

How to complete your TRAIN profile

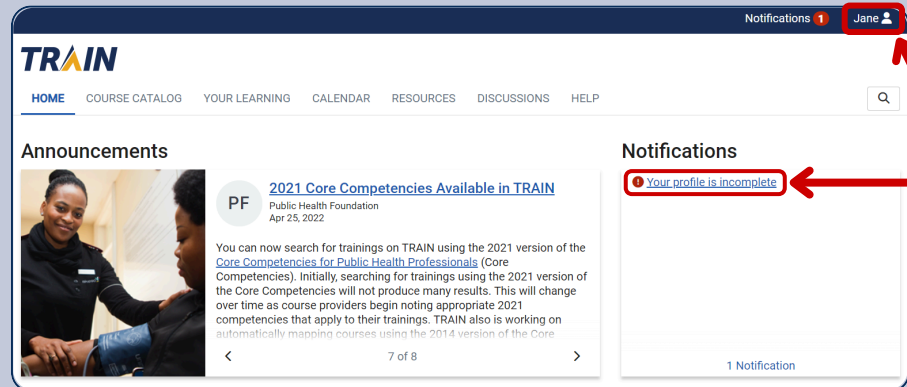
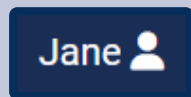
Manage and edit your account information

1

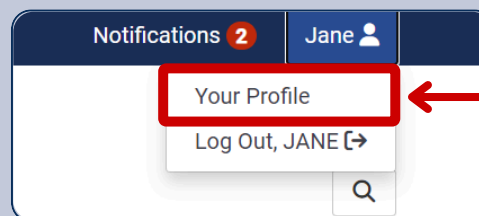
Go to Your Profile

Under the Notifications section on the TRAIN homepage, click the link that says [Your Profile is incomplete](#).

➤ If you do not see the link, click on your name in the upper right hand corner.



➤ Click on **Your Profile** in the dropdown menu.



Update Your Profile

2

Fill in the required information for each section. Use the dashboard on the left to click through the sections as you complete your profile.

Manage Groups	
Account	
Contact	!
Address	!
Organization	!
Professional License Number	
Professional Role	!
Work Settings	!
Demographic Information	
FEMA Student ID Number	
Professional Organization ID Number	

Country *

United States

State / Territory *

District of Columbia



TIP: Required fields are marked with a red asterisk.



TIP: If there is a red exclamation icon next to a section in **Your Profile**, it is a required section that you have not yet completed. The icon will disappear once you fill in the required information.

Manage Groups

3

Follow these steps to select your group(s):

(a) Click the blue **Join a Group** button. This will take you to the Group Selection page.



If you have been given a group code, enter it in the **Join by Group Code** text field. Click the blue **Join** button.

(b) Use the Group Selection page to choose your group(s). You are able to select any number of groups.



Use the **Location** tab to make any additional place-based selections.



If you are part of an affiliate group, use the search bar or click on the associated tab.

(c) Once you have made a group selection, click the **Confirm these selections** button.

✓ Confirm these selections



To remove a selected group, click the red x.



To finalize your group selections, click the **Confirm Group Selections** button.

✓ Confirm Group Selections



To edit your group selections, click the blue pencil icon.



To add another group, click the **Join Another Group** button.

+ Join Another Group

? AFFILIATES

An affiliate is any organization that manages a customized TRAIN website.

These organizations include state public health agencies, regional training centers, and professional associations.

? GROUPS

Groups depend on your location and customize your experience so that you see content more relevant to you.

Account (Fields marked below are required)

Email *
sample@abc.org a

You will receive course-related messages and annual notifications to keep your account up to date.

First name * b Jane

Middle name

Last name * c Doe

Login name
clcundari

User ID
4181404

Reset password d

Course provider Approved

Fill in the required information.

(a) Enter an email that you can access for necessary transactional and account communications.

(b) Enter your first name.

(c) Enter your last name.

- >> If you want to reset your password, click the (d) **Reset Password** button.
- >> Enter your old password. Then enter and confirm your new password.
- >> Click the green **Submit** button.

Submit

Change your password

Old password *
.....

New password *
.....

Password must:

- Contain at least one lower case letter
- Contain at least one upper case letter
- Contain at least one number
- Be at least 8 characters
- Be different from the user's LoginName, FirstName, LastName, and Email

Confirm new password *
.....

