

## Create a New Train Account

**Purpose:** The purpose of this document is to guide data partners through the TRAIN Massachusetts account creation process so they are ready for MAVRIC training.

1. Click on the 'Create an Account' button from the TRAIN Login screen at [www.TRAIN.org/ma](http://www.TRAIN.org/ma).



2. Enter the following information on the 'Create Account' screen:
  - Login Name
    - Must be unique with any characters except spaces and a minimum of four characters.
  - Password
    - Contain at least one lower case letter.
    - Contain at least one upper case letter.
    - Contain at least one number.
    - Be at least 8 characters.

- Unique from your Login Name, First Name, Last Name, and Email Address.
- Confirm password
- Email Address
- First Name
- Last Name
- Time Zone
- Zip/Postal Code

The screenshot shows the 'Create Account' form for TRAIN Massachusetts. The form includes the following sections:

- TRAIN Massachusetts** logo at the top.
- Create Account** heading.
- Create Login Name**: A text input field. Below it, a note states: 'The login name must be unique with any characters except spaces and a minimum of four characters.'
- Create a Password**: A password input field with a red indicator bar on the right. Below it, a 'Password must:' section contains five radio button options:
  - 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 Password**: A text input field.
- Your Email Address**: A text input field. Below it, a note states: 'Please enter your work email address. If you do not have one, enter your school or personal email.'
- First Name**: A text input field.
- Last Name**: A text input field.

3. Review the TRAIN policies.
4. Select the checkbox confirming that you agree to all TRAIN policies.

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 Password**

••••••••

**Your Email Address**

jon@gmail.com

Please enter your work email address. If you do not have one, enter your school or personal email.

**First Name**

Jon

**Last Name**

Doe

**Time Zone**

(GMT-05:00) Eastern Time (US & Canada) ▾

**Zip/Postal Code**

77027

Please enter your work Zip/Postal Code. If you do not have one, enter your school or personal Zip/Postal Code.

I agree to all [TRAIN policies](#)

**Create Account**

Have an account?  
[Log In](#)

5. Click on the 'Create Account' button.
  - An error message will display if required fields have not been completed.
6. If all fields have been completed, users will be prompted to select a Division or Business Unit in TRAIN. Select External DPH Partner.

**TRAIN** Massachusetts

Massachusetts TRAIN requires more detailed group selection. Please refine your selections below

Location / Massachusetts

(Click any level to return to it)

**Select: Division or Business Unit** ?

[External DPH Partners](#)

[General Learner - Non-DPH Partner](#)

[Internal DPH Partners](#)

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- Users will be prompted to select an Office. Select Registry of Vital Records and Statistics.

**TRAIN** Massachusetts

Massachusetts TRAIN requires more detailed group selection. Please refine your selections below

Location / Massachusetts  
/ [External DPH Partners](#)

(Click any level to return to it)

**Select: Office**

[Office of Local and Regional Health](#)

[Registry of Vital Records and Statistics](#)

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- Please select an appropriate Job Role from the list.

# TRAIN Massachusetts

Massachusetts TRAIN requires more detailed group selection. Please refine your selections below

Location / Massachusetts  
/ [External DPH Partners](#)  
/ [Registry of Vital Records and Statistics](#)

(Click any level to return to it)

## Select: Job Role

Group search

[Birthing Registrars](#)

[Burial Agents](#)

[City and Town Clerks](#)

[Funeral Home Directors](#)

[Medical Certifiers](#)

[Medical Facilities Staff](#)

[Pronouncers](#)

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9. Confirm these selections.

**TRAIN** Massachusetts

Massachusetts TRAIN requires more detailed group selection. Please refine your selections below

Location / Massachusetts

- / [External DPH Partners](#)
- / [Registry of Vital Records and Statistics](#)
- / [Funeral Home Directors](#)

(Click any level to return to it)

Please review the group selections above for accuracy and make changes as necessary.

