



# **INSTRUCTION GUIDE**

**ACCESS TO ONLINE LICENSE SYSTEM**

**THROUGH THE AHCA WEB PORTAL**

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## OVERVIEW

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The Agency for Health Care Administration (Agency) developed a web Portal to allow authorized users access to multiple external systems maintained by the Agency for the purpose of viewing, reporting and maintaining information.

The Online Licensing System is the fourth external Agency system to be available on the Portal. If you currently have access to the Agency's **Background Screening Results or Home Health Quarterly Report, your user code and password will remain the same.** However, you will need to complete and submit a User Agreement form for access to the Online Licensing System .

If you are the user authorized to complete the renewal application and do not have access to the Background Screening Results or Home Health Quarterly Report, you will need to create a user name and password for your Portal account, request Online Licensing System access and submit a User Agreement. The User Agreement for new accounts must be received and approved prior to using the online licensing system.

The link to the Agency's Web Portal is: <https://apps.ahca.myflorida.com/SingleSignOnPortal>

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## NEW AHCA PORTAL USERS

The link to the Agency's Web Portal is: <https://apps.ahca.myflorida.com/SingleSignOnPortal>.

**New User:** **\*\*If you are an existing Background Screening or Home Health Agency Quarterly Report user, please skip to page 6\*\***

**Step 1-** Click on the New User Registration link.

**AHCA Portal - Login**

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

**AHCA Portal Login**

User Name:

Password:

[Forgot Your Password ?](#)

[New User Registration](#)

**Step 2-** You will be asked to read the Authorization Statement. In order to continue check the box that you understand and agree with the statement and then click the 'Continue' button.

**AHCA Portal - Authorization**

Welcome to the Agency for Health Care Administration's Portal. To continue with your request please read the **Authorization** statement below. Mark the check box to agree and select "Continue".

**Authorization:** I understand by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use, protection of information resources and confidential health care information. I understand by submitting information I affirm the information is true, correct, and can be relied upon pursuant to Florida Statute.

I understand and agree with the Authorization statement

## New User- continue:

**Step 3-** Enter all required information as indicated by a red asterisk (\*) and the Verification words.

**3A- Important updates and notifications will be sent to the email address on file.**

**Step 4-** Click the “Register” button.

### AHCA Portal - Account Registration

#### User Information

\* First Name:  \* Last Name:   
Position Title:  \* Telephone Number: ( ) - -  
\* Email Address:   
Employer's Company Name:

#### Address Information

\* Address Line1:  Address Line2:   
\* City:  \* State: -- Select A State-- \* Zip:


#### Security Information

You must register a User Name and create a Password. You will need to use these each time you access the Portal. As the account owner, you are responsible for all information accessed.

\* User Name:   
\* Password:   
\* Enter Password Again:   
\* Security Question: -- Select a question --  
\* Security Answer:

*(The password must be at least 7 characters and must contain at least one special character e.g., @, #)*

**Verification:** For protection against spam, please type the letters, numbers and punctuation as seen in the box below. Please be sure to use proper case and spacing.



Type the two words:

reCAPTCHA™ stop spam. read books.

**Step 5-** A new screen will inform you that your User Account was created successfully. Click the “Return to Login” button to return to complete the process.

### AHCA Portal - Account Registration

✔ User Account created successfully.

## EXISTING AHCA PORTAL USERS

### Manage your AHCA Portal User Account

**Step 1-** Enter your User Name and Password.

**Step 2-** Select the “Log In” button.

**AHCA Portal - Login**

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

**AHCA Portal Login**

User Name:

Password:

[Forgot Your Password ?](#)

[New User Registration](#)

**Step 3-** If you are existing portal user or once you have been approved, you may edit any of the information contained on the User Information tab. **Special Note: Important updates and notifications will be sent using this information.**

**Step 3A-** Enter updated/new information.

**Step 3B-** Enter your existing Password.

**Step 3C-** Click the “Update User Information” button.

**AHCA Portal - Edit User Information** User Name: JOHN SMITH  
Email: john.smith@anymail.com

**User Information**

\* First Name:  \* Last Name:

Position Title:  \* Telephone Number:

\* Email Address:

Employer's Company Name:

**Address Information**

\* Address Line1:  Address Line2:

\* City:  \* State:  \* Zip:

**Security Information**

\* Current Password:

## ACCESS TO THE ONLINE LICENSING SYSTEM / USER AGREEMENT(S)

**Step 1-** Request access to the Online Licensing System by clicking on the down arrow to Select Program and begin process to generate the User Agreement.

