

## MQA Online Services Portal Registration and License Linking User Guide



## **MQA Online Services Portal**

**Registration and License Linking** 

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 link 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 computer with a compatible web browser, such as, Internet Explorer, Mozilla Firefox or Google Chrome. You must also have access to a valid email account. If you are an existing licensee, you will need your social security number, date of birth and the mailing address zip code currently on file with the Department of Health.

HEALTH		
		FL Health Source   Contact Us
Welcome to the NEW MQA Online Services         If you were registered with MQA Online Services before, you will need to re-register by clicking on the <u>New User Registration</u> link. If you have previously visited this page and registered, please use the "Returning User" section to sign into your account.         If you have more than one license type, please maintain your original User ID and Password for <u>MQA Online Services</u> until the conversion is complete.         MQA Online Services only accepts credit card payments for American Express, Discover, MasterCard, and Visa.         For more information about our new MQA Online Services Portal, please visit www.FLHealthSource.gov/mga-services.	New User  Click HERE for New User  Returning User  User ID: Password: Sign In	Registration
	Forgot user ID? Forgot pa	ssword?
Privacy Statement   Disclaime	r Feedback Email Advisory	
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4. To begin the registration process, select the "Click HERE for New User Registration" hyperlink.

		Logon   Contact
User Registration		
Nelcome to MQA's Online Services portal! T address provided in this form <u>will not be rele</u> access to the portal.	his system requires users provide an active email addres ased to the public under Florida's public record law beca	as for registration and authentication; however the email ause it is being provided to the state to authenticate your user
Users must complete the form below to use	MQA's Online Service portal.	
Enter your details and press "Next".		
Press "Previous" to return to the previous scree	ı.	
Press "Cancel" to cancel this registration and re	turn to the main menu.	
	Account Owner Contact Informatio	n
First Name:	Martha	
Middle Name:	Queen	
Last Name:	Anderson	
	Account Login	
Email:	mqa16online@gmail.com	(e.g. name@domain.com)
Confirm Email:	mqa16online@gmail.com	
User ID:		
Use email address as user id:		
Or enter your own user id:	- 0	
Deceword Decovor	/ (In case you forget your password, you will be required to answer t	his question to obtain a new temporary password.)
Password Recovery		
Secret Question:		~

5. Fields marked with a red asterisk are required. Enter your first and last name in the Account Owner Contact Information 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.

HEALTH		
	Logon   Co	ntact Us
User Registration		
Welcome to MQA's Online Services portal! This address provided in this form <u>will not be release</u> access to the portal.	rstem requires users provide an active email address for registration and authentication; however the email to the public under Florida's public record law because it is being provided to the state to authenticate your us	er
Users must complete the form below to use MQ	s Online Service portal.	
Enter your details and press "Next".		
Press "Previous" to return to the previous screen.		
Press "Cancel" to cancel this registration and return	o the main menu.	
	Account Owner Contact Information	
First Name:	Martha	
Middle Name:	Queen	
t Last Name:	Anderson	
	Account Login	
e Email:	mqa16online@gmail.com (e.g. name@domain.com)	
Confirm Email:	mga16online@gmail.com	
e User ID:		
Use email address as user id:	$\checkmark$	
Or enter your own user id:		
Password Recovery (In	ase you forget your password, you will be required to answer this question to obtain a new temporary password.)	
Secret Question:		
e Secret Answer.	What is your maternal grandmother's first name? What is your paternal grandmother's first name? What is the name of your childhood best friend?	
	What city did you meet your significant other?	

6. The Password Recovery section is used to verify your identity if you forget your user name or password.

	Account Owner Contact Information	
⊧ First Name:	Martha	
Middle Name:	Queen	
e Last Name:	Anderson	
	Account Login	
e Email:	mqa16online@gmail.com	(e.g. name@domain.com)
e Confirm Email:	mqa16online@gmail.com	
e User ID:		
Use email address as user id: Or enter your own user id:		
Password Recovery (In case you forget you	ur password, you will be required to answer this que	stion to obtain a new temporary password.)
e Secret Question:	What is your maternal grandmother's first r	name? V
e Secret Answer:	Toots	
	Communication	
Email Communication: 🛞	• Yes O No	
Security I	Measures (This helps to prevent automated registra	ations.)
$_{\mbox{\scriptsize R}}$ Type the characters from the picture below (without spaces):	bscp ]	x
	Refr	esh
	bscpc4	
		Next Cancel

7. Select the "Yes" radio button for Email Communication if you would like to receive 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 "Refresh" button to display a new image. The characters will always be lowercase. Once you have entered all the required information, click the "Next" button to submit your user profile information.

