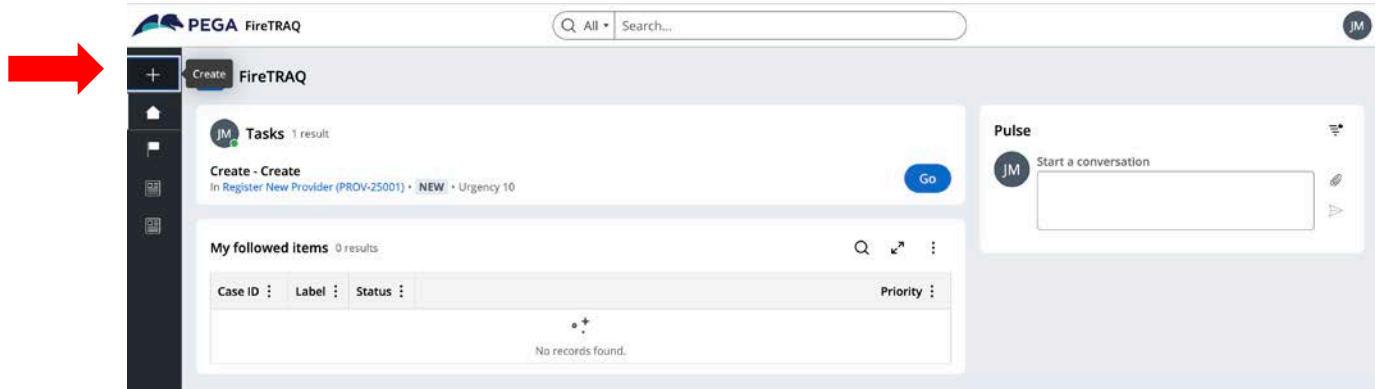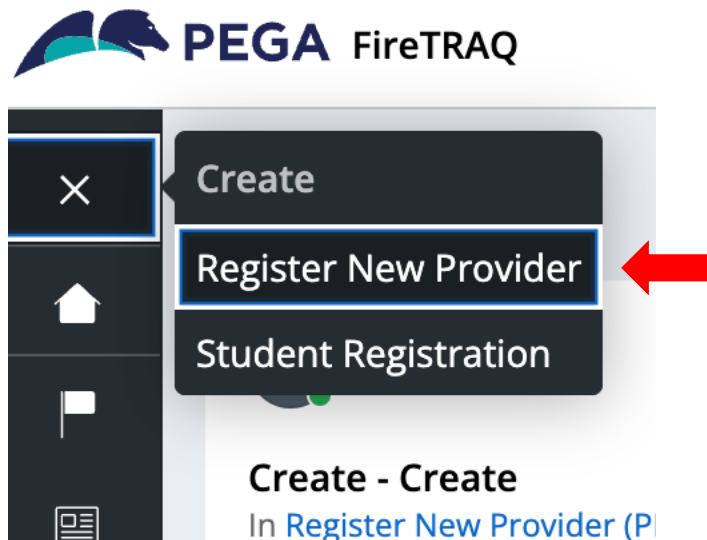Register as Provider Training Guide

1. To initiate the process select the "+" icon from the landing page.

2. Once you have select the "+" the system will show a menu of options, select "Register New Provider from the list"

3. Once you have selected Register New Provider the system will take you to the Provider Registration Page.

4. Select from the drop down the type of provider you are attempting to register as.

5. Once you have made a selection you can selection the system will populate the page for that specific provider type.

JM **Create**
Assigned to John M Bonner • In PROV-25004 • Urgency 10

Register as a... *

College/Academy ⌄

Provider Name *

FEIN

##-########

Federal Employment Identification Number

Website

Course Registration URL

6. The page is dynamic based on the first selection so if you change that selection, it will populate a new form based on the updated selection.

JM **Create**
Assigned to John M Bonner • In PROV-25004 • Urgency 10

Register as a... *

Fire Department ⌄

Provider Name *

[   ]

Fire Department Type *

Select... ⌄

FEIN *

[##-#######   ]

Federal Employment Identification Number

Website

[   ]

Course Registration URL

[   ]

7. To complete registering as a College/Academy select "College/Academy" from the drop down list.

Create
Assigned to John M Bonner • In PROV-25004 • Urgency 10

Select...

