

Single Sign On.....	1
Request Program Access.....	1
User Registration Agreements.....	4
Program (Online Licensing) Access	7
Accessing Provider Dashboard.....	8
View Licensure Options.....	9
Accessing Application.....	10

Single Sign On

The purpose of this document is to provide users with instructions on accessing Online Licensing from Single Sign On (SSO) via the AHCA Portal. Users must first create an AHCA Portal account. Once the account is created, the user should log into the AHCA Portal using the newly created account.

Note: avoid using these characters as part of the username: [\$%> <]

To create user account:

1. Using this link:
<https://apps.ahca.myflorida.com/SingleSignOnPortal/Login.aspx?ReturnUrl=%2fSingleSignOnPortal>
2. Click New User Registration link
3. After reading the authorization statement, click the I understand and agree with the Authorization Statement, and click Continue
4. Complete all required fields on the Account Registration page, click the I’m not a robot, click Register.
5. Click Return to Login
6. Sign in with your newly created username and password

Request Program Access

Prior to working in Online Licensing, a user must request access on behalf of one or more providers.

The screenshot shows the AHCA Portal - Portal Landing page. At the top is a dark blue header with the text "AHCA Portal - Portal Landing". Below this is a section titled "Request Program Access" in a dark blue bar. Underneath, there is a text prompt: "Choose from the list of programs below and select 'Request Program Access'". This is followed by a dropdown menu with the text "-- Select Program --" and a "Request Program Access" button. Below the "Request Program Access" section is another dark blue bar titled "Manage Account". Underneath this bar are three blue hyperlinks: "Edit User Information", "Change Password", and "Update Security Question and Answer".

Select Online Licensing System from the list of options. Be sure to select the system listed under the gray heading.

Request Program Access

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

-- Select Program --

Ma

Online Licensing System

Online Licensing System

Then select Request Program Access.

AHCA Portal - Portal Landing

Request Program Access

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

Online Licensing System

Here is where the user selects the provider(s) they want to represent.

Online Licensing System - Request for Program Access User ID: patricklynch2
Email: patrick.lynych@ahca.myflorida.com

To request access, first select a provider type from the list of options, then search for the provider by entering its name. Once you have selected the appropriate provider, choose Add Provider.

* Provider Type: -- Select Provider Type --

Provider Name: Select Provider Type Above for List of Provider

To submit an initial application, select the Create New Provider option below to begin that process.

Special Note: All payments must be made at time of submission. Pay By Mail option is NOT available for Online Initial Licensure/Registration applications. Your application will be cancelled if application and payment are not submitted within 30 days.

First select a Provider Type.

* Provider Type: -- Select Provider Type --

- Select Provider Type --
- ABORTION CLINIC
- ADULT DAY CARE CENTER
- ADULT FAMILY CARE HOME
- AMBULATORY SURGICAL CENTER
- ASSISTED LIVING FACILITY
- BIRTH CENTERS
- CRISIS STABILIZATION UNITS
- FORENSIC TOXICOLOGY LABORATORY
- HCC - EXEMPTIONS
- HEALTH CARE CLINIC
- HEALTH CARE SERVICES POOL
- HOME HEALTH AGENCY**
- HOME HEALTH AGENCY EXEMPTION
- HOME MEDICAL EQUIPMENT PROVIDER
- HOMEMAKER AND COMPANION SERVICES
- HOMES FOR SPECIAL SERVICES
- HOSPICE
- HOSPITAL
- INTERMEDIATE CARE FACILITIES

Then start to enter the name of the provider in the space shown. As illustrated in the example below, the list of licensed providers (name, city, and license number) appear as text is entered. Select the appropriate one from the list.

* Provider Type: HOME HEALTH AGENCY

Provider Name: home health care of t

Add Provider

- HOME HEALTH CARE OF TALLAHASSEE: TALLAHASSEE: 123456789
- HOME HEALTH CARE OF TAMPA : TAMPA : 987654321

Lastly, choose the Add Provider option.

* Provider Type: HOME HEALTH AGENCY

Provider Name: HOME HEALTH CARE OF TALLAHASSEE : TALLAHASSEE : 123456789

Add Provider

The selected provider shows at the bottom of the page. Repeat the steps above if access to another provider is needed. Otherwise, scroll to the bottom of the page.

