



How To Set Up Your Georgia TRAIN Account

1. Navigate to <https://www.train.org/georgia>
2. Click on **Create an Account**.

A screenshot of the TRAIN Georgia website. The page has a dark blue header with the text 'Log In or Create Account' and a right-pointing arrow. Below the header, the 'TRAIN Georgia' logo is on the left, and the 'DPH' logo (Georgia Department of Public Health) is on the right. A navigation menu includes 'HOME', 'COURSE CATALOG', 'CALENDAR', 'RESOURCES', and 'HELP'. A search bar is located on the right side of the menu. The main content area is divided into two columns. The left column contains a login form with fields for 'Login Name' and 'Password', a 'Remember me' checkbox, a blue 'Login' button, a 'Can't log in?' link, and a 'Create an Account' button. The 'Create an Account' button is circled in red. Below the login form is a box that says 'Want to add courses to TRAIN? Become a Course Provider'. The right column features a 'Welcome to the TRAIN Learning Network' heading, followed by introductory text about the network and its connection to the Georgia Department of Public Health and the Georgia Office of EMS and Trauma. Below this text is a video player showing a person's hands holding a smartphone displaying a list of courses. The video player has a play button and a progress bar at the bottom.

3. Create a login name and password. Enter your first/last name, time zone and postal code, and review the TRAIN policies. When ready, check the box for **I agree to all TRAIN policies** and click **Next Step**.



Create Account

Create Login Name

Create a Password

Password must be at least 6 characters in length and contain at least one lower case letter, one capital letter, and one number.

Confirm Password

Your Email Address

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

First Name

Last Name

Time Zone

Zip/Postal Code

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](#)

Next Step

4. Under State or Federal Agency Affiliation, select **State/District/County Public Health**.

Georgia Required Group Selection

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

Location / Georgia

(Click any level to return to it)

Select: State or Federal Agency Affiliation

Group search

[Federal Agency](#)

[Georgia Department of Human Services](#)

[Georgia Emergency Management and Homeland Security Agency_\(GEMA/HS\)](#)

[Georgia Firefighter Standards & Training Council](#)

[Georgia Trauma Care Network Commission](#)

[NOT AFFILIATED WITH A STATE OR FEDERAL AGENCY](#)

[State/District/County Public Health](#)

[Technical College System of Georgia](#)

5. Under Department or Agency, select **DPH State Office**.



Georgia Required Group Selection

Georgia TRIN requires more detailed group selection. Please refine your selections below

Location / Georgia
/ [State/District/County Public Health](#)

(Click any level to return to it)

Select: Department or Agency

[County Health Department](#)

[DPH District Public Health](#)

[DPH State Office](#)

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6. Under Department, select **Other DPH State Office Program**.



Georgia Required Group Selection

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

Location / Georgia
/ [State/District/County Public Health](#)
/ [DPH State Office](#)

(Click any level to return to it)

Select: Department

Group search

[Office of Cardiac Care](#)

[Office of EMS and Trauma](#)

[Other DPH State Office Program](#)

[Statewide Emergency Preparedness Program](#)

[Statewide Healthcare Preparedness Program](#)

[Stroke Program](#)

[Trauma Program](#)

7. Ensure that all selections have been made correctly, then click **Confirm these selections**.



Georgia Required Group Selection

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

Location / Georgia
/ [State/District/County Public Health](#)
/ [DPH State Office](#)
/ [Other DPH State Office Program](#)

(Click any level to return to it)

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

✓ Confirm these selections

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8. Under Georgia Affiliation, select **Georgia General Public**.



Georgia Required Group Selection

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

National/Georgia
↓ State/District/County Public Health/DPH State Office/Other DPH State Office Program



Because you are affiliated with Georgia, you will need to answer a few additional questions.

Location / Georgia

(Click any level to return to it)

Select: Georgia Affiliation

[Georgia EMS / Peace Officer / Firefighter / Specialty Care Center](#)

[Georgia General Public](#)

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9. Ensure that the correct selection has been made, then select **Confirm these selections**.

TRAIN

Georgia Required Group Selection

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

National/Georgia ✕
↓ State/District/County Public Health/DPH State Office/Other DPH State Office Program

Because you are affiliated with Georgia, you will need to answer a few additional questions.