✓ College/Academy

Fire Department

Individual

Online Only

Third-Party

FEIN

##-#######

Federal Employment Identification Number

Website

Course Registration URL

8. The system will then populate the College/Academy Form, you can then complete the required fields.

9. If you try to submit without completing the identified fields, the system will display a list of all fields that need to be completed.

Create
Assigned to John M Bonner • In PROV-25004 • Urgency 10

⚠ ∨ **Error** 13

- **Address Line 1:** Cannot be blank
- **City / Town:** Cannot be blank
- **State:** Cannot be blank
- **Postal Code:** Cannot be blank
- **Address Line 1:** Cannot be blank
- **City / Town:** Cannot be blank
- **State:** Cannot be blank
- **Postal Code:** Cannot be blank
- **Dean Name:** Cannot be blank
- **Dean Phone Number:** Cannot be blank
- **Dean Email:** Cannot be blank
- **Training Program Manager Name:** Cannot be blank
- **Training Phone Number:** Cannot be blank

10. You can select "Business Address the Same as Mailing to save the mailing address as the business address.

 ☐ Business address same as mailing?

Business Address

Country *

United States ⌄

Address Line 1 *

[   ]

⚠ Cannot be blank

Address Line 2

[   ]

City / Town *

[   ]

⚠ Cannot be blank

State *

Florida ⌄

Postal Code *

[   ]

⚠ Cannot be blank

11. If You can select "Business Address the Same as Mailing to save the mailing address as the business address the Business Address section Will become hidden.

☑ Business address same as mailing?

Dean Name *

John Bonner

Dean Phone Number *

| +1 | (817) 555-9409 |

Dean Email *

john.mi.bonner@gmail.com

Training Program Manager Name *

John Bonner

Training Phone Number *

| +1 ⌄ | (817) 555-9409 |

Requestor Comments

Cancel   Save for later   Submit

12. Once you have completed all the required Fields you can select the submit button from the bottom of the page.

☑ Business address same as mailing?

Dean Name *

John Bonner

Dean Phone Number *

| +1 | (817) 555-9409 |

Dean Email *

john.mi.bonner@gmail.com

Training Program Manager Name *

John Bonner

Training Phone Number *

| +1 ⌄ | (817) 555-9409 |

Requestor Comments

Cancel   Save for later   Submit

13. To complete the form as a fire department, select "Fire Department" from the drop down list

Select...
College/Academy
✓ Fire Department
Individual
Online Only
Third-Party

14. The system will update the display to show the fields required for a fire department.

Register as a... *

Fire Department ⌄

Provider Name *

John's Test Fire College

Fire Department Type *

Select... ⌄

FEIN *

##-#######

Federal Employment Identification Number

Website

Course Registration URL

15. You will be prompted to enter the address information, you may again select that the business address is the same as the mailing address.

Mailing Address

Country *

United States

Address Line 1 *

1737 W Melrose St.

Address Line 2

Coach House

City / Town *

Chicago

State *

Illinois

Postal Code *

60657

☑ Business address same as mailing?

Department Phone Number *

+1

Training Phone Number *

+1 | (817) 555-9409

Fire Marshal Phone Number *

+1

Fire Chief Name *

16. If you select that you use the "NERIS Reporting System" the system will populate the additional NERIS fields.

Fire Chief Name *

John Bonner

Fire Chief Email *

john.mi.bonner@gmail.com

Fire Chief Admin Name *

Andrew Dickinson

Fire Chief Admin Email *

☑ Do you use NERIS reporting system?

NERIS Coordinator Name *

NERIS Coordinator Email *

Requestor Comments

Cancel   Save for later   Submit

17. Once you have completed the fire department information you can select submit on the bottom of the page.

Fire Chief Name *

John Bonner

Fire Chief Email *

john.mi.bonner@gmail.com

Fire Chief Admin Name *

Andrew Dickinson

Fire Chief Admin Email *

john.mi.bonner@gmail.com

☑ Do you use NERIS reporting system?