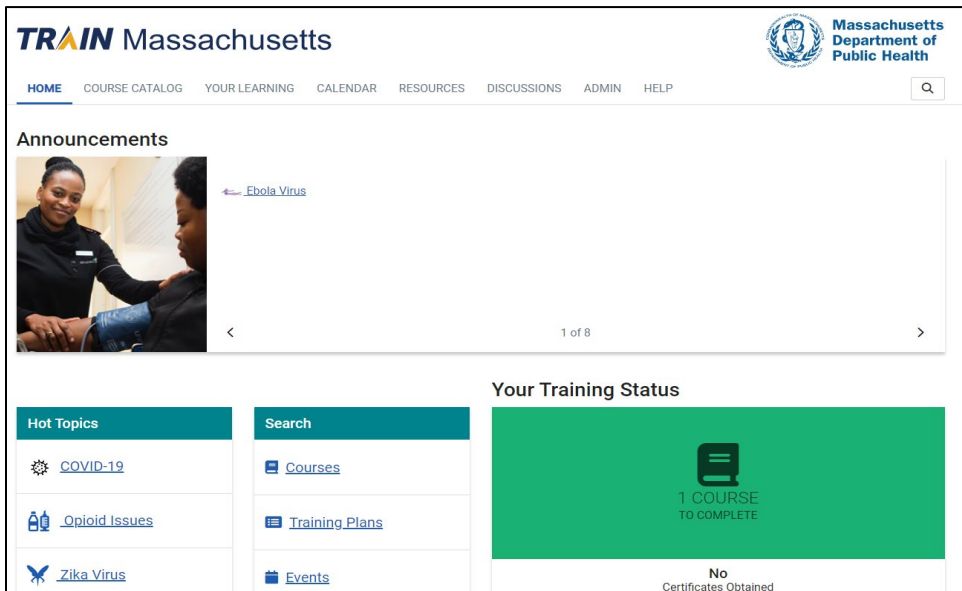
10. Select Finish Creating Account button.

**TRAIN** Massachusetts

National/Massachusetts

↓ External DPH Partners/Registry of Vital Records and Statistics/Funeral Home Directors

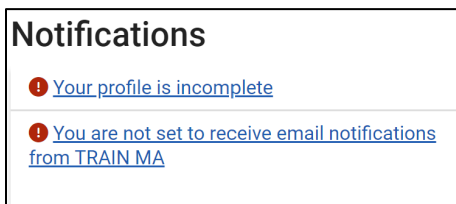
11. Users will then be brought to the TRAIN Massachusetts home page.



## Updating TRAIN Account Profile

1. Upon logging into TRAIN, a notification will appear informing you that your profile is incomplete – as additional information is requested after the initial set up.

*Note: TRAIN is a shared system that gives learners the opportunity to provide additional information if needed. Some TRAIN affiliates also require specific information in order for learners to take certain courses. Therefore, some requested information may not be applicable to you.*



2. Click on the link stating 'Your profile is incomplete'.
3. The following screen will display.

**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.

<b>Manage Groups</b>	
Account	
Contact	<span style="color: red;">!</span>
Address	<span style="color: red;">!</span>
Organization	<span style="color: red;">!</span>
Professional License Number	
Professional Role	<span style="color: red;">!</span>
Work Settings	<span style="color: red;">!</span>
Demographic Information	
CPE information	
FEMA Student ID Number	
Professional Organization ID Number	

**Manage Groups**

**Join By Group Search**

National/Massachusetts  
 External DPH Partners/Registry of Vital Records and Statistics/Funeral Home Directors

x ✎

+ Join Another Group

**Join By Group Code**

Group Code Join

- Complete the following sections. Please click the green save button after completing each section to save changes.

### Manage Groups

Based on the information you entered previously, you are enrolled into the appropriate MA group. No need to make changes here. The selected group will determine what course content is available to you.

### The Account Section

The Account section contains your email address, name, login name, and ID. **You have an option to allow TRAIN to send you email notifications via email. We strongly encourage you to select this option so you can receive updates about MAVRIC training and receive course registration emails with important information on attending webinars.**

You also can reset your password.



## Contact Section

The contact section allows you to enter the phone number most relevant to your professional association by clicking on the 'Add a phone number' button.

You will have the option to enter a work, home, or mobile number. Click on the 'Accept' button once the number has been entered to save the changes.

## Address Section

The address section will allow you to select the country and enter the state, city postal code, street address, and time zone of the location most relevant to your professional organization.

