

MQA Online Services Portal

Certified Nursing Assistant (CNA)

Renewal Tutorial



MQA Online Services Portal

Certified Nursing Assistant (CNA) License Renewal Tutorial

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 renew a Certified Nursing Assistant license in the new MQA Online Services Portal.

A screenshot of the MQA Online Services Portal homepage. The header features the Florida Health logo and the title "MQA Online Services". Below the header, there are two main columns. The left column is titled "Welcome to MQA Online Services Portal" and lists several features: requesting name or status change, adding secondary practice location, changing your password, and uploading and attaching supporting documentation. It also provides a link to the FL HealthSource website for more information. The right column is titled "New User" and explains that new users must register. It includes a "Register Now" link. Below this, there is a "Returning User" section with a login form. The form has fields for "User ID:" (containing "votester1@gmail.com") and "Password:" (containing masked characters). A "Sign In" button is located below the password field. At the bottom of the login section, there are links for "Forgot user ID?" and "Forgot password?". The footer of the page contains links for "Privacy Statement", "Disclaimer", "Feedback", and "Email Advisory".

2. In order for us to effectively serve you, we ask that you register as a user of our MQA Online Services Portal. If you have already registered as a new user and added your existing license to your online account, please log into your account with the user ID and password you selected during the registration process.

Florida HEALTH **MQA Online Services**

Logged in as **Doe, John**

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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.

Renew My License

Certified Nursing Assistant 329797	Renew My CNA License	Select
Certified Radiologic Technologist 10733	Renew My License	Select
Certified Radiologic Technologist 71673	Renew My License	Select
Certified Radiologic Technologist 74318	Renew My License	Select
Registered Nurse 2150952	Renew My RN License	Select

License Information [Show Details](#)

License Number: **9417615**
License Type: **Adv Reg Nurse Practitioner**

License Information [Show Details](#)

License Number: **329797**
License Type: **Certified Nursing Assistant**

License Information [Show Details](#)

License Number: **10733**
License Type: **Certified Radiologic Technologist**

License Information [Show Details](#)

License Number: **11124**
License Type: **Certified Radiologic**

3. Once you are logged into your account you will see the Renew My License section on your Dashboard. Please note that you will only see the Renew My License section when it is time to renew your license, or approximately 90 days prior to your license expiration date. Under the Renew My License section, you will need to select the license you wish to renew. For this tutorial, I will select "Renew My CNA License" to proceed with license renewal. Click "Select" to start the renewal application process.

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Certified Nursing Assistant License #329797

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Questions related to Section 456.0635(2), Florida Statutes

As required by Section 456.0635(2), Florida Statutes, please answer Yes or No to the following questions below. If you answer yes to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court disposition or agency orders where applicable.

Department of Health
Division of Medical Quality Assurance
Bureau of Operations
4052 Bald Cypress Way, Bin #C-10
Tallahassee, Florida 32399-3260

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? ☐ Yes ☒ No

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? ☐ Yes ☐ No

Note: The questions below refer to termination as a provider, not as a recipient of services.

On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? ☐ Yes ☐ No

On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? ☐ Yes ☐ No

Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and ☐ Yes ☐ No

4. On this page, you are required to answer the questions related to section 456.0635, subsection 2, Florida Statutes. Please read the information carefully and select your answer for each question, then click the "Proceed" button to continue to the next application section.

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Division of Medical Quality Assurance
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4052 Bald Cypress Way, Bin #C-10
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Press Cancel to return to the screen or Confirm to continue.

[Confirm](#) [Cancel](#)

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? ☐ Yes ☒ No

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Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and ☐ Yes ☒ No

5. A pop up window will appear here. Please note that you may need to turn off your browser's pop-up blocker if you experience an error. If you need to change your answers before confirming, click "Cancel" to go back to the page and make changes. If you wish to confirm your answers and continue, click "Confirm."

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Introduction

[Contact Information](#)

[Availability for Disaster](#)

[Summary \(pre-fees\)](#)

Renew My CNA License - Introduction

On the next few screens you will be asked to provide the information needed to complete your renewal. After the payment process your renewal will be complete.

As part of this process you will receive up to three automated emails:

- Application Summary - this is a record of the information you have provided
- Fee Summary - this is your credit card receipt. Note if your renewal doesn't require fees, you will not receive this email
- Confirmation of License - this document confirms your renewal

Special Note: Your renewal will continue to appear on the My Dashboard for up to an hour after completion.

Important: If you wish to make a Name Change or License Status Change Request, please return to the **My Dashboard** and complete the required application prior to completing your renewal.

Please be aware some change requests require board review for approval.

For additional instructions on license status changes go to: <http://www.flhealthsource.gov/mqa-services>.

Press "Next" to continue.

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

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

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6. On this page, you are presented with the introduction information. It includes valuable information about the application you are about to submit, so it is important that you take a few minutes to read the information contained on this page. Once you have completed reading the information, you can click the "Next" button to continue with the renewal application.