NERIS Coordinator Name *

John Bonner

NERIS Coordinator Email *

john.mi.bonner@gmail.com

Requestor Comments

Cancel   Save for later   Submit

18. To complete the provider application as a individual you can select the "Individual" option from the drop down.

Select...
College/Academy
Fire Department
✓ Individual
Online Only
Third-Party

19. Based on your selection the system will update the displayed fields to show the individual provider fields.

Register as a... *

Individual

Business Name

John's Test Fire College

Your first and last name will be used to identify your provider if you do not include a business name

FEIN

##-#######

Federal Employment Identification Number

Website

Course Registration URL

20. The system will populate the name information based on the information you entered when you registered for a FireTRAQ account.

First Name

John

Middle Name

M

Last Name

Bonner

Suffix

Title

Mailing Address

Country *

United States

Address Line 1 *

1737 W Melrose St.

Address Line 2

City / Town *

Chicago

State *

Illinois

Postal Code *

60657

21. For individual provider you are only asked to provide a mailing address (rather than a mailing and business address).

22. For individual providers the system will ask the individual to attest to the statement below. If you do not attest the system will display an error message.

Email *

john.mi.bonner@gmail.com

Alternate Email

Phone Number *

+1 ⌄ | (817) 555-9409

☐ This application is not for individuals teaching for existing providers (colleges, fire departments, etc.). Individual providers hold full liability for the class and are responsible for all entries, maintenance of training records, and following any established curriculum. All * providers are subject to audit. If you have questions contact BFST at 352-369-2822.

Requestor Comments

Cancel   Save for later   Submit

⚠ Liability Acknowledgement: Cannot be blank

23. Once you have completed all required fields, for the individual provider you can select to submit at the bottom of the page.

Email *

john.mi.bonner@gmail.com

Alternate Email

Phone Number *

+1 ⌄ | (817) 555-9409

☐ This application is not for individuals teaching for existing providers (colleges, fire departments, etc.). Individual providers hold full liability for the class and are responsible for all entries, maintenance of training records, and following any established curriculum. All providers are subject to audit. If you have questions contact BFST at 352-369-2822. *

Requestor Comments

Cancel   Save for later   Submit

24. To register as a Online Only Provider you select "Online Only"

JM **Create**
    Assigned to John M Bonner • In PROV-25004 • Urgency 10

Select...
College/Academy
Fire Department
Individual
✓ Online Only
Third-Party

during classes you offer *

25. The system will display the Online Only Provider Information.

Register as a... *

Online Only ⌄

☐ As an online only provider, you acknowledge that you will not have an instructor present
during classes you offer   *

Provider Name *

John's Test Fire College   Please fill out this field.

FEIN *

##-#######

Federal Employment Identification Number

Website

Course Registration URL

26. You will be asked to attest that you will not have an instructor present during the
    class offerings.

Register as a... *

Online Only ⌄

☐ As an online only provider, you acknowledge that you will not have an instructor present
during classes you offer   *

Provider Name *

John's Test Fire College   Please fill out this field.

FEIN *

##-#######

Federal Employment Identification Number

Website

Course Registration URL

27. For online provider you can select business address is the same as mailing address and the system will hide the business address information.

Mailing Address

Country *

United States ⌄

Address Line 1 *   Address Line 2

1737 W Melrose St.

City / Town *   State *

Chicago   Illinois

Postal Code *

60657

➡️ ☑ Business address same as mailing?

Contact Name *

John Bonner

Contact Phone Number *

+1 ⌄   (817) 555-9409

Contact Email *

john.mi.bonner@gmail.com

Requestor Comments

Cancel   Save for later   Submit

28. Once you have completed all of the required information you can select to submit on the bottom right of the application.