**Address** (Fields marked below are required)

<b>Country</b> Select a country	<b>Street Address</b> 123 1st ave.
<b>State / Territory</b>	<b>Street Address Cont.</b>
<b>City</b> Needham	<b>Time Zone</b> Select a time zone
<b>Zip / Postal Code</b> 02494	

### Organization Section

The organization section will allow you to enter the organization name, department/division, bureau/section, and title of your professional organization.

**Organization** (Fields marked below are required)

<b>Organization Name</b> ABC Funeral Home	<b>Department / Division</b>
	<b>Bureau / Section</b>
	<b>Title</b>

### Professional License Number Section

If applicable, the Professional License Number section will allow you to enter the license type, license sub type, and number of the of the license after clicking the 'Add a License Number' button.

**Professional License Number** (Fields marked below are required)

+ Add a License Number

The license type that is selected from the dropdown menu will determine the options available for License Sub Type. After entering your license number, click the green check mark to save your changes.

**Professional License Number** (Fields marked below are required)

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Add License Number ✖ ✓

**License Type**

**License Sub Type**

**License Number**

### Professional Role Section

The Professional Role section allows you to select up to three professional roles that are most relevant to your profession. If your professional role is not listed, select the “Other” option to manually enter your specialization.

**Professional Role** (Fields marked below are required)

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 is not properly filled out! Please choose between 1-3 attributes only.

Primary

- Allied Health Professional
- Administrator / Director / Manager
- Administrative Support Staff
- Animal Control Specialist / Veterinarian
- Biostatistician
- Childcare Provider
- Communicable Disease / Infection Control Staff

### Work Settings

The Work Settings section will allow you to select up to three work settings that are most relevant to your work environment. You can also select sub-categories where applicable via dropdown. If you do not see your appropriate work setting listed, you may select the ‘Other (specify)’ checkbox and manually enter it into the textbox at the bottom of the listing.

**Work Settings** (Fields marked below are required)

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

Primary

<input type="checkbox"/> Academic / Educational Institution	<input type="radio"/>
<input type="checkbox"/> Official Public Health Agencies	<input type="radio"/>
<input type="checkbox"/> US Military/Uniformed Services	<input type="radio"/>
<input type="checkbox"/> Other Government Agencies (except Military)	<input type="radio"/>
<input type="checkbox"/> Healthcare Services	<input type="radio"/>
<input type="checkbox"/> Indian Health Service	<input type="radio"/>
<input type="checkbox"/> Tribal Health Sites	<input type="radio"/>
<input type="checkbox"/> Non-Profit Organization (except Healthcare)	<input type="radio"/>

## Demographic Information

The Demographic Information section allows you to select the appropriate demographic information that pertains to you.

**Demographic Information** (Fields marked below are required)

Please select appropriate demographic information (optional).

<b>Education level (highest attained)</b>	<input type="text" value="--Select--"/>
<b>Sex / Gender Identity</b>	<input type="text" value="--Select--"/>
<b>Ethnicity</b>	<input type="text" value="--Select--"/>
<b>Race</b>	<input type="text" value="--Select--"/>
<b>Birth Date</b>	<input type="text" value="MM/DD/YYYY"/> <input type="text" value="📅"/>
<b>Primary Language</b>	<input type="text" value="--Select--"/>

## FEMA Student ID Number

The FEMA Student ID Number section allows you to enter your ID number if applicable.

**FEMA Student ID Number** (Fields marked below are required)

If you have a FEMA Student ID Number please enter it in the field below.

**FEMA Student ID Number**

## Professional Organization ID Number

The Professional Organization ID Number section allows you to enter the id number that has been assigned to you by a specific professional organization if applicable. You can also click on the NPI (National Provider Identifier) Number link to search for NPI records. The NPI Registry Public Search is a free directory of all active National Provider Identifier records.

Professional Organization ID Number <small>(Fields marked below are required)</small>	
<b>NPI Number Lookup</b>	
ASHA Account Number	<input type="text"/>
AAA Academy ID Number	<input type="text"/>
NABP e-profile ID Number	<input type="text"/>
NPI Number	<input type="text"/>
APTA Membership ID	<input type="text"/>
ABIM MOC ID	<input type="text"/>

**End**

**Attention:** Please send an email to [DPH-TRAINHelp@mass.gov](mailto:DPH-TRAINHelp@mass.gov) for TRAIN related inquiries and additional support.