

## Accessing the Provider Portal

The link to access the Provider Portal is <https://providerservices.floridaearlylearning.com>.

## Creating a Provider Portal Account

First-time Provider Portal users must register for an account to access the Provider Portal. Provider Portal users with multiple provider sites should begin by registering only one site location. This could be the provider's primary, flagship or main location. Once a Provider Portal account registration request is approved for one provider site, the provider user will be able to create accounts for additional sites after logging on to the Provider Portal.

Provider Services Logon

Account Information

User name (must be a valid email address)

Enter User Name

Not yet registered?  
Click **here** to register a new provider account.

Password

Enter Password

Log On

[Forgot my password](#)

[Change my password](#)

Click the [here](#) link to start the new account registration process and the following page will display:

Register for a New Provider Account

License Details

Taxpayer or Provider identification number\*

License/Registration/Exemption number, or EXEMPT\*

Verify License Details

Already registered?  
Click [here](#) to log in with your existing account information.

A Provider Portal user must enter the taxpayer identification number (from the provider), the provider identification number (from the early learning coalition) and the Department of Children and Families (DCF) license, registration, exemption number or type the word "EXEMPT". Providers may enter "EXEMPT" if they do not have an exemption number from DCF.

The Provider Portal user must click the [Verify License Details](#) button to complete step 1 of the Provider Portal account registration process.

If a match is found for the submitted information, the following message will display:

**Provider Data Found**

We found the following Provider data which corresponds to the license information that you entered. If we've correctly identified your provider, click Yes to pre-fill sections of the registration form. Otherwise, click No and try again with different license information.

**Business name:** 4 Kids Academy  
**Doing Business As name:** 4 KIDS ACADEMY  
**Owner name:** SARINA

Is this your provider?

If the information is not correct, click the **No** button and contact the local early learning coalition.

If the information is correct, click the **Yes** button. On the next screen, the registration information will be populated by the system, with the exception of User Information.

If a match is not found for the provider information, the following message will display:

**No Matching Provider Data Found**

**Taxpayer or Provider ID:** ✘ 000000000000  
**License/Registration/Exemption #:** ✘ EXEMPT

We were not able to find matching provider site or principal business data to the specified taxpayer/license information. If you are a new provider, this situation is to be expected.

If you have reason to expect that your information should be in our provider system, please re-enter your license information and try again or contact your [early learning coalition](#) for assistance.

After filling in the required information (noted with a red asterisk \*), the Provider Portal user must click the **Register** button to complete the registration process.

## Register for a New Provider Account

### License Details

Taxpayer or Provider identification number \* 

34534534545

License/Registration/Exemption number, or EXEMPT \* 

EXEMPT

### Business Details

Business name associated with your taxpayer identification number \*

Owner/Operator name \*

Principal Address line 1 \*

Principal Address line 2

Principal City \*

Principal State \*

Principal Zip code \*

## Location Details

Doing Business As name (DBA) \*

Provider type \*

Legal status \*

Contact person phone number \*

## Physical Address of Facility

Facility address is the same as principal address.

Address line 1 \*

Address line 2

City \*

State

Zip code \*

County of physical location \*

## User Information

First name \*

Middle name

Last name \*

Account user name (must be a valid email address) \*

Confirm account user name \*

Password (must contain at least 8 characters) \*

Confirm password \*

Register

After clicking the **Register** button, the following message may display:

**Address Verification** ✕

**Principal Address of Business**

USPS standardized address is:

Entered Address	USPS Address
100 Example St, TALLAHASSEE, FL - 32399-0001	100 EXAMPLE ST, TALLAHASSEE, FL 32399-0001
<input type="radio"/> <b>Select this</b>	<input checked="" type="radio"/> <b>Select this</b>

CloseApply

Click the **Select this** radio button to accept the standardized United States Postal Service (USPS) address or the Entered Address if the USPS Address is not found. Then, click the **Apply** button to continue. If the Provider Portal user clicks the **Close** button, the user will be taken back to the previous screen to re-enter the address information.

Once the Provider Portal user submits an account request, the following page will display:

**Account Request Confirmation**

Your registration/activation request was sent to an administrator for processing. You will receive an email when your account is approved. Please click **Continue** to proceed to the logon page.

Continue

The Provider Portal user should access the email address used in the account and find the email sent by **DONOTREPLY@oel.myflorida.com**.

Hello Jim Ledbetter,

You are receiving this email because someone registered this email address for an account in Florida's statewide early learning Provider Portal. You will receive an email that will notify you how to proceed after your request is processed by your local early learning coalition.

ELC of the Big Bend Region  
(866) 973-9030  
<http://www.elcbigbend.org/>

**Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have any questions, please contact your Early Learning Coalition at the number listed above.**

If the registration request is approved, the following email will be sent by **DONOTREPLY@oel.myflorida.com**.

Hello Jim Ledbetter,

The Provider Portal registration request you submitted for Jim's House of Learnin' 2 has been approved. You may now log on to the Provider Portal with the user name and password you registered with.

ELC of the Big Bend Region  
(866) 973-9030  
<http://www.elcbigbend.org/>

**Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have any questions, please contact your Early Learning Coalition at the number listed above.**