



FLORIDA DEPARTMENT OF HEALTH

MQA ONLINE SERVICES PORTAL

YOUR PORTAL. ON DEMAND.



Sonya Edwards

MQA ONLINE SERVICES PORTAL

Florida Department of Health

Email: MQAOnlineService@FLHealth.gov

Licensure Support Team: Toll-Free 855-410-3344



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Webinar Topics

Section 1: One-Time Registration Process

Section 2: Adding Your License

Section 3: Returning User

Section 4: Questions



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Section 1:

One-Time Registration Process



Provider Services ▾

Consumer Services ▾

Continuing Education ▾

 **ACCOUNT LOGIN**
ACCESS YOUR ACCOUNT

5 in 1: Commonly-Used Search Sites

Mobile Friendly • Easy To Access

License Verification



Discipline & Administrative Actions



Nursing Education Programs



Practitioner Profile



Approved Counterfeit-proof Prescription Pad Vendors



Apply For A License

Verify A License

Renew A License

Florida Boards

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

Learn more about the licensing and renewal requirements for your profession.

[Learn more »](#)



WEBINARS

Learn about the Department's new approach to license renewal.

[Learn more »](#)



RENEWAL CALENDAR

View professions expiring in 2018 and view requirements, processes, and fees.

[Learn more »](#)



VALOR

Veterans Application for Licensure Online Response System.

[Learn more »](#)



ONLINE SERVICES

Register and apply in the new and improved MQA Online Services Portal.

[Learn more »](#)

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MQA Online Services

[Home](#) | [FL HealthSource](#) | [File a Complaint](#) | [FAQs](#) | [Telehealth](#)

Licensed Practitioner Login

Licensee's Last Name :

Licensee's SSN : 

Licensee's Date Of Birth :

Login

NOTE: Not all mobile devices are fully compatible with the online system at this time. It is highly recommended that you have access to a desktop or laptop computer.

Other Users Login Options

Create New Applicant Account

[Business Establishment / School](#)

Returning Applicant Login

Prescription Pad Vendor Login

* For Out-of-State Telehealth, [click here](#).

* For Other Payer, [please click here](#).

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MQA Online Services

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

User Registration

Welcome to MQA's Online Services portal! This system requires users provide an active email address for registration and authentication; however the email address provided in this form will not be released to the public under Florida's public record law because it is being provided to the state to authenticate your user access to the portal.

Users must complete the form below to use MQA's Online Service portal.

Enter your details and press "Next."

Press "Cancel" to cancel this registration and return to the main menu.

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

Complete the on-screen security check:

If using Internet Explorer, the minimum version supported is IE 9. Any previous versions of Internet Explorer are not supported and you will not be able to complete the security measures section of this screen.

I'm not a robot



Next

Cancel

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MQA Online Services

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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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- This email address is currently associated with an existing account. Please select the available [link](#) then "Forgot User ID?" to enter your email address or you may select "Forgot Password?" to gain entry onto your account. Your User ID or your password will be sent to you electronically.

User Registration

Welcome to MQA's Online Services portal! This system requires users provide an active email address for registration and authentication; however the email address provided in this form will not be released to the public under Florida's public record law because it is being provided to the state to authenticate your user access to the portal.

Users must complete the form below to use MQA's Online Service portal.

Enter your details and press "Next."

Press "Cancel" to cancel this registration and return to the main menu.

Account Owner

* First Name:	<input type="text" value="Department"/>
Middle Name:	<input type="text"/>
* Last Name:	<input type="text" value="of Health"/>

Account Login

* Email:	<input type="text" value="test@gmail.com"/>	(e.g. name@domain.com)
* Confirm Email:	<input type="text" value="test@gmail.com"/>	
* User ID:	<input type="checkbox"/> Use email address as User ID:	
	<input type="checkbox"/> Or enter your own User ID: <input type="text"/>	

Password Recovery

* Secret Question:	<input type="text" value="What is your maternal grandmother's first name?"/>
* Secret Answer:	<input type="text" value="Health"/>

Communication

Email Communication:	<input checked="" type="radio"/> Yes <input type="radio"/> No
----------------------	---

Security Measures

* Complete the on-screen security check:

If using Internet Explorer, the minimum version supported is IE 9. Any previous versions of Internet Explorer are not supported and you will not be able to complete the security measures section of this screen.