Online Licensing System - Request for Program Access

To request access, first select a provider type from the list of options, then search for the provider by entering its name. Once you have selected the appropriate provider, choose Add Provider.

* Provider Type: HOME HEALTH AGENCY

Provider Name:

Add Provider

To submit an initial application, select the Create New Provider option below to begin that process.

Special Note: All payments must be made at time of submission. Pay By Mail option is **NOT** available for Online Initial Licensure/Registration applications. Your application will be cancelled if application and payment are not submitted within 30 days.

Create New Provider

Return to Previous Page

Requested Provider List:

Requested Provider List:

Provider Name	City	License Number
Delete HOME HEALTH CARE OF TALLAHASSEE	TALLAHASSEE	123456789

User Registration Agreements

This section contains the provider(s) for which the user is seeking access. Should a request no longer be needed, select the Delete option to remove it.

Read the authorization statement prior to proceeding. When finished, select the Generate AHCA Registration Agreement (PDF) option.

Requested Provider List:

Requested Provider List:

Provider Name	City	License Number
Delete HOME HEALTH CARE OF TALLAHASSEE	TALLAHASSEE	123456789

Authorization: I am an authorized representative of the provider 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)

The user is taken to a page that loads the Online Licensing User Registration agreements.

Online Licensing System
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 Licensing System User Agreement

Fax to: (850) 413-0007

User Information:
Name: _____ **User ID:** _____
Employer Name: _____
Address: 222 MAIN STREET, TALLAHASSEE, FL 32333
Phone Number: (222) 222-2222 **E-Mail address:** _____

If the individual listed below is not the current administrator, please contact the Home Care Unit at (850) 412-4403.

Provider Name: _____
Address: _____
Phone Number: _____ **Fax Number:** _____
Administrator: _____ **Provider Type:** _____
Field Office: _____ **License Number:** _____ **File Number:** _____

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 password, immediately report that information to the Agency for Health Care Administration's (AHCA) Home Care Unit at (850) 412-4403.

I understand that as an Online Licensing System User, I assert that I am authorized to submit electronic applications on behalf of the provider listed above. As part of this agreement I am accepting electronic correspondence as the primary method of communication from the Agency on all matters related to my application and the Online Licensing System. By accessing this system, I am agreeing to follow AHCA's policies regarding acceptable use and protection of confidential information. I am affirming that the information contained in the report is true. By signing this agreement, I acknowledge reading, understanding and agreeing to its contents.

User Information:
User Name: SANDRA SMITH
Signature: _____ Date: _____

Review and Approval by Provider:
Administrator: JENNIFER JONES Provider: HOME HEALTH CARE OF TALLAHASSEE
Signature: _____ Date: _____

AHCA USE ONLY:
Staff Signature: _____ Date Authenticated: _____
Staff Name: _____

If you have any questions or issues please [contact us](#).

Agreements are produced on separate pages for each provider the user is seeking to represent. Should the request contain more than one provider, the paging options would appear accordingly.

[Return to OL Tasks Page](#) To open

Online Licensing System
User Registration Agreement

Mail To: _____ **Scan and E-Mail To:** _____ **Fax to:** (850) 413-0007

Note the three options for submission the agreement to the Agency upon completion.

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 Licensing System User
Agreement

Fax to:
(850) 413-0007

The User Information section is populated with data from the user's account.

User Information:

Name: [REDACTED] **User ID:** [REDACTED]
Employer Name:
Address: 222 MAIN STREET, TALLAHASSEE, FL 32333
Phone Number: (222) 222-2222 **E-Mail address:** [REDACTED]

Provider and Administrator information on file with the Agency is displayed. Call the number provided for the licensing unit if the Administrator listed is inaccurate. Read the agreement's details.

If the individual listed below is not the current administrator, please contact the Home Care Unit at (850) 412-4403.