		Logon   Contact U
review Registration		
Press "Save" to save the registration. Press "Edit" to modify your registration details. Press "Cancel" to cancel this registration and return to t	he main menu.	
First Name:	Martha	
Second Name:	Queen	
Last Name:	Anderson	
Email:	mqa16online@gmail.com	
Userld:	mqa16online@gmail.com	
Secret Question:	What is your maternal grandmother's first name?	
Secret Answer:	Toots	
Email Communication:	Yes	
		Bave Edit Cancel
	Privacy Statement   Disclaimer   Feedback   Email Advisory	
2015 FL HealthSource, All Rights Reserved		
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		HEALT

8. 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.

HEALTH				
			Logon   Con	itact
Iser Registration - Temporary Password Issued				
Check your email! A temporary password has been issued and sent to you with the Click 'Return' to LOG IN with your email address and temporary password.	instructions on how to proceed.			
Privacy Statement   Disclain	ner   Feedhark   Email Advisory		Re	eturi
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V MQA ACCOUNT REGISTRATION Index x MQAOperations@flhealth.gov	- ■	1 of 1 🔇		
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MORE MQA ACCOUNT REGISTRATION INDEX X MQAOperations@flhealth.gov Below is your MQA Online Services User ID and Password. To complete your regi MQAOperations@flhealth.gov	▼ ■ ➡ ■ Feb 4 (1 day ago) ☆  Feb 4 (1 day ago) ☆ ◆ ▼	1 of 1 🔇		¢.
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More     MORE     MORE     MQA ACCOUNT REGISTRATION     INDEX     MQAOperations@flhealth.gov Below is your MQA Online Services User ID and Password. To complete your regi     MQAOperations@flhealth.gov to me      Below is your MQA Online Services User ID and Password. To complete your regi     login information as a Returning User. Once you are logged in you will be instructed     Please note that your online password is case sensitive.	▼ ■ 🖶 🖬 Feb 4 (1 day ago) ☆ Feb 4 (1 day ago) ☆ Feb 4 (1 day ago) ☆ Feb 4 (1 day ago) ☆	1 of 1 <		
More V MQA ACCOUNT REGISTRATION  MQAOperations@flhealth.gov Below is your MQA Online Services User ID and Password. To complete your regi  MQAOperations@flhealth.gov to me  Below is your MQA Online Services User ID and Password. To complete your regi login information as a Returning User. Once you are logged in you will be instructe Please note that your online password is case sensitive.  USERID: MQA16ONLINE (GMAIL COM PASSWORD (EMAILCOM PLASSWORD (EMAILCOM PL	► Feb 4 (1 day ago) ☆ Feb 4 (1 day ago) ☆ Feb 4 (1 day ago) ☆ stration, click on the link below and use this d to reset your password.	1 of 1 🔇		¢

9. 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.

MQA Online Ser	vices	<u>FL Health Source   Contact Us</u>
Welcome to the NEW MQA Online Services	New User	
If you were registered with MQA Online Services before, you will need to re-register by clicking on the <u>New User Registration</u> link. If you have previously visited this page and registered, please use the "Returning User" section to sign into your account. If you have more than one license type, please maintain your original User ID and Password for <u>MQA Online Services</u> until the conversion is complete. MQA Online Services only accepts credit card payments for American Express, Discover, MasterCard, and Visa. For more information about our new MQA Online Services Portal, please visit <u>www.FLHealthSource.gov/mga-services</u> .	Click HERE f	for New User Registration MOAOperations123@gmail.com
		Sign In
	Forgot user ID?	Forgot password?
Privacy Statement   Disclaime	er   <u>Feedback</u>   <u>Ema</u>	nil Advisory
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10. Under Returning User, enter your user ID and temporary password. Then, select "Sign In."

neacin		Logged in se And	Jerson Martha Qua
		Update Account	Logoff   Contact L
Update Default Registration Information Enter your new password and press "Save". Your new password must contain the following: a minimum of (8) characters must not be the same as your user id must not be a variation of your user id must contain at least (2) Iowerciae laparaters (e.g. 167855	rs		
Old/Temporary Password:			
* New Password:	*****		
* Confirm Password:	••••••	*	
			Save
Privacy	Statement   Disclaimer   Feedback   Er	mail Advisory	
© 2015 FL HealthSource, All Rights Reserved Florida Department of Health   Division of Medical Qua	ity Assurance Web Portal		TOTIO

11. 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."