AHCA Portal - Portal Landing User Name: JOHN SMITH  
Email: susan.glass@ahca.myflorida.com

**Request Program Access**  
Choose from the list of programs below and select "Request Program Access".

-- Select Program --

**Manage Account**  
[Edit User Information](#)  
[Change Password](#)  
[Update Security Question and Answer](#)

**Step 2-** Select the Online Licensing System and then click the Request Program Access button.

AHCA Portal - Portal Landing User Name: JOHN SMITH  
Email: susan.glass@ahca.myflorida.com

**Request Program Access**  
Choose from the list of programs below and select "Request Program Access".

-- Select Program --

-- Select Program --  
Online Licensure  
External SharePoint Beta Application  
Background Screening  
Home Health Quarterly Report  
[Update Security Question and Answer](#)

**Step 3-** Select your provider type from the drop down list.

Provider Online Licensing Program - Add Additional Facilities User ID: hhqrsharon  
Email: sharon.woodbery@ahca.myflorida.com

Select Provider/Facilities for which you are authorized to submit license applications

You may request access to any provider types listed in the dropdown selection. Additional provider types will be added each month.

\* Provider/Facility Type: NURSING HOME  
Provider/Facility Name: -- Select Facility Type --

Authorization: I am an authorized user of the Licensee to view, edit, and submit data related to applications for licensure and understand the Licensee's policies regarding acceptable use, protection of information resources, and the accuracy of the information contained in the application is true, correct, and can be relied upon by the recipient pursuant to Florida Law.

- That by accessing this information resource, the user agrees to abide by the Care Administration's policies regarding acceptable use, protection of information resources, and the accuracy of the information contained in the application is true, correct, and can be relied upon by the recipient pursuant to Florida Law.
- That by submitting this information, the user certifies that the information contained in the application is true, correct, and can be relied upon by the recipient pursuant to Florida Law.

CRISIS STABILIZATION UNIT  
HOME HEALTH AGENCY  
HOMEMAKER & COMPANION SERVICES  
HOMES FOR SPECIAL SERVICES  
INTERMEDIATE CARE FACILITIES  
NURSING HOME  
PRESCRIBED PEDIATRIC EXTENDED CARE  
RESIDENTIAL TREATMENT FACILITY  
TRANSITIONAL LIVING FACILITIES

**Step 4-** To add your Provider's name start typing the name in the box

**Provider Online Licensing Program - Add Additional Facilities** User ID: hhqrsharon  
Email: sharon.woodbery@ahca.myflorida.com

Select Provider/Facilities for which you are authorized to submit license applications

You may request access to any provider types listed in the dropdown selection. Additional provider types will be added each month.

\* Provider/Facility Type:

Provider/Facility Name:

**Authorization:** I am an author for licensure and understand:  

- That by accessing this information resource
- That by submitting this the recipient pursuant
- That the Licensing Ar

BAYSIDE MANOR : TALLAHASSEE : 1053096	
MANOR AT BLUE WATER BAY, THE : NICEVILLE : 13080951	
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BRIDGE AT BAY ST JOE, THE : PORT SAINT JOE : 1038096	
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BAYVIEW CENTER : EUSTIS : 1382096	d can be relied upon by
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CONSULATE HEALTH CARE OF BAYONET POINT : HUDSON : 10140961	
BAY POINTE NURSING PAVILION : SAINT PETERSBURG : 10360962	
BAY TRFF CENTER : PALM HARBOR : 10390964	

**Step 5-** Once you have found your Provider click on the name to select it, and then click the Add Provider button. If you are authorized to submit applications for multiple providers, you can continue to search for and add additional providers (see **Multi- Provider list example** below).

**Provider Online Licensing Program - Add Additional Facilities** User ID: hhqrsharon  
Email: sharon.woodbery@ahca.myflorida.com

Select Provider/Facilities for which you are authorized to submit license applications

You may request access to any provider types listed in the dropdown selection. Additional provider types will be added each month.

