

Privilege and Certification System Provider Registration Guide

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Mission: to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

Author	Date	Ver.	Notes
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Revision History

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Introduction

This guide provides detailed instructions for registering as a provider in the Department of Children and Families (DCF) Privilege and Certification System (PCS). PCS is used to request and record certification for Human Trafficking Safe Houses, Domestic Violence Centers, Batterers' Intervention Programs, and associated Privileged Staff.

DCF Web Site

From the DCF web site, you will see the following options:

- **Register for the Florida DCF Privilege and Certification System**: Follow this link to register as an authorized user with a provider who has been certified or is requesting certification for one of the supported programs.
- Login to the Florida DCF Privilege and Certification System: Follow this link to log in if you have already registered and been approved as an authorized user of the system.

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Privilege and	Certification System					

User Registration - General

Upon selecting "register now" from the DCF Web Site, the user is redirected to the 'User Registration - General' tab as shown below. The system assists the user by visually guiding them through the interface. It highlights the active tab by displaying the tab heading in green on the left side of the screen, making it easy for users to identify their current location within the system.

To register a new user account, enter first name, last name, business email address, position (job title), business phone number, and select the provider county from the dropdown menu. Only letters, spaces, hyphens, and apostrophes are allowed for name entries.

Fields marked with a red asterisk (*) are required fields. Fields with a question mark (?) include help text, providing additional information and guidance for completing the field.

FLORIDA DEPARTMENT DC	F Privilege and Certification System
User Registration General	First Name * ③
Provider Registration General	Allan Last Name * ⑦
	Smith Email * ⑦
	alan@gmail.com
	Position * (?) Member
	Phone * ⑦ 222-222-2222
	County * ⑦
	Flagler
	Owner
	Next Cancel

Note: The "I am the" field is a dropdown menu. A user can choose either of the following options.

Owner		
Owner		
Designated Repres	entative(For corporations, LLC, or partnerships)	

Navigation buttons are shown at the bottom of the web page throughout the application.

\rightarrow	Next Cancel	
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A user can choose to cancel the registration before submitting the final screen and data will not be saved in the database.

Provider Registration - General

After selecting the "Next" button, the user is redirected to the "Provider Registration – General" screen. The user will first conduct a system search to determine if their provider is already an existing organization in the database by completing the fields below.

FLORIDA DEPARTMENT D	OCF Privilege and Certification System
User Registration General	Type of Organization * 🕐
Provider Registration	Corporation
General	Federal Employer ID * 🕐
	Search

The "Type of Organization" field has the following drop-down values. Users can choose the appropriate value suitable for their organization and add the provider's Federal Employer ID or Social Security Number (for Individual/Sole Proprietorship).

User Registration	
General	Type of Organization * ⑦
Provider Registration	Individual/SoleProprietorship (FEID)
General	(Select One) City Government Corporation County Government
Services	Individual/Sole Proprietorship Individual/SoleProprietorship (FEID) Limited Liability Company Partnership State Government

Once the user chooses the Type of Organization, the Federal Employer ID or Social Security Number field is displayed. The Social Security Number field is displayed only when the user chooses Individual/Sole Proprietorship as the Type of Organization.

After users provide their organizational details, the system automatically searches the database for the existing organization.

Scenario 1 – If the organization is found, the system presents its details in a read-only format, which allows the user to view but not modify the organization's information. The system prompts the user with a message asking, "Is this your organization?"

User Registration	
General	Type of Organization * ⑦
Provider Registration	Corporation ×
General	Federal Employer ID * 💿
Administrative Address	22-2255555
Contact	Correl
Submission	Search
Submit	Is this your Organization *
	Ves v
	Name of Organization as Registered with Secretary of State * ⑦
	Allan Safehouse
	Doing Business As-As Registered with Secretary of State 🕖
	Other Names (if applicable) 🕐
	Florida Business Registration ⑦
	Is a non-profit organization? * ⑦
	Yes 🗸

Selecting "Yes" confirms that the organization details displayed are accurate.