I'm not a robot



Next

Cancel

MQAONLINESERVICE@FLHEALTH.GOV

- This email address is currently associated with an existing account. Please select the available [link](#) then "Forgot User ID?" to enter your email address or you may select "Forgot Password?" to gain entry onto your account. Your User ID or your password will be sent to you electronically.

User Registration

Welcome to MQA's Online Services portal! This system requires users provide an active email address for registration and authentication; however the email address provided in this form will not be released to the public under Florida's public record law because it is being provided to the state to authenticate your user access to the portal.

Users must complete the form below to use MQA's Online Service portal.

Enter your details and press "Next."

Press "Cancel" to cancel this registration and return to the main menu.

Account Owner

* First Name:	<input type="text"/>	Department
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text"/>	of Health

Account Login

* Email:	<input type="text" value="test@gmail.com"/>	(e.g. name@domain.com)
* Confirm Email:	<input type="text" value="test@gmail.com"/>	
* User ID:	<input type="checkbox"/> Use email address as User ID:	
	Or enter your own User ID: <input type="text"/>	

Password Recovery

* Secret Question:	<input type="text" value="What is your maternal grandmother's first name?"/>
* Secret Answer:	<input type="text" value="Health"/>

Communication

Email Communication: Yes No

Security Measures

* Complete the on-screen security check:

If using Internet Explorer, the minimum version supported is IE 9. Any previous versions of Internet Explorer are not supported and you will not be able to complete the security measures section of this screen.

I'm not a robot



Next

Cancel

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Google



MQA

Gmail

Navigation icons: back, forward, search, trash, archive, star, flag, and More.

1 of 1 < >

COMPOSE

NEW MQA ACCOUNT REGISTRATION Inbox x



- Inbox
- Starred
- Sent Mail
- Drafts
- More
- MQA

MQAOperations@flhealth.gov 1:49 PM (1 minute ago) ☆

Below is your Medical Quality Assurance (MQA) Online Services User ID and Password. To complete your registration, click on the link below and use this login information as a Returning User. You will be prompted to create a new password for your account. Please enter your temporary password in the Old/Temporary Password field.

After you Sign In with your new user ID and Password, you will be prompted to add your existing license or application to your account. You will need three (3) items:

- Your social security number
- Your date of birth

Your mailing address zip code on file with the 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 applying for a license, please use the zip code provided with your application.

From the dashboard, you can start a new application, complete an application, or manage all of your Florida-issued health care licenses through activities such as renewing your license, requesting a name or status change, updating your address, or adding a secondary practice address.

When your license is scheduled for renewal, a "Renew My License" section will appear on your dashboard no later than 90 days prior to your license expiration date.

Please note that your online temporary password is case sensitive.

USERID: MQAONLINESERVICES1@GMAIL.COM
TEMPORARY PASSWORD: tAzUfKT8

Link to MQA Online Services:
<https://mqaonline.doh.state.fl.us/datamart/login.do>

For a quick video tutorial, visit <http://www.flhealthsource.gov/video-guide>

*** Note: This is an automated email. Do NOT reply to this message.



No recent chats
Start a new one



MQA Online Services

[Home](#) | [FL HealthSource](#) | [FAQs](#)

Licensed Practitioner Login

Licensee's Last Name :

Licensee's SSN :

Licensee's Date Of Birth :

Login

NOTE: Not all mobile devices are fully compatible with the online system at this time. It is highly recommended that you have access to a desktop or laptop computer.

Other Users Login Options

Create New Applicant Account

Click here if you have applied online to the Florida Department of Health to be a new practitioner. You will be sent to the login screen and asked to provide your UserID and Password to access the application.

Returning Applicant Login

Prescription Pad Vendor Login

* For Other Payer, [please click here.](#)

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MQA Online Services

Logged in as *Mouse, Mickey*

[Update Account](#) | [Logoff](#) | [Contact Us](#)

Reset Password

Your new password must contain the following:

- A minimum of 8 characters
- Must contain at least one Uppercase alphabetic character
- Must contain at least one Lowercase alphabetic character
- Must contain at least one Number
- Must contain at least one special character (Examples: !@#\$%^&*()_+{})
- Must not be the same as your USER ID
- Must not be a variation of your USER ID

* Old/Temporary Password:

* New Password:

* Confirm Password:

Save

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Section 2:

Adding/Linking Your License

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Logged in as **Bailey, Gwen**

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Step 1: Do you have an existing license or application?

