

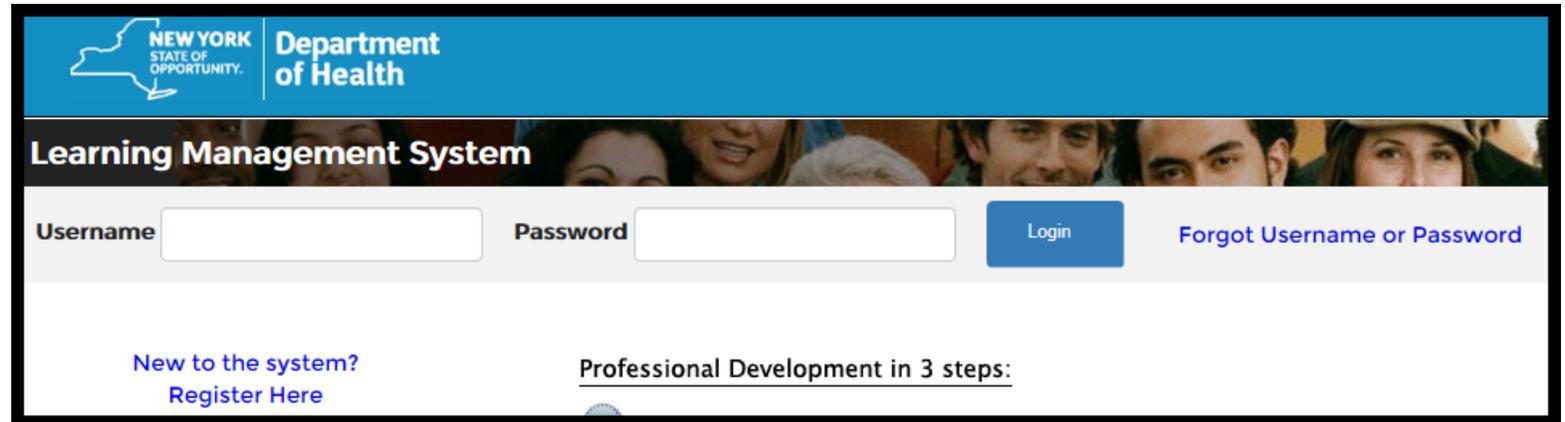
Register for the OPH LMS

www.NYLearnsPH.com

Register Here

- Go to: <https://www.NYLearnsPH.com>

- Click
“Register Here”



The screenshot shows the top section of the NYLearnsPH website. At the top left is the New York State logo with the text 'NEW YORK STATE OF OPPORTUNITY.' and 'Department of Health'. Below this is a banner with the text 'Learning Management System' and a background image of diverse people. The main content area contains a login form with two input fields labeled 'Username' and 'Password', a blue 'Login' button, and a link 'Forgot Username or Password'. At the bottom, there is a link 'New to the system? Register Here' and a link 'Professional Development in 3 steps:'.

Username and Password

- Choose your own Username and Password
- Fill in your name and email address

Register With Us

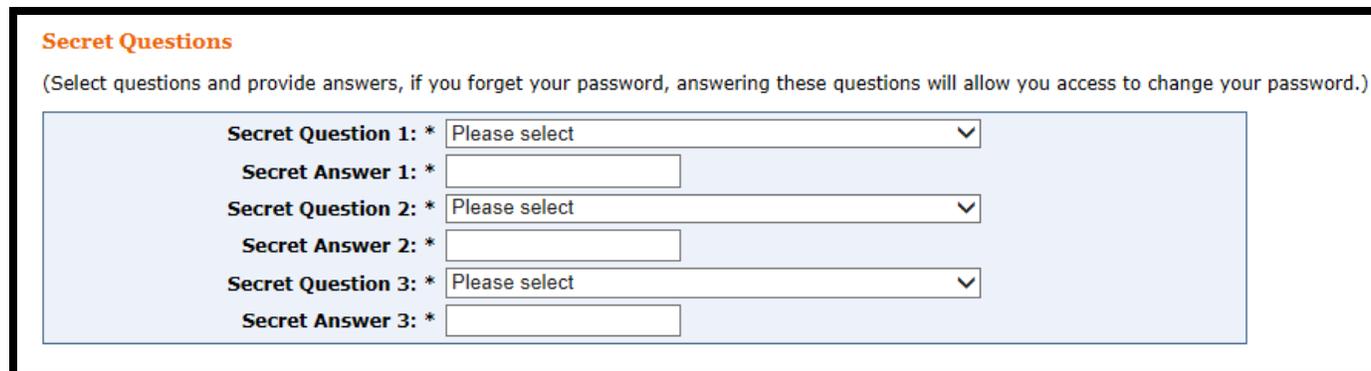
* All asterisked fields are required.