Location / Georgia / [Georgia General Public](#)

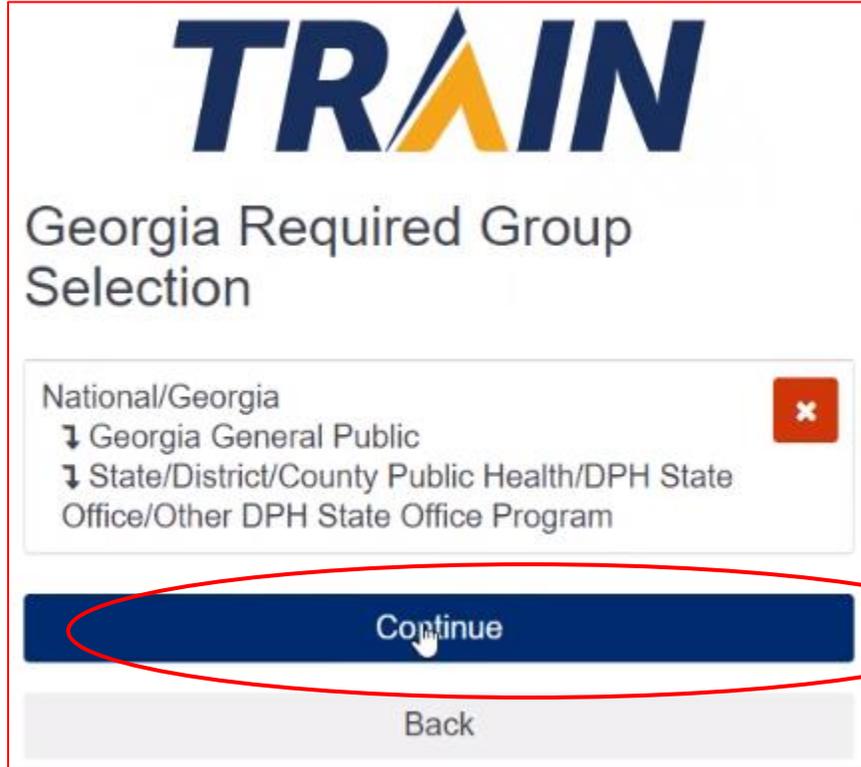
(Click any level to return to it)

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

✓ Confirm these selections

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10. Click **Continue**.



TRAIN

Georgia Required Group Selection

National/Georgia ✕

- ↓ Georgia General Public
- ↓ State/District/County Public Health/DPH State Office/Other DPH State Office Program

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11. Select up to three professional roles that match your profession, then click **Continue**.



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.

Primary

<input type="checkbox"/> Allied Health Professional	<input type="radio"/>
<input type="text" value="--Select--"/>	
<input type="checkbox"/> Administrator / Director / Manager	<input type="radio"/>
<input type="checkbox"/> Administrative Support Staff	<input type="radio"/>
<input type="checkbox"/> Animal Control Specialist / Veterinarian	<input type="radio"/>
<input type="checkbox"/> Biostatistician	<input type="radio"/>
<input type="checkbox"/> Childcare Provider	<input type="radio"/>

<input type="checkbox"/> Non-Physician Clinician	<input type="radio"/>
<input type="text" value="--Select--"/>	
<input type="checkbox"/> Policy / Planner	<input type="radio"/>
<input checked="" type="checkbox"/> Program Specialist	<input type="radio"/>
<input type="checkbox"/> Public Health Official	<input type="radio"/>
<input type="checkbox"/> Public Relations / Media Specialist	<input type="radio"/>
<input type="checkbox"/> Researcher / Analyst	<input type="radio"/>
<input type="checkbox"/> Student	<input type="radio"/>
<input type="checkbox"/> Teacher / Faculty	<input type="radio"/>
<input type="checkbox"/> Volunteer	<input type="radio"/>
<input type="checkbox"/> Other (specify) _____	<input type="radio"/>
<input type="text"/>	

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12. Select up to three work settings that match your work environment, then click **Continue**.



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 checked="" type="checkbox"/> Academic / Educational Institution	<input checked="" 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"/> US Military/Uniformed Services	<input type="radio"/>
<input type="text" value="--Select--"/>	
<input type="checkbox"/> Other Government Agencies (except Military)	<input type="radio"/>
<input checked="" type="checkbox"/> Healthcare Services	<input type="radio"/>
<input type="text" value="School Health Clinic"/>	
<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"/>
<input type="checkbox"/> Private Industry (except Healthcare)	<input type="radio"/>
<input type="checkbox"/> Other (specify)	<input type="radio"/>
<input type="text"/>	

[Continue](#)

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[Finish Creating Account](#)

13. When prompted to be redirected to your TRAIN Affiliate site, select **Go**.

You are being redirected to your TRAIN Affiliate's site. If you are trying to login to another state or federal TRAIN Affiliate's site, you must add at least one Group from that Affiliate within the "Your Profile" page under "Manage Groups".



14. You may fill out additional information or click **Finish Creating Account**.

Sex
<input type="text" value="--Select--"/>
Ethnicity
<input type="text" value="--Select--"/>
Race
<input type="text" value="--Select--"/>
Birth Date
<input type="text" value="MM/DD/YYYY"/> 
Primary Language
<input type="text" value="--Select--"/>
Secondary Language
<input type="text" value="--Select--"/>

[Continue](#)

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[Finish Creating Account](#)