\* Provider/Facility Type:

Provider/Facility Name:

**Authorization:** I am an author for licensure and understand:  

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BAY POINTE NURSING PAVILION : SAINT PETERSBURG : 10360962	

**Multi- Provider list example**

Select Provider/Facilities for which you are authorized to submit license applications

You may request access to any provider types listed in the dropdown selection. Additional provider types will be added each month.

\* Provider/Facility Type: TRANSITIONAL LIVING FACILITIES

Provider/Facility Name:

**Requested Provider/Facility List:**

	Facility Name	City	License Number
<a href="#">Delete</a>	NEW HORIZONS VILLAGE	LECANTO	4036096
<a href="#">Delete</a>	BAYVIEW CENTER	EUSTIS	1382096
<a href="#">Delete</a>	SAMANTHA WILSON CARE CENTER	SAINT AUGUSTINE	1489096
<a href="#">Delete</a>	NEURORESTORATIVE FLORIDA	SARASOTA	70090970

**Authorization:** I am an authorized representative of the provider/facility appointed on the behalf of the Licensee to view, edit, and submit data related to applications for licensure and understand the following:

**Step 6-** Once you have added all the Providers you are authorized for, click the Generate AHCA Registration Agreement button.

Provider Online Licensing Program - Add Additional Facilities User ID: hhqrsharon  
Email: sharon.woodbery@ahca.myflorida.com

Select Provider/Facilities for which you are authorized to submit license applications

You may request access to any provider types listed in the dropdown selection. Additional provider types will be added each month.

\* Provider/Facility Type: TRANSITIONAL LIVING FACILITIES

Provider/Facility Name:

**Requested Provider/Facility List:**

	Facility Name	City	License Number
<a href="#">Delete</a>	NEW HORIZONS VILLAGE	LECANTO	4036096

**Authorization:** I am an authorized representative of the provider/facility appointed on the behalf of the Licensee to view, edit, and submit data related to applications for licensure and understand the following:

- That by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use, protection of information resources and confidential health care information.
- That by submitting this online Licensing Application, I am affirming that the information contained in the application is true, correct, and can be relied upon by the recipient pursuant to Florida Law.
- That the Licensing Application will not be reviewed (received) until licensure fees are received by the Agency.

Please sign and date the AHCA Registration Agreement and send it to Agency for Health Care Administration for approval via one of the following options.

Email – AHCARegistration@ahca.myflorida.com

Fax – (850)413-0007

Mailing – 2727 Mahan Drive, Mail Stop #61, Tallahassee, FL 32308

[Generate AHCA Registration Agreement\(PDF\)](#) [Return to Portal Landing](#)

**Step 7-** You will need to print the User Agreement (example below) so that the administrator can sign the agreement. The User Agreement will need to be submitted to the Agency for Health Care Administration for approval. The User Agreement can be submitted by email, mail or scanned or by facsimile at: (850) 413-0007. Please put **AHCA Online Registration Agreement** in your subject line/fax cover. Please be advised that you will not have access to the Online Licensing System for the Provider until the User Agreement has been received and approved by the Agency.





# Online Licensure User Registration Agreement

**Mail To:**  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop #61  
Tallahassee, FL 32308

**Scan and E-Mail To:**  
AHCARegistration@ahca.myflorida.com  
Subject Line: Online Licensure User Agreement

**Fax to:**  
(850) 413-0007

**User Information:**

**Name:** BERNARD [REDACTED] **User ID:** [REDACTED]  
**Employer Name:** AHCA  
**Address:** 2727 MAHAN DRIVE, MS #33 TALLAHASSEE, FL 32308  
**Phone Number:** (850) 412-[REDACTED] **E-Mail address:** [REDACTED]

**Provider Name:** ABBEY REHABILITATION AND NURSING CENTER  
**Address:** 7101 DR MARTIN LUTHER KING JR ST N, SAINT PETERSBURG, FL 33702  
**Phone Number:** (727) 527-7231 **Fax Number:** (727) 522-2486  
**Administrator:** HUBERT PAUL **Provider Type:** NURSING HOME  
**Field Office:** 05 **License Number:** 10010961 **File Number:** 55201

Each person with access to this web site must abide by the following:

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. They are for your use only and will serve as your "electronic signature." This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use this information for unauthorized or illegal purposes.
- Do not make any disclosure of this data that is not specifically authorized.
- Do not intentionally cause corruption or disruption of these files.

If you become aware of any violation of these security requirements or suspect that someone may have used your user ID or