Step 2: Provide Identifying information

Step 3: Confirm Information

Do you have a current license or pending application with the Florida Department of Health?

- Yes [How do I know?](#)
- No - I do not have a current license or pending application.
- No - I am active military, military veteran, or the spouse of a person serving on active duty in the United States Armed Forces seeking licensure in a health care profession. (In order to qualify, you must have received an honorable discharge within the previous six (6) months, or will receive an honorable discharge within six (6) months after, the date of submission of the application OR be the spouse of a person serving on active duty in the U.S. Armed Forces)

Next

Cancel

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MQA Online Services

Logged in as *Mouse, Mickey*

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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:

<Select One> ▼

[How do I know?](#) ⓘ

* License Type

<Select One> ▼

[How do I know?](#) ⓘ

Next

Cancel

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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

Option A

OR

Option B

License Type:

6601 - Clinical Laboratory Personnel

* License Number: 

(Numbers Only) 

* Social Security Number:

(Example - 999999999)

* Date Of Birth:

(mm/dd/yyyy)

* Zip Code: 

License Type:

6601 - Clinical Laboratory Personnel

* Social Security Number:

(Example - 999999999)

* Date Of Birth:

(mm/dd/yyyy)

* Zip Code: 

Security Measures

* Complete the on-screen security check:

I'm not a robot



Next

Cancel

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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

Please confirm your license/application information.

* Required Information

Indiv / Org Number:

9059348

Name:

Nurse, Example

License Type

Registered Nurse

License Number

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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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:

Name:

License Type

1701 - Registered Nurse

* Select One:

Congratulations! You have successfully added your license/application to this account.

Click "Continue" to go to your "Dashboard."

Continue

Next

Cancel

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- Incorrect Security Code entered. Please re-enter your Social Security Number and enter the new Security Code displayed below. After the information is entered, please proceed to the next page by selecting "Next". Having trouble? Click [here](#) for a quick video tutorial.

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

Option A

OR

Option B

License Type:

5201 - Licensed Clinical Social Worker

License Number: 

(Numbers Only) 

Social Security Number:

(Example - 000000000)

Date Of Birth:

(mm/dd/yyyy)

Zip Code: 

License Type:

5201 - Licensed Clinical Social Worker

* Social Security Number:

(Example - 000000000)

* Date Of Birth:

(mm/dd/yyyy)

* Zip Code: 

Security Measures

Type the characters from the picture as shown:

 Refresh

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MQA Online Services

Logged in as **Bailey, Gwen**

[Update Account](#) | [Logoff](#) | [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: **7677501**
Name: **ACOSTA, MELISSA MARIE**

License Type	License Number
6601 - Clinical Laboratory Personnel	40070

* 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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[Update Account](#) | [Logoff](#) | [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:

Name:

License Type

6601 - Clinical Laboratory Personnel

* Select One:

Congratulations, You have successfully linked your records to this online account. You will now be able to do such things as check the status of any open application, or modify your existing license through activities.

Click Continue to be taken to the Main Menu.

Continue

Next

Cancel

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My Dashboard

Important information about your dashboard:

- In order for you to do any online activities with your license, such as renewal, status changes, and address updates, you will need to first add your license to this online account. If your license has been successfully added to this account, it will show in the "License Information" box to the right.
- If you have not yet added your license to your account, you can do this by selecting the "Add My License or Previous Application" option under the "Additional Activities" section below.

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

License Information

[Show Details](#)

License Number: **40070**
License Type: **Clinical Laboratory Technologist**

Renew My License

Clinical Laboratory Technologist 40070

Renew My License

Select

Manage My License

Clinical Laboratory Technologist 40070

Choose an Application

Select

My Application

To start a new application or resume a previously saved application.