Username: *	<input type="text"/>
Password: *	<input type="text"/>
Confirm Password: *	<input type="text"/>
First Name: *	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name: *	<input type="text"/>
Email: *	<input type="text"/>

I prefer to receive emails in html format:

Secret Questions

- Choose and answer your 3 **Secret Questions**
- Be sure to read the questions thoroughly and type in answers you will remember a few years from now.
 - Beware of extra leading or trailing spaces - these become part of your answer.
 - Avoid questions that ask for “Favorites” and answers that are often abbreviated (e.g., *Street/St./St ; Public School/P.S./PS*)
- When you use the **Password Retrieval** tool you will be required to answer the questions in exactly the same way



Secret Questions
(Select questions and provide answers, if you forget your password, answering these questions will allow you access to change your password.)

Secret Question 1: *	<input type="text" value="Please select"/>
Secret Answer 1: *	<input type="text"/>
Secret Question 2: *	<input type="text" value="Please select"/>
Secret Answer 2: *	<input type="text"/>
Secret Question 3: *	<input type="text" value="Please select"/>
Secret Answer 3: *	<input type="text"/>

Work Information

- Fill in your *Work Information*
- **Organization Name** goes in the first line of **Work Address**

Be sure to fill in all fields marked with an asterisk.

Work Information

Country: *

Work Address: *
(Please include your Organization/Company name as well as street address)

Work City: *

Work State: *

Work Zip/Postal Code: *

Work County: *

Work Phone: *
e.g., 111-111-1111 Ext. xxx

Which best describes the geographic areas in which you work most often? *

Your occupational title: *

Years experience in public health: *

Education Level: *
Please specify if Other:

Work Setting: *
Please specify if Other:

NIMS Designation:

How did you hear about this program: *

Other Information

- Select and fill in the other information

Other Information

Gender: * ▼

Birth Year: ▼

Race: ▼

If you selected "Other", please specify your race/ethnicity:

Ethnicity: Hispanic

Home State: ▼

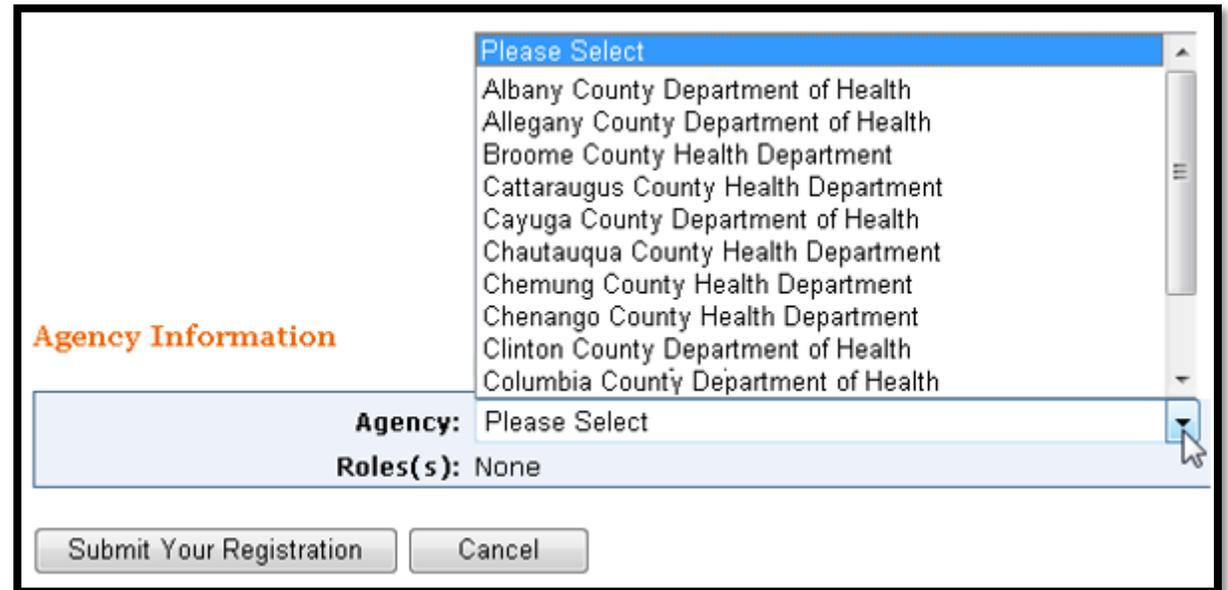
Home Zip/Postal Code:

