqa-services.

New User

When using the new Online Services Portal for the first time, you will be required to register for a new user account. **You cannot access the service portal using the user ID/password used to access the prior system.** Registration is a one-time process that takes approximately 5 minutes.

[Register Now](#)

Returning User

User ID:

Password:

[Sign In](#)

[Forgot user ID?](#)

[Forgot password?](#)

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12. Under Returning User, enter your user ID and temporary password. Then, select "Sign In."

13. You will be prompted to create a new password for your account. Enter the temporary password provided in the email in the “Old/Temporary Password” field. Enter a new password in the “New Password” field and the “Confirm Password” field. Note the password requirements shown at the top of the page. Once you’ve entered a password that meets the requirements, select “Save.”

14. When accessing the portal for the first time, you will be asked a few questions. The first question asks if you have a current license or pending application with the Florida Department of Health. If you select “Yes,” you will be asked to enter additional information to add your license or pending application to your account. If you select “No,” you will be directed to the Dashboard where you can apply for a new license. If you select “Cancel,” you will be routed to your Dashboard. If you do not add your license at this time, you will still have an opportunity to do so when you return to your account by selecting “Add My License or Previous Application” from your Dashboard. For the purposes of this demonstration, I will proceed with selecting “Yes” and adding a license upon my initial log-in.

Florida HEALTH **MQA Online Services**

Logged in as *Mouse, Mickey* | [Update Account](#) | [Logoff](#) | [Contact Us](#)

Step 1: Do you have an existing license or application? | Step 2: Provide Identifying Information | Step 3: Confirm Information

Select your profession and license type. Your selection under "Profession" will list specific licensing types.
 Note: an Advanced Registered Nurse Practitioner (ARNP) should select Registered Nurse.

* Profession: How do I know? ⓘ
 * License Type: How do I know? ⓘ

[Next](#) [Cancel](#)

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15. After selecting “Next,” you will be prompted to select your profession and license type from the dropdown lists provided.

Florida HEALTH **MQA Online Services**

Logged in as *Mouse, Mickey* | [Update Account](#) | [Logoff](#) | [Contact Us](#)

Step 1: Do you have an existing license or application? | Step 2: Provide Identifying Information | Step 3: Confirm Information

Special Information about the ZIP CODE

Practitioners: Enter your mailing address zip code currently on file with the Florida Department of Health. Please note that your mailing address zip code can be found on your renewal postcard or your physical license. If you are adding an application, please use the zip code provided during the application process.

Facilities, Schools and Other Organizations: Enter your practice location zip code. Please note that your practice location zip code can be found on your physical license or can be obtained through our online license verification search.

* Required Information

License Type: Registered Nurse

* Social Security Number: (Example - 999999999)

* Date Of Birth: (mm/dd/yyyy)

* Zip Code: ⓘ

Security Measures ⓘ

* Type the characters from the picture as shown:

Type the above words into the box as shown:

[Not readable? Get 2 more words](#)
[Get an audio CAPTCHA \(spoken words\)](#)
[get help with this](#)

[Next](#) [Cancel](#)

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16. For verification purposes, you will then be required to enter your social security number, date of birth and your mailing address zip code currently on file with the Department of Health.

Florida HEALTH **MQA Online Services**

Logged in as **Mouse, Mickey**
[Update Account](#) | [Logout](#) | [Contact Us](#)

Step 1: Do you have an existing license or application? Step 2: Provide identifying information **Step 3: Confirm Information**

Please confirm your license/application information.

* Required Information

Indiv / Org Number: 9059348
 Name: Nurse, Example

License Type	License Number
Registered Nurse	9409710

* Select One:

Yes, I confirm this is my license/application information.
 No, this is not my license/application information.

[Next](#) [Cancel](#)

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17. The following screen displays the matching license information found in our system. If you receive a message that no information was found, you will need to contact our office for assistance. If the license information displayed is correct, select the “Yes, I confirm this is my license/application information” radio button and select “Next” to complete the process of adding your license to your account.

Logged in as **Mouse, Mickey**
[Update Account](#) | [Logout](#) | [Contact Us](#)

My Dashboard
 Important information about your dashboard:

- You must add your license or application to your dashboard by selecting the button below, before you can access your application or manage your license.
- A “Renew My License” option will appear on your dashboard at least 90 days prior to your license expiration date. Please check back later if this message does not appear.

To start choose an option and you will return to this dashboard after you have finished.

License Information [Show Details](#)
 License Number: 9405992
 License Type: Registered Nurse

Manage My License
 Registered Nurse 9405992 Choose an Activity [Select](#)

My Application
 To start a new application or resume a previously saved application.
 Choose a Profession [Select](#)
 Choose an Activity [Select](#)

Additional Activities

[Report CE/CME](#) [Select](#)
[Add My License or Previous Application](#) [Select](#)
[View Exam Results](#) [Select](#)

18. Once you have added your license, you will be routed to your Dashboard. From your Dashboard, you can add additional licenses or applications and perform other activities associated with your license, like submitting a renewal application. You can also view or update your account information by clicking on the “Update Account” link.

MQA Customer Contact Center



Phone:

Monday – Friday
8 a.m. – 6 p.m. EST
850-488-0595

Email:

Click the Contact Us link from your
MQA Online Services account

19. For additional assistance, please call our MQA Customer Contact Center at 850-488-0595 or use the “Contact Us” link in the top right corner of the Online Services Portal.