Choose a Board/Council

Choose a Profession

Choose an Application

Select

Additional Activities

Authorized Representative

Select

Report CE/CME

Select

Add My License or Previous Application

Select

Check Application Status

Select

View Exam Results

Select

Emergency/Disaster Volunteer

Select

Licensure Documents

Choose a License Type

Select



Provider Services ▾

Consumer Services ▾

Continuing Education ▾

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Veterans Application for Licensure Online Response System.

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FLORIDA BOARDS



COUNCILS

[Dietetics and Nutrition Practice](#) | [Electrolysis](#) | [Licensed Midwifery](#) | [Physician Assistants](#)

DEPARTMENT REGULATED PROFESSIONS/FACILITIES

[Certified Master Social Workers](#) | [Pain Management Clinics](#) | [Dental Laboratories](#) | [Paramedics](#) | [Emergency Medical Technicians](#) | [Radiologic Technicians](#) | [Medical Physicists](#) | [School Psychologists](#) | [Office Surgery Registration](#)



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Section 3:

Returning Users



Provider Services ▾

Consumer Services ▾

Continuing Education ▾

 **ACCOUNT LOGIN**
ACCESS YOUR ACCOUNT

5 in 1: Commonly-Used Search Sites

Mobile Friendly • Easy To Access

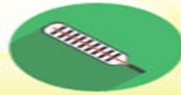
License Verification



Discipline & Administrative Actions



Nursing Education Programs



Practitioner Profile



Approved Counterfeit-proof Prescription Pad Vendors



Apply For A License

Verify A License

Renew A License

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Licensed Practitioner Login

Licensee's Last Name :

Licensee's SSN :

Licensee's Date Of Birth :

[Login](#)

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[Create New Applicant Account](#)

[Business Establishment / School](#)

[Returning Applicant Login](#)

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* For Out-of-State Telehealth, [click here](#).

* For Other Payer, [please click here](#).

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MQA Online Services

[Home](#) | [FL HealthSource](#) | [FAQs](#)

MQA Services Online Account Email Verification/Update

Please confirm or add/update your MQA Services Account email address

Email Address:*

jsmith@flhealth.gov

Continue

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My Dashboard

Important information about your dashboard:

- In order for you to do any online activities with your license, such as renewal, status changes, and address updates, you will need to first add your license to this online account. If your license has been successfully added to this account, it will show in the "License Information" box to the right.
- If you have not yet added your license to your account, you can do this by selecting the "Add My License or Previous Application" option under the "Additional Activities" section below.

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

License Information

[Show Details](#)

License Number: **40070**
License Type: **Clinical Laboratory Technologist**

Renew My License

Clinical Laboratory Technologist 40070

Renew My License

Select

Manage My License

Clinical Laboratory Technologist 40070

Choose an Application

Select

My Application

To start a new application or resume a previously saved application.

Choose a Board/Council

Choose a Profession

Choose an Application

Select

Additional Activities

Authorized Representative

Select

Report CE/CME

Select

Add My License or Previous Application

Select

Check Application Status

Select

View Exam Results

Select

Emergency/Disaster Volunteer

Select

Licensure Documents

Choose a License Type

Select

DEPARTMENT OF HEALTH



MQA Online Services

Logged in as **Blue, Alicia**

[Update Account](#) | [Logoff](#) | [Contact Us](#)

View User Profile

Press "Add Licenses" to add Licenses to this registration.
Press "Edit" to edit a section.
Press "Retire" to retire this user account.
Press "Back" to go to the main menu.

Personal Information

First Name:	Alicia		
Middle Name:			
Last Name:	Blue		
Email:	alicia.blue@flhealth.gov		
User ID:	ALICIA.BLUE@FLHEALTH.GOV	Edit	Retire


Password

Password:	*****	Edit
-----------	-------	----------------------

Secret Question and Answer

Secret Question:	What school did you attend in the sixth grade?	Edit
------------------	--	----------------------

Email Communication

Email Communication 	Yes	Edit
---	-----	----------------------

[Add Licenses](#)

[Back](#)

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Section 4:

Questions



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Question & Answer Session

Type your questions into the “Question” Box.

Contact Information:

Florida Department of Health

Email: MQAOnlineService@FLHealth.gov

Website: FLHealthSource.gov