

NFQA HELP INSTRUCTIONS - REGISTRATION

In order to comply with s. 409.9082, F.S., all Skilled Nursing Facilities licensed under part II of chapter 400, F.S. shall report resident day data. Facilities must register prior to reporting. Registration is a two-part process initiated by the Nursing Facility and finalized by the Agency. To register, the facility must first complete the registration form online at: <http://ahca.myflorida.com/qaf/>. The link, <Please click here for the NFQA Assessment>, takes you to the registration home page.



NFQA HELP INSTRUCTIONS - REGISTRATION

Click on <New Users Register Here>.

The screenshot shows a web browser window displaying the AHCA website. The browser's address bar shows the URL http://ahcaxnetdevnew/NFQA/login_new.aspx. The website header includes the AHCA logo (Florida Agency for Health Care Administration) and the slogan "Better Health Care for All Floridians". Navigation links for "About Us", "Site Menu", and "Contact Us" are visible. A search bar is located in the top right. The main content area is titled "Facility Quality Assessment" and features a prominent link: [New Users Register Here!](#). A callout bubble points to this link with the text "Click here to initiate the registration process." Below this link is a login form for existing users, which includes fields for "Enter User ID:" and "Enter Password:", and buttons for "Login", "Cancel", and "Forgot Password". At the bottom of the page, there is a footer with contact information for the Florida Agency for Health Care Administration, including a home link, website URL, and various service links.

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Create a User ID and password that meets criteria and complete the registration form data. If you are reporting for more than one facility, you must create a separate User ID for each facility. Your password must have 6-10 characters. Please do not include special characters (!@#%\$%^ etc...) when creating your user id and password. Once the form is complete click <SUBMIT>. All data must be complete and meet criteria. If not, the website will inform you of any errors before acceptance.

http://ahcaxnetdevnew/AMS/Registration.aspx?id=NFQA - Windows Internet Explorer

http://ahcaxnetdevnew/AMS/Registration.aspx?id=NFQA

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Facility Quality Assessment User Registration Form

User ID: * 6-10 Characters

Provider Type: * Please select:

Facility Name: *

First Name: *

Last Name: *

Phone: * () - -

Email: * Email Format: xxxxxx@xxxx.xxxx

Password Recovery Question 1: * Please select:

Security Answer 1: *

Password Recovery Question 2: *

Security Answer 2: *

Password: *

Verify Password: *

Note: After clicking the Submit button, if you registered successfully, you will be directed to a page where you are required to print out the user agreement form, fill it out, sign it and mail it or fax it in to us.

Submit

User ID and Password must have 6-10 characters.

Click here once all data is entered.

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Upon completion of the registration form, a User Agreement Form must be printed out for signature. You are able to view and print in either pdf. or HTML format.

http://ahcaxnetstagew.fdhc.state.fl.us/AMS/RegistrationResult.aspx - Windows Internet Explorer

http://ahcaxnetstagew.fdhc.state.fl.us/AMS/RegistrationResult.aspx

File Edit View Favorites Tools Help

http://ahcaxnetstagew.fdhc.state.fl.us/AM...

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Your account has been created but it is not yet activated. In order to activate your account you must follow these steps.

1. Click the button below to print the user agreement.
2. Fill out the required parts and sign it.
3. Mail it or fax it in to the address given in the top.


Click here to open in pdf. format.

Click here to print the user agreement using Adobe

Click here to print the user agreement in HTML format

Click here to open in HTML.

NOTE: You will need to have Adobe Reader installed in order to print the agreement in Adobe. If you don't have Adobe Reader please click the Adobe link to download it.



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THE REGISTRATION PROCESS IS COMPLETE!