

Instructions for Creating a TRAIN Account for Non-HHS Enterprise State Employees

TRAIN is a national Learning Management System (LMS) used by state and local public health departments as well as other public health partners throughout the nation. It is a web-based system which allows public health training departments and public health professionals manage their training records. The Texas portal is funded and supported by the Texas Department of State Health Services' Division of Prevention and Preparedness. TRAIN Texas is available 24/7 through the internet and it is free to use by public health professionals.

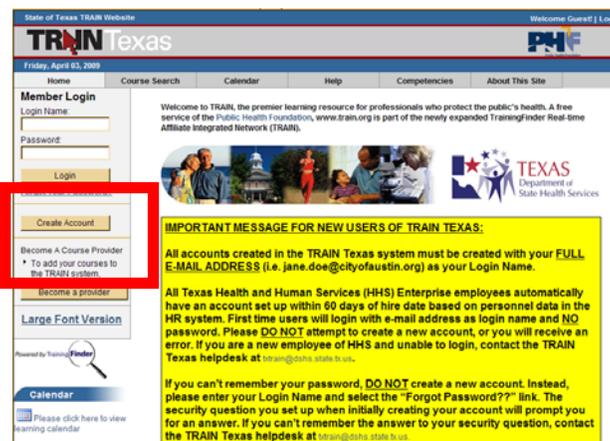
System Requirements for Learners:

- Internet Explorer 6.0 and above
- JavaScript enabled

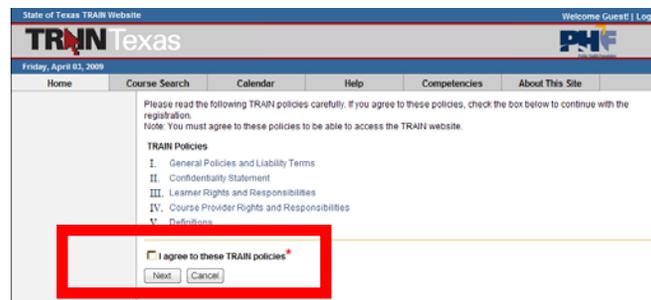
NOTE: Users running other Browsers could potentially experience problems when using TRAIN.

To begin using:

1. Access TRAIN at <https://tx.train.org/>
2. Select "Create Account" button



3. TRAIN policies will display. Please review and select the "agree to these TRAIN policies" and select the "Next" button to continue.



- You will be prompted to complete certain required information about yourself. Please complete all required information. **IMPORTANT: Your login name must be your e-mail address.** Select the "Next" button to continue.

The screenshot shows the registration page for TRAIN Texas LMS. It features a header with the TRNN Texas logo and navigation links. The main content is divided into two columns: 'Required Fields' and 'Optional Fields'. The 'Required Fields' section includes fields for Login Name, Password, Confirm Password, First Name, Last Name, Title, Telephone (daytime), Email, Confirm Email, Organization name, Department / Division, Address 1, City / Township / Town, Zip code / Postal code, Country, State / Territory, and County. The 'Optional Fields' section includes fields for Middle Name, Telephone (evening), Daytime Extension, Pager, Fax, Mobile, and Business Section. A checkbox for email notifications is also present.

Example of Completed Required Fields

This image shows the registration form with the 'Required Fields' section filled out. The fields and their values are as follows:

- Login Name: ksmith@sahospital.org
- Password: [masked]
- Confirm Password: [masked]
- First Name: Ken
- Last Name: Smith
- Title: Nursing Supervisor
- Telephone (daytime): (218) 454-3344
- Email: ksmith@sahospital.org
- Confirm Email: ksmith@sahospital.org
- Organization name: San Antonio Hospital
- Department / Division: Nursing Service
- Address 1: 1545 Alamo St.
- City / Township / Town: San Antonio
- Zip code / Postal code: 72343
- Country: United States
- State / Territory: Texas
- County: Bexar

Below the address fields, there is a section for a secret question and answer:

- Question: Best Friend's Last Name
- Answer: Brad

5. You will be prompted to indicate what Regional area of Texas you work. Please select the regional area of Texas you work based on the county your office resides. If you are unclear of your regional area, please refer to this link at <http://www.dshs.state.tx.us/regions/stregctymap.pdf>

Please select from the dropdown menus below your location, agency and/or job role as appropriate.