		Update Acco	unt   Logoff   Contact Us
Step1: Do you have an oxisiting Licensu or Application?	Step2: Provide Identifying information	Step3: Confirm Information	
Step 1: Have you ever applied for or held a health relate	Welcome to MQA OnlineQu By answering a few simple questions we'll I d license in the state of Florida?	uickStart elp you to get started	
If your license is currently null and void, please select "no"	start a new application.		
	Yes <u>How do I know?</u> 😡 No - I have <u>never</u> applied for or held a lic	ense in Florida, or my license is null and void.	
			Next Cancel
Pri	ac <u>y Statement</u>   <u>Disclaimer</u>   <u>Feed</u> t	nack   Email Advisory	
© 2015 FL HealthSource, All Rights Reserved Florida Department of Health   Division of Medical Qual	y Assurance Web Portal		FIOTICA HEALTH

12. When accessing the portal for the first time, you will be asked a few questions. The first question asks if you have ever held a health related license in the state of Florida. If you select "Yes," you will be asked to enter additional information to link your license to your account. If you select "No," You will be directed to the Quick Start Menu where you can apply for a new license.

If you select "Cancel," you will be routed to the Quick Start Menu. If you do not link 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 the Quick Start Menu.

For the purposes of this demonstration, I will proceed with linking a license upon my initial log-in.

HEALTH		00
		Logged in as Anderson, Martha Queer
Slepit Doyou have an location Diverse?	Step2: Provide Identifying	Step3: Confirm Information
	Welcome to MQA OnlineQu	uickStart
Stop 1	What kind of a license did you hold, or did you	u apply for in the past?
Which Board manages your License/Re	gistration type? Your selection will narrow the available items	found in the License Type drop-down list. For an ARNP license, please select
Registered Nurse from the License Type	a drop-odwn list.	
* Board/Council:	Board of Nursing 🗸	tow do I know? 🔞
* License Type	Select One> How do I Licensed Practical Nurse Nursing Education Program- PN Nursing Education Program- RN Registered Nurse	know?  Wext Cancel
	Privacy Statement   Disclaimer   Feedb	oack   Email Advisory
© 2015 FL HealthSource, All Rights Re	served	
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13. After selecting "Next," you will be prompted to select the board or council that issued your license as well as the type of license you hold.