Selecting "**No**" indicates that the organization details displayed do not belong to the user's organization, and the system displays a dialog box prompting the user to confirm the search criteria entered. After the second failed attempt to match the user's organization, the system will prompt the user to contact the Department of Children and Families (DCF) for assistance. The system will not allow the user to register with a known organization where the organization's details are not recognized by the user. Contacting the Department will allow Department staff to assist in clearing up any potential discrepancies before the user completes their registration.

		Find a Provider ×
User Registration General	Type of Organization * (Please confirm the Search Criteria you entered, then try again.
Provider Registration	Corporation	
General	Federal Employer ID * 🤅	ОК
Administrative Address	22-2255555	
Contact		
Submission	Search	
Submit		
	Is this your Organization	

Scenario 2 – If an organization <u>is not</u> found in the search, the following message will display, "The organization you requested has not been registered. Please enter the details for this organization so it can be registered upon approval." The user should then complete data entry of the provider's organization details as indicated, and select "Next" to move to the next tab.

User Registration		
General	Type of Organization * ②	
Provider Registration	Corporation	~
General	Federal Employer ID * 🕐	
Administrative Address	99-9999990	
Contact		
Submission	Search	
Submit	The Organization you requested has not been registered. Please enter the details for this organization so it can be registered upon approval.	
	Name of Organization as Registered with Secretary of State * 💿	
	Doing Business As-As Registered with Secretary of State ⑦	
	Other Names (if applicable) ③	
	Florida Business Registration ⑦	
	Is a non-profit organization? * ⑦	
	(Select One)	~
	Is a subsidiary of another organization? * 🕐	
	(Select One)	~
	Has the Organization been granted tax-exempt status by the IRS? * 🕜	
	No	~
	Primary DCF Program * ⑦	
	(Select One)	~
	Previous Next Cancel	

Provider Registration - Administrative Address

The system aims to capture and store the address details of registered providers. The administrative address is mandatory for all providers, and if the mailing address is different from the administrative address, it should be provided as well. Once the administrative address data is entered or confirmed, the user can select "Next" to move to the next tab.

FLORIDA DEPARTMENT DC	F Privilege and Certification Sys	stem				
User Registration General Provider Registration General Administrative Address	Address Line 1 * 2415 North Monroe Street	ninistrative Office	e Physical Address			
Contact	Address Line 2 (Optional)	Address Line 2 (Optional)				
Parent Organization	Suite 400					
Submission	City *	State *	Zip Code *			
Submit	Tallahassee	Florida	32303			
	Administrative oddress same as mailing address					
	Address Line 1 *					
	2415 North Monroe Street					
	Address Line 2 (Optional)					
	Suite 400					
	City *	State *	Zip Code *			
	Tallahassee	Florida	✓ 32303			
	Previous Next Cancel					

Provider Registration - Contact

The 'Provider Registration – Contact' tab displays a list of contact methods associated with a provider. When registering a new organization, users click the "Add New Contact" option to add a new organizational contact method. The information is displayed, with interactive buttons for editing or deleting individual contact methods.

FLORIDA DEPARTMENT DC	F Privilege and Certificatic	on System				
User Registration General	Add New Contact					
Provider Registration						
General	Contact Type	Contact Description	•	Contact Info	6	Actions
Administrative Address		·	No data available	in table		
Contact						
Parent Organization	Showing 0 to 0 of 0 entries					
Submission Submit	Previous Next Can	icel				

After adding the information for each new contact, users must save the information added as shown below.

Add Provider Contact		×
Contact Type * ⑦		
Main Line 🗸		
Description * 🕐		
Main Line		
Contact Info * 🖓		
754-658-7654 x55214		
	Save New Contact Cancel	

Data saved is displayed in table format. Once the contact information is entered or confirmed, the user can select "Next" to move to the next tab.