Provider Name: [REDACTED]
Address: [REDACTED]
Phone Number: [REDACTED] **Fax Number:** [REDACTED]
Administrator: [REDACTED] **Provider Type:** [REDACTED]
Field Office: [REDACTED] **License Number:** [REDACTED] **File Number:** [REDACTED]

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 password, immediately report that information to the Agency for Health Care Administration's (AHCA) Home Care Unit at (850) 412-4403.

I understand that as an Online Licensing System User, I assert that I am authorized to submit electronic applications on behalf of the provider listed above. As part of this agreement I am accepting electronic correspondence as the primary method of communication from the Agency on all matters related to my application and the Online Licensing System. By accessing this system, I am agreeing to follow AHCA's policies regarding acceptable use and protection of confidential information. I am affirming that the information contained in the report is true. By signing this agreement, I acknowledge reading, understanding and agreeing to its contents.

The bottom of the document contains space for the user and Administrator to sign and date.

User Information:

User Name: SANDRA SMITH

Signature: _____ Date: _____

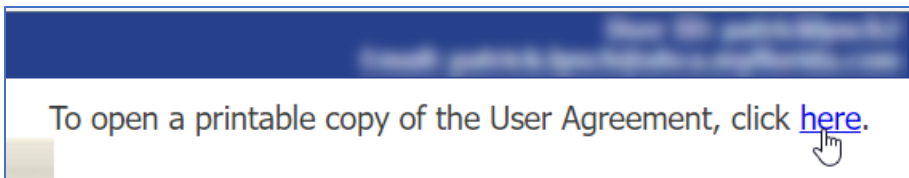
Review and Approval by Provider:

Administrator: JENNIFER JONES

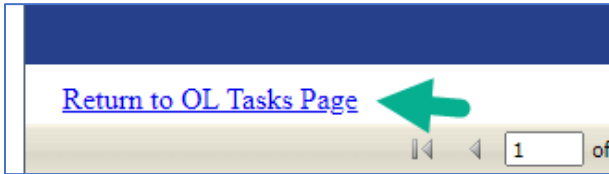
Provider: HOME HEALTH CARE OF TALLAHASSEE

Signature: _____ Date: _____

Select the option at the top of the page to print the agreement(s). Once the user agreement has been completed and submitted to the Agency, staff will review it and administer access.



When finished, select Return to OL Tasks Page.

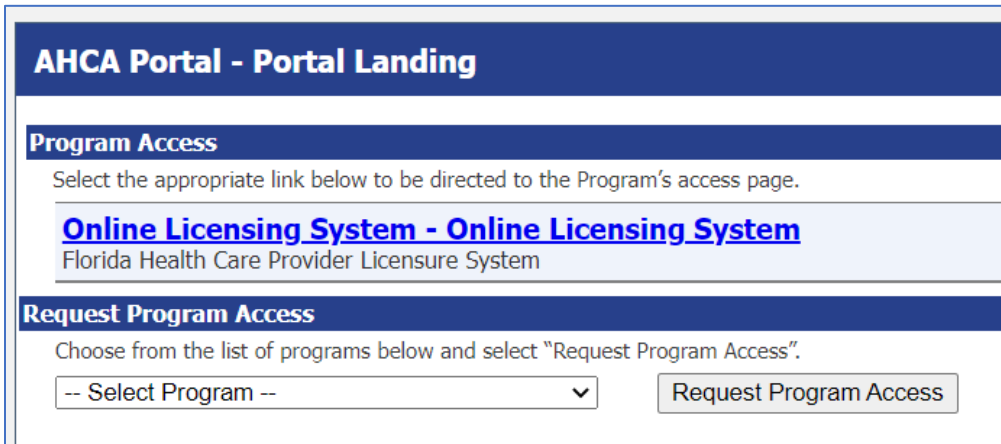


The access request will appear in the List of Providers section. The Status shows the status of the access request. The status will appear as Pending once requested. The status will change to either Denied or Approved once a decision has been made when processing the user agreement.

Note: the common reasons for denial include missing printed Administrator signature or crossing out the printed Administrator to handwrite in the current Administrator.

Program (Online Licensing) Access

The section of Program Access now appears. Choose Online Licensing System.



The page loads in two sections – one for the user to request access to additional providers and another to check the status of requests or reprint agreements.