Step1: Do you have an existing License?       Step2: Provide violation       Step3: Confirm Information         Help us to find your records         Step 2         Special Information about the ZIP CODE.         Practitioners - Enter your Mailing Address Zip Code on file with the Department of Health.         Facilities, Schools and Other Organizations - Enter the Practice Location Zip code.         * Reguistered Nurse         \$SN:       D89640091       Full digits of SSN         Date Of Birth:       D8/28/1980       (mmidd/yyyy)         2D Code:       Q22413				Logged in as An Update Account	derson, Martha Queen
Help us to find your records         Special Information about the ZIP CODE.         Practitioners - Enter your Mailing Address Zip Code on file with the Department of Health.         Facilities, Schools and Other Organizations - Enter the Practice Location Zip code.         * Required Information         License Type:       Registered Nurse         SSN:       089640091         Full digits of SSN         Date Of Birth:       08/28/1980         (rmmiddlyyyy)         Zip Code:       032413	Step1: Do you existing Licens	have an e?	Step2: Provide identifying information	Step3: Confirm Information	$\rightarrow$
Step 2         Special Information about the ZIP CODE.         Practitioners - Enter your Mailing Address Zip Code on file with the Department of Health.         Facilities, Schools and Other Organizations - Enter the Practice Location Zip code.         * Required Information         License Type:       Registered Nurse         SSN:       089640091         Full digits of SSN         Date Of Birth:       08/28/1980         (rmmiddlyyyy)         Zip Code:       032413			Help us to find your records	is	
Special Information about the ZIP CODE.         Practitioners - Enter your Mailing Address Zip Code on file with the Department of Health.         Facilities, Schools and Other Organizations - Enter the Practice Location Zip code.         * Required Information         License Type:       Registered Nurse         SSN:       089640091       Full digits of SSN         Date Of Birth:       08/28/1980       (mmiddlyyyy)         Zip Code:       02/24/13       12/24/13	Step 2				
Practitioners - Enter your Mailing Address Zip Code on file with the Department of Health. Facilities, Schools and Other Organizations - Enter the Practice Location Zip code. * Required Information License Type: SSN: 089640091 Full digits of SSN Date Of Birth: 08/28/1980 (mmiddlyyyy) Zip Code: 32413	Special Information about the	ZIP CODE.			
Facilities, Schools and Other Organizations - Enter the Practice Location Zip code.         * Required Information         License Type:       Registered Nurse         SSN:       089640091         Full digits of SSN         Date Of Birth:       08/28/1980         (mmiddlyyyy)         Zip Code:       032413	Practitioners - Enter your Mailin	ng Address Zip Code on file with	the Department of Health.		
Required Information      License Type:     Registered Nurse     SSN:     089640091     Full digits of SSN     08/28/1980     (mmiddlyyyy)     Zip Code:     Q     32413	Facilities, Schools and Other O	rganizations - Enter the Practice	Location Zip code.		
License Type:         Registered Nurse           SSN:         089640091           Full digits of SSN           Date Of Birth:         08/28/1980           (mm/idd/yyyy)           Zip Code:         0	* Required Information				
SSN:     089640091     Full digits of SSN     08/28/1980     (mmidd/yyyy)     Zip Code:     0	License Type:		Registered Nurse		
Date Of Birth:     08/28/1980     (mm/dd/yyyy)     2/0 Code:      2/24/13	SSN:		089640091 Full digits of SSN	N	
Zip Code: (a)	e Date Of Birth:		08/28/1980 (mm/dd/www)		
S ZIU JUUE 14/413	Zin Codo:				
	Zip code.	C	32413		
Security MedSures (This helps to prevent automated registrations.)	Tune the characters from the	secu	ITILY MedSUTES (This helps to prevent automa	ated registrations.)	
CSCYZ X	e Type the characters nom the	picture below (without spaces).	CSCYZ	×	
Refresh			1	Refresh	
C D C V Z			CDGV7		

14. 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.

		Update Account   Logoff   Contact L
Step1: Do you have existing license?	e an Step2: Provide Identifying Step	3: Confirm Information
	Good News! We have located your information	
Step 3 Please confirm your license creder	tials	
ndiv / Org Number:	8909842	
lame:	ANDERSON, MARTHA QUEEN	
	License Type	License Number
legistered Nurse	9384385	
Select One:	<ul> <li>I confirm this is my information</li> <li>No, this is not my License information</li> </ul>	
		Next Cancel

15. 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 "I confirm this is my information" radio button and select "Next" to complete the linking process.

			Update Acco	unt   Logoff   Contact Us
uick Start Menu			· · · · · · · · · · · · · · · · · · ·	
TTENTION - New Accounts : Prio ense or application to your online a	r to continuing, please follow the instructions on linking account dashboard.	your existing health care		
nce you have successfully linked a icense Information" box found or	license to your account, your license information will p n the upper right hand corner of this dashboard.	opulate under the		
uring renewal time a "It is time to Renew" message will populate no later than 90 days prior to your license expiration late. This message can be found below with your license information and the selection button to begin the Renewal i.cense Application. Please check back at later time if you do not see the "It is time to Renew" message.			License Information	Show Details
o start choose an option and you will return to this Quick Start menu after you have finished.		License Number: License Type:	9384385 Registered Nurse	
It is time to Renew!				
Registered Nurse 9384385	Renewal of RN License Application	Select		
Manage your license information	1			
Registered Nurse 9384385 Ch	noose an Application	✓ Select	L I	
Start a New Application or Resu that are you applying for?	me a Previously Saved Application			
Choose a Board	~			
Choose an Application $\checkmark$		Selec		
Additional Activities				
File a Complaint		Selec	t I	

16. Once the linking process is complete, you will be routed to the Quick Start Menu. From this screen, you can add additional licenses and perform other activities associated with your licenses 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 <u>Contact Us</u> link from your MQA Online Services account

17. 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.