Contact Name *

John Bonner

Contact Phone Number *

+1 ∨ | (817) 555-9409

Contact Email *

john.mi.bonner@gmail.com

Requestor Comments

Cancel   Save for later   Submit

29. To select to become a third part provider select "Third-Party" from the Register as field.

Select...
College/Academy
Fire Department
Individual
Online Only
✓ Third-Party

30. The system will populate the Third-Party Provider fields

JM **Create**
Assigned to John M Bonner • In PROV-126865 • Urgency 10

Register as a... *

Third-Party ⌄

Provider Name *

☐ Do you have an FEIN?

Website

Course Registration URL

Mailing Address

Country *

United States ⌄

Address Line 1 *   Address Line 2

City / Town *   State *

                              Select... ⌄

Postal Code *

31. Once you have completed the required fields you can submit on the bottom right

□ Business address same as mailing?

Contact Name *

John Bonner

Contact Phone Number *

| +1 | (817) 715-9409 |

Contact Email *

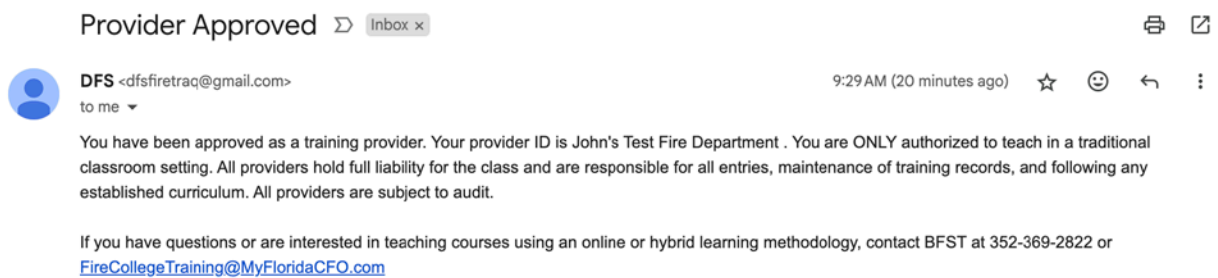john.mi.bonner@gmail.com

Requestor Comments

Cancel   Save for later   Submit

32. Once your provider has been approved you will receive an email letting you know that it has successfully been approved.

Provider Approved Σ Inbox ×

DFS <dfsfiretraq@gmail.com>   9:29 AM (20 minutes ago)
to me ▾

You have been approved as a training provider. Your provider ID is John's Test Fire Department . You are ONLY authorized to teach in a traditional classroom setting. All providers hold full liability for the class and are responsible for all entries, maintenance of training records, and following any established curriculum. All providers are subject to audit.

If you have questions or are interested in teaching courses using an online or hybrid learning methodology, contact BFST at 352-369-2822 or FireCollegeTraining@MyFloridaCFO.com

33. Once your provider has been approved, and you log back into the system will see a new Icon on the left hand Navigation. Select Provider from the updated Navigation Menu.
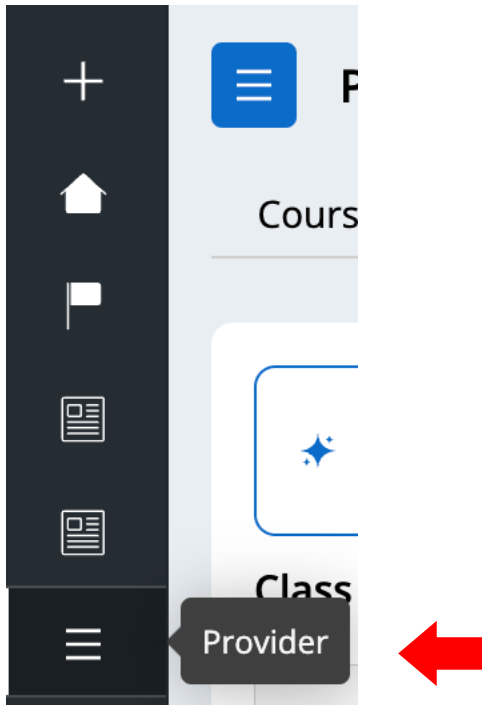
34. You will then be taken to a page where you can see the information for the provider (these views will be built out in upcoming sprints and covered in a future UAT)