Provider Access

[Add or Create Initial Providers](#)

Select this option to request provider access, reprint user agreements, or submit an Initial Application.

To discontinue access to a provider, please use the **Contact us** link at the bottom of this page.

Warning: If experiencing issues using **Internet Explorer** try **Microsoft Edge**.

List of Providers

If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement. If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

Provider Name	City	Status	License Number	Provider Type
<input type="checkbox"/> HOME HEALTH CARE OF TALLAHASSEE	TALLAHASSEE	Pending	123456789	HOME HEALTH AGENCY

Return to Portal Landing

If you have any questions or issues please [contact us](#).

Once the user’s access request is approved, they are able to create applications for licensure.

Provider Name	City	Status	License Number	Provider Type
<input type="checkbox"/> HOME HEALTH CARE OF TALLAHASSEE	TALLAHASSEE	Approved	123456789	HOME HEALTH AGENCY

Accessing Provider Dashboard

Select Online Licensing System from the Portal Landing’s Program Access page.

AHCA Portal - Portal Landing

Program Access

Select the appropriate link below to be directed to the Program’s access page.

[Online Licensing System - Online Licensing System](#)
Florida Health Care Provider Licensure System

Request Program Access

Choose from the list of programs below and select “Request Program Access”.

-- Select Program --

Choose Online Licensing System – Provider Dashboard.

Online Licensing System - Provider Portal

Provider Access

[Online Licensing System - Provider Dashboard](#)

Select this option to access your provider dashboard to submit or view an application for licensure.

[Add or Create Initial Providers](#)

Select this option to request provider access, reprint user agreements, or submit an Initial Application.

To discontinue access to a provider, please use the **Contact us** link at the bottom of this page.


Warning: If experiencing issues using **Internet Explorer** try **Microsoft Edge**.

The page loads with information for each provider to which the user is approved for access.

Online Licensing System - Provider Dashboard

Provider Dashboard

Authorized Providers

Provider Name	City	License Number	File Number	Provider Type	Expiration Date
 HOME HEALTH CARE OF TALLAHASSEE	TALLAHASSEE	123456789	87654321	Home Health Agency	01/05/2024

Pending/Denied Provider Access Requests

Provider Name	City	License Number	File Number	Provider Type	Request Status
THERE ARE NO PENDING/DENIED PROVIDER REQUESTS FOR THIS USER					

[Return to Portal Landing](#) [Logout](#)


If you have any questions or issues please [contact us](#).

View Licensure Options

To view licensure options, expand the icon to the left of the provider's name.

Provider Dashboard

Authorized Providers

Provider Name
 HOME HEALTH CARE OF TALLAHASSEE

The dates below come into play as follows:

- Expiration Date – the day the license expires
- Due Date – the day the application for licensure and its related fees are due to the Agency
- Last Update –
 - In Work (by the user) applications will reflect the last save by the user

Provider Dashboard
 Authorized Providers

Provider Name	City	License Number	File Number	Provider Type	Expiration Date
HOME HEALTH CARE OF TALLAHASSEE	TALLAHASSEE	123456789	87654321	Home Health Agency	12/17/2022

[\\$ Submit Payment](#)
[Check List](#)

License Renewal | [License Information Change](#)

	Application Number	Due Date	License Expiration	Application Received Date	Application Status	Last Update
Edit	71641	10/17/2022	12/17/2022		Unopened	10/5/2022

Select the Submit Payment option to pay the Agency via e-check or credit card; amounts due to the Agency will reflect for applications that have been submitted and/or for legal cases.

To view application requirements in a separate tab, select the Checklist option.

Accessing Application

License Renewal

Below those choices are tabbed out application options for the provider. The first tab contains information and access to renewal applications.

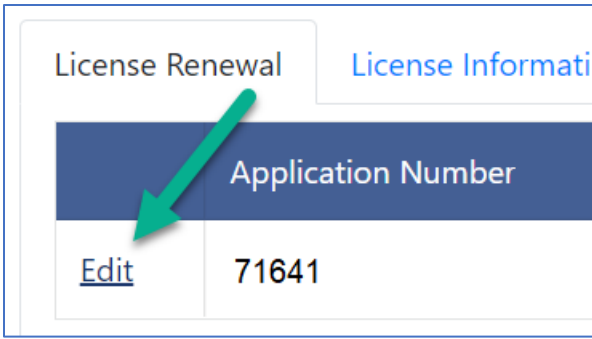
When you are within your renewal window, you may start the renewal process by clicking ‘Create Renewal Application’.