View ODP Discipline Descriptions

Select Region Select ODP Discipline Select Work place
Back Next

Example – If you work in regional area 1, you will receive the next prompt. In this case “TALHO” is selected. Under “TALHO”, several local health departments are listed.

Please select from the dropdown menus below your l

View ODP Discipline Descriptions

Region 1
TALHO
Select Office
Select Office
City of Amarillo Department of Public Health
Lubbock City Health Department
Plainview – Hale County Health Department

6. Please indicate what public health discipline you are associated. Typically, this would be “Public Health”

Select ODP Discipline
Select ODP Discipline
Emergency Management Agency
Emergency Medical Services
Fire Service
Governmental Administrative
Hazardous Materials Personnel
Health Care
Law Enforcement
Other
Public Health
Public Safety Communications
Public Works
UNKNOWN ODP Discipline
Volunteers

7. Select “Not a HHS enterprise employee”. Select the “Next” button to continue.

Select Work place
Select Work place
HHS enterprise state employee
Not a HHS enterprise state employee

8. If you are a member of the Medical Reserve Corp, select “Yes”. Otherwise, select “No”. Select the “Next” button to continue.

Are you a member of the Medical Reserve Corps (MRC)?

Yes
 No

9. Select your 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.

Professional Role	Value
<input type="checkbox"/> Allied Health Professional	--Select--
<input type="checkbox"/> Administrator / Director / Manager	
<input type="checkbox"/> Administrative Support Staff	
<input type="checkbox"/> Animal Control Specialist / Veterinarian	
<input type="checkbox"/> Biostatistician	
<input type="checkbox"/> Childcare Provider	
<input type="checkbox"/> Communicable Disease / Infection Control Staff	
<input type="checkbox"/> Computer / Information Systems Specialist	
<input type="checkbox"/> Dental Professional	--Select--
<input type="checkbox"/> Emergency Responder	--Select--
<input type="checkbox"/> Environmental Health Professional	--Select--
<input type="checkbox"/> Epidemiologist / Surveillance Staff	
<input type="checkbox"/> Food Services / Facilities Management Staff / Housekeeper	
<input type="checkbox"/> Government Official	--Select--
<input type="checkbox"/> Health Educator	
<input type="checkbox"/> Laboratory Professional / Technician	
<input type="checkbox"/> Law Enforcement	
<input type="checkbox"/> Legal Professional	
<input type="checkbox"/> Librarian / Information Specialist	
<input type="checkbox"/> Licensure / Inspection / Regulatory Specialist	
<input type="checkbox"/> Medical Examiner / Coroner	
<input type="checkbox"/> Mental and Behavioral Health Professional	--Select--
<input type="checkbox"/> Nurse	--Select--

10. Select your work setting and “Next” button to continue..

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

Work Settings	Value
<input type="checkbox"/> Academic / Educational Institution	--Select--
<input type="checkbox"/> Official Public Health Agencies	--Select--
<input type="checkbox"/> Military	
<input type="checkbox"/> Other Government Agencies (except Military)	
<input type="checkbox"/> Healthcare Services	--Select--
<input type="checkbox"/> Indian Health Service	
<input type="checkbox"/> Tribal Health Sites	
<input type="checkbox"/> Non-Profit Organization (except Healthcare)	
<input type="checkbox"/> Private Industry (except Healthcare)	
<input type="checkbox"/> Other (specify)	

11. This information is optional. Select the “Next” button to bypass.

Please select appropriate demographic information (optional).

Demographic Information	Value
Education level (highest attained)	--Select--
Sex	--Select--
Ethnicity	--Select--
Race	--Select--
Birth Date	<input type="text"/> <input type="button" value=""/> (Format: MM/DD/YYYY)
Primary Language	--Select--
Secondary Language	--Select--

12. You will receive a prompt indicating your account has been created. You will also receive an e-mail with an attached TRAIN user guide upon completion.

Hello, **Ken**

Your NEW ACCOUNT has been created.

Click on **Continue** button to register for your course.

TRAIN Resources

TRAIN Texas FAQs <http://www.dshs.state.tx.us/compreg/train/>

TRAIN Help Desk for technical issues (512) 458-7336 or txtrain@dshs.state.tx.us