Cancel Submit

Contact

Enter your phone number.

(a) Click the blue **Add a Phone Number** button.

Contact (Fields marked below are required)

Phone numbers *
+ Add a phone number

At least one contact number must be provided.

- (b) Use the drop down menu to select your phone type.

Input your phone number.

Add a phone number

Is this your work, home or mobile number? *
Select phone type
Select phone type
Work
Home
Mobile

Cancel Accept

Add a phone number

Is this your work, home or mobile number? *
Select phone type

Phone Number *
() - -

Cancel Accept

- (c) Click the green **Accept** button.

Accept

Address

6

Address

(Fields marked below are required)

Country *

United States

a

State / Territory *

District of Columb

b

City *

Washington D.C.

c

Zip / Postal Code *

20001

d

Street address *

1300 L St

e

Street address cont.

Time zone *

(GMT-05:00) Easte

f

Fill in your address. Use the drop down menus to view more options.

- (a) Select your country.
- (b) Select your state or territory.
- (c) Enter the name of your city.
- (d) Enter your zip code.
- (e) Enter your street address.
- (f) Select your time zone.

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Organization

Enter your (a) organization name, (b) department / division, and (c) title.

? ORGANIZATION

Examples of organizations include state public health agencies, regional training centers, and professional associations.

Organization

(Fields marked below are required)

Organization name *

Public Health Founda

a

Department / Division *

1

b

Bureau / Section

Title *

Public Health Associa

c

Professional Role

8

Professional Role

Please take a minute to review all roles before making your selection.

Please select up to three (3) Professional Roles that best match your profession, and select Specialization where available. If the "Other" option is selected, please enter specialization.

☐ Allied Health Professional

--Select--

a

☒ Administrator / Director / Manager

b

☐ Administrative Support Staff

☐ Animal Control Specialist / Veterinarian

☐ Biostatistician

☐ Childcare Provider

☐ Communicable Disease / Infection Control Staff

☐ Community Health Worker (CHW)

☐ Computer / Information Systems Specialist

Primary

Scroll through the listed professional roles and select *up to three* (3) that apply to your position.

- (a) Check the box to the left of your role(s).
- (b) To set a role as your primary one, check the circle under the Primary column to the right of your role.

➡ If you do not see your professional role listed, scroll to the bottom and manually enter it in the **Other** section.

☐ Other (specify)_____

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Work Settings

Scroll through the listed work settings and select up to three (3) settings that apply to your position.

(a) Check the box to the left of the work settings.

(b) To set a setting as your primary one, check the circle under the Primary column to the right of the listed work settings.

>> If you do not see your professional role listed, scroll to the bottom and manually enter it in the **Other** section.

☐ Other (specify)

Work Settings

Please select up to three (3) Work Settings that best fit your work environment. Choose Subcategories where applicable.

☐ Academic / Educational Institution

--Select--

☐

☒ Official Public Health Agencies

Federal

☒

☐ US Military/Uniformed Services

--Select--

☐

☐ Other Government Agencies (except Military)

☐

☐ Healthcare Services

--Select--

☐

☐ Indian Health Service

☐

☐ Tribal Health Sites

☐

Optional sections

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The Professional License Number, Demographic Information, FEMA Student ID Number, and Professional Organization ID Number sections are recommended, but optional unless you are in a specific group that requires them.

- >> Depending on your group, there may be more sections available for you to fill out. These will appear in the same dashboard as the standard sections.
- >> Once you have filled out the necessary information, click the green **Save** button in the upper right hand corner of the screen.
- >> To close out of your profile, click the yellow **Cancel** button.

Manage Groups

Account

Contact

Address

Organization

Professional License Number

Professional Role

Work Settings

Demographic Information

FEMA Student ID Number

Professional Organization ID Number

Cancel

Save

Your Profile is incomplete

Your profile contains all your system settings and attributes. Please note that some fields are required, until you complete all required settings some site functionality may be limited. For your convenience each section in the profile will indicate if it is incomplete.

Manage Groups

Account

Contact

Address

Organization

Professional License Number

CDC CE Information

Professional Role

Work Settings

Demographic Information

FEMA Student ID Number

Professional Organization ID Number

Manage Groups

Join By Group Search

National/CDC

Academia & Research

Community Health Workers (CHW)

National/PHF

Join Another Group

Join By Group Code

Group Code

Join