Home County: ▼

Please specify if Other:

Agency Information

- Click the drop-down box to open the **Agency** choices
- There are many NYSDOH options
- Scroll down to select the NYSDOH Office / Center / Division that best suits you
- Click the **“Submit Your Registration”** button



The screenshot shows a web form titled "Agency Information" in orange text. A dropdown menu is open, displaying a list of NYSDOH agencies. The current selection in the dropdown is "Please Select". Below the dropdown, the form fields show "Agency: Please Select" and "Roles(s): None". At the bottom of the form, there are two buttons: "Submit Your Registration" and "Cancel".

Agency
Please Select
Albany County Department of Health
Allegany County Department of Health
Broome County Health Department
Cattaraugus County Health Department
Cayuga County Department of Health
Chautauqua County Health Department
Chemung County Health Department
Chenango County Health Department
Clinton County Department of Health
Columbia County Department of Health

Agency: Please Select
Roles(s): None

Submit Your Registration Cancel

Duplicate Accounts

If you receive the Duplicate Email warning

- **Duplicate: Email is already associated with an account.**

There is already an LMS account associated with that email address, please [retrieve password here](#) or contact [LMS administration for assistance](#).

Do Not Continue with Registration!

You may have registered for the system in the past and should now attempt to change your password

Your old account may contain completed coursework

Duplicate Accounts / Password Retrieval

- Click on **Forgot username or Password** (in the header) or **Password Retrieval** (in the menu) to change your password
 - Enter your **Username** and click the **Submit button** to display the 3 secret questions you chose and answered when you created your account.
 - Hitting “Enter” on your keyboard will cause a **Username/Password is invalid** error to display in the LOGIN box.
- If you forgot your Username use **Username Retrieval**
 - Be sure to enter last name first, and use the email you registered with.
- An email with a link to change your **Password** will be sent to the email address you entered when you created your account.

The screenshot shows the New York State Department of Health Learning Management System interface. At the top, there is a blue header with the state logo and the text 'NEW YORK STATE OF OPPORTUNITY. Department of Health'. Below this is a dark grey bar with 'Learning Management System' and a small photo of a woman. The main content area has a white background with a 'Username' input field, a 'Password' input field, a 'Login' button, and a link for 'Forgot Username or Password' (indicated by a red arrow). Below the login fields is a vertical menu with options: Home, Getting Started, Password Retrieval (indicated by a red arrow), LMS Demos, Course Catalog, Conference, Calendar, Announcements, FAQ, Links, Partners, Contact Us, and User Help. To the right of the menu are two panels. The 'Username Retrieval' panel contains a text box with instructions: 'If you do not remember your username, it can be retrieved by entering your first name, last name, and email address.' It has three input fields for 'Last Name:', 'First Name:', and 'Email:', and a 'Retrieve Username' button (indicated by a red arrow). The 'Password Retrieval' panel contains a text box with instructions: 'Please enter your username and answer your 3 secret questions. Instructions on how to change your password will be emailed to the email address you have provided in your LMS profile.' It has a 'Username:' input field and a 'Submit' button (indicated by a red arrow).

Password Retrieval

- Your answers must match exactly what you entered when you created your account
 - Beware leading/trailing spaces when typing
- If you are unable to match your answers correctly, you will need assistance from your local LMS Administrator.
- If you do not know who your Administrator is, contact the LMS Administration at edlearn@health.ny.gov or call Thomas Reizes or Abbey Greenbaum at 518-473-4223.

Password Retrieval

Please enter your username and answer your 3 secret questions. Instructions on how to change your password will be emailed to the email address you have provided in your LMS profile.

Username:

First name of your Mother's Mother?

Last name of favorite author when you were in school?

First name of childhood best friend?



User Agreement

- Read over the User Agreement
- To accept the terms, check the box and hit submit

By checking this box, I attest that I have read, understand, agree, and will abide by all Terms of Use

Submit