[\\$ Submit Payment](#)
[Check List](#)
[Update General Provider Licensure Information](#)

License Renewal | [License Information Change](#)

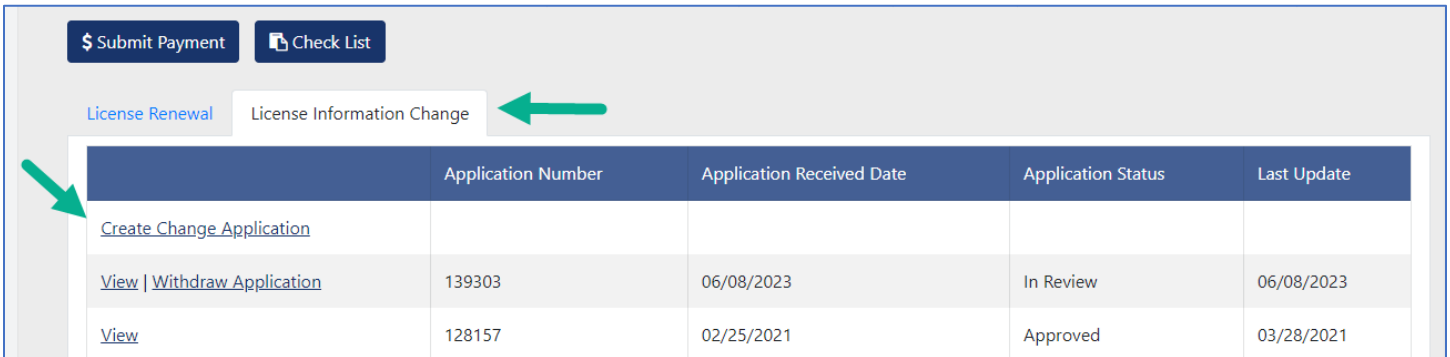
	Application Number	Due Date	License Expiration	Application Received Date	Application Status	Last Update
Create Renewal Application						
View	84814	10/18/2023	12/17/2023		Approved	04/20/2022
View	75511	07/20/2021	09/18/2021		Approved	08/21/2019

To open the application that has been started, select the Edit option.



License Information Change

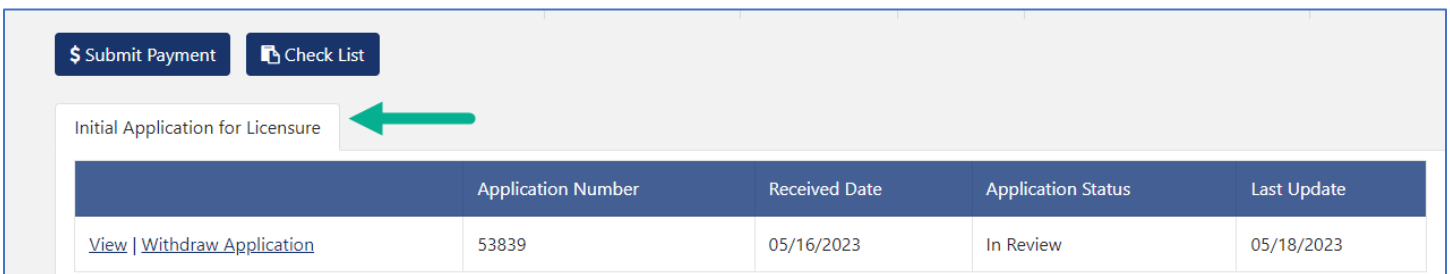
Choose License Information Change to view, create, or edit an application for change of information during the licensure period.



Note: license information change applications must be submitted and paid within 30 days of creation or it will expire.

Initial Application for Licensure

This section displays when an initial application for licensure has been created.



Note: initial applications must be submitted and paid within 30 days of creation or it will expire.