7. You are now on the contact information page. On this page, you are able to update your mailing address, practice location address, phone number and email address on file with the Department. It is important that your mailing address is accurate and up-to-date in order to ensure that you receive your physical license in the mail once your renewal application is approved. Once you have updated or confirmed the information, you can click the “Next” button to continue with your renewal.

8. On this page, you can indicate if you are available to serve in a disaster. Once you have updated or confirmed your answer you can click the “Next” button to continue.

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Renew My CNA License - Attestation

Press "Back" to return to the previous section.
 Press "Continue" to continue.
 Press "Cancel" to cancel this application and return to the main menu.

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal, including 24 in-service hour credits and performing nursing duties for pay in the last 24 months. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

☒ Yes
☐ No

[Back](#)
[Continue](#)
[Cancel](#)

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9. Before you are able to submit your renewal application, you must read the attestation statement which affirms that you have complied with all of the laws and rules that govern your profession. After reading the statement carefully and answering “Yes” or “No,” click the “Continue” button.

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Fee and Summary Report

Unlicensed Activity Fee
 Pursuant to s. 456.065(3), Florida Statutes, a \$5 fee to fund efforts to combat unlicensed activity will be assessed of each licensee upon initial licensure and at each renewal. This fee is included in the renewal fee.

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.
 You are required to pay the amount below for your application to be processed.
 Press "Pay Now" to proceed to the fee payment page.

Fees	
Active Renewal:	\$50.00
Unlicensed Activity:	\$5.00
Total Amount Due:	\$55.00

[Pay Now](#)
[View PDF Summary Report](#)

10. This page gives you a summary of your fees and the ability to pay now or to print a summary. In order to complete your application for processing you must either submit the payment for the application by clicking on the “Pay Now” button to pay by credit card or by printing your summary report and mailing it, along with a check or money order, to the Department. For the purposes of this tutorial, I will proceed by click “Pay Now” and paying by credit card.

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Online Application Payment

Press "Use Other Payer", if available, to direct an application to an Other Payer for payment.
 Press "Self Pay", if available, to take the application back from an Other Payer and pay for the application yourself.
 Select the applications and/or miscellaneous charges you wish to pay for and press "Next" to continue.
 Press "Show Fee Details" to show a breakdown of the fee amounts.
 Press "Back" to return to the main menu.

Application Number	Description	License Number	License Type	Applicant Name	Fee	
1809283	Renew My CNA License	329797	Certified Nursing Assistant	DOE, JOHN	\$55.00	<input checked="" type="checkbox"/> Use Other Payer

Payment Method ☒ Credit Card

[Next](#) [Show Fee Details](#) [Back](#)

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11. The online application payment page gives you the option to pay by selecting the radio button next to "Credit Card" and clicking the "Next" button. If you have an employer that has given you an "Other Payer Code," you can select the "Use Other Payer" button. Review the details of your payment and then click "Next" to continue.

Please allow 1 hour for your payment to be processed. Upon license approval, your new license certificate will be sent to the address listed in the Renewal Mailing Address Information section. Expect to receive your new license by mail within 7 to 10 days. You will automatically receive an email with your confirmation of license and a separate email with your payment receipt.

Terms and Conditions

Each time credit card information is submitted, an authorization request is sent to your credit card company. Your credit card company verifies that the card number is valid and that the amount of your transaction is available. If the card number is valid and the funds are available, the credit card company puts an authorization hold on the funds.

Fee Due: 55.00

* Card Number: (No spaces or dashes)

* Card Type:

Expiration Date: / (MM/YY)

* CVV Number: [What's This?](#)

* Cardholder Name:

* Billing Address:

* City:

* State: (Only required for United States/Canada)


* Country: ☒ United States/Canada ☐ Other

* Postal/Zip: x (No spaces or dashes)

[Process](#) [Cancel](#)

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12. You are now able to enter your credit card information. Please be aware that the payment can take up to an hour to process. Please note that you will not be able to enter special characters into the name field. Once you have entered all of the required information, click the "Process" button.



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Online Application Payment Success

Payment Submission Successful!


If this transaction was a license renewal, it is now complete. You will receive an email with your confirmation of licensure. MQA's Online Systems, including License Verification, will be updated within one hour to reflect your renewal.

In a few minutes you will receive an email with your payment receipt. In addition, you can press "View PDF Summary" to view and print this page for your records.

You may now Logoff by clicking the link on the upper right side of the screen or press "Next" to return to the Main Menu.

Amount Paid:	\$55.00
Authorization Number:	598878438
Trace Number:	125193

Application Number	Description	Applicant Name	Fee
4401-1809283	Renew My CNA License	DOE, JOHN	\$55.00

[Next](#)
[View PDF Summary Report](#)


13. You will see a message that your payment submission was successful. You can click on "View PDF Summary Report" to view or print a payment summary. By clicking on the "Next" button, you will return to your Dashboard. Please note that the renewal application will still be available on your Dashboard until the application is fully processed. You should not attempt to submit the renewal application again if you had success the first time. The renewal application will disappear from your Dashboard once it is fully processed.

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

14. 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.