User Registration General Provider Registration	Add New Contact						
General	Action 🔶	Contact Type 🛛 🔶	Contact Info	Contact Description			
Administrative Address Contact	Ø 10	Main Line	756-325-4689 x4444	Main Number			
Submission Submit	Showing 1 to 1 of 1 er	Showing 1 to 1 of 1 entry					
	Previous Next	Cancel					

Provider Registration - Parent Organization

The "Provider Registration - Parent Organization" tab will display only when the registered provider is identified as a subsidiary of a parent organization. Once the parent organization information is entered or confirmed, the user can select "Next" to move to the next tab.

User Registration	
General	Name of the Parent Organization * ⑦
Provider Registration	ParentOrgTest
General	Contact Person's Name * 🕐
Administrative Address	Matt
Contact	Position Title *
	Volunteer
Submission	Phone Number *
	222-222-2222
	Email *
	Matt0099@parenttest.com
	Address 1 * 🕐
	2000
	Address 2
	Merchants Row BLVD
	City *
	Tallahassee
	State *
	Florida
	Zip *
	32311
	Previous Next Cancel

Submission - Submit

The "Submission - Submit" tab is the final step in the DCF Privilege and Certification System Provider Registration process. This tab allows a user to review and finalize their registration.

In order to submit a registration, all required fields must be completed in the "User Registration" and "Provider Registration" sections.

Scenario 1 – When required fields are missing or invalid, an error message will appear when attempting to submit the registration. Missing or invalid fields are displayed on the screen.

The user may select the "Previous" option or click on any of the other registration tabs in order to correct the relevant entry. Once the information has been corrected, the user may return to the "Submit" tab and select "Submit Registration."

FLORIDA DEPARTMENT DO	CF Privilege and Certification System
User Registration General Provider Registration General Administrative Address Contact Parent Organization	Please correct the following errors: • The Florida Business Registration field is required. • Provider General - Is Not For Profit is required. • Provider Parent Organization - City is required. This will be the text provided to the State's agreements etc prior to submitting (TBD) Previous Submit Registration
Submission Submit	

Scenario 2 – If a user decides not to proceed with the registration, the user may select the "Cancel" button, all information entered will be discarded, and the user will be redirected to the DCF Web Site. In addition, if the user navigates away from the registration screens without successfully submitting the registration, data will not be saved. The user will be required to start the registration process from the beginning, if needed.

FLORIDA DEPARTMENT DO	CF Privilege and Certification System	
User Registration	You are accessing a State of Florida information system. By submitting your registration request, you are certifying that the information you have provided is accurate and that you have a legitimate business purpose for requesting system access. Unauthorized use of the system is prohibited and	
Provider Registration	is subject to criminal and civil penalties.	
Administrative Address	Please double-check the accuracy of the email address entered. We will use this in future communications with you. Following submission, you service an email verifying your registration has been received and is being reviewed for approval. Should you not receive this email within 24 ho	
Contact	please check your SPAM folder, then contact DCF via H @noemall.org to request an updated status.	
Submission Submit	Previous Submit Registration Cancel	

Scenario 3 – When required fields in each section are completed correctly, the user should take care to read the presented acknowledgement prior to selecting the "Submit Registration" button.

Following submission, a confirmation message will appear indicating that the registration has been successfully submitted.

TIORIDA DEPARTMENT DCF Privilege and Certification System
Thank you for submitting your registration. A DCF Staff member will review your registration. Return to DCF Home Page

Once the user registration is received by DCF, staff will review the request and contact the registering user, if necessary, to confirm details surrounding the registration.

If user registration is approved, the user's details are forwarded to the DCF security team for configuration of the user account.

Account Activation

Once the user's account is established, the user will receive an email with instructions for completing their App Launcher account activation and establishing their password. That email will look like this:



Following successful account activation, the user is ready to log in to PCS through the DCF Web Site.

Provider accounts will be deactivated for lack of activity. Users should log in to the system at least once every 90 days to avoid inactivation.