

Provider Portal Account Creation and Registration

Overview

This Quick Reference Guide shows Providers how to create an account to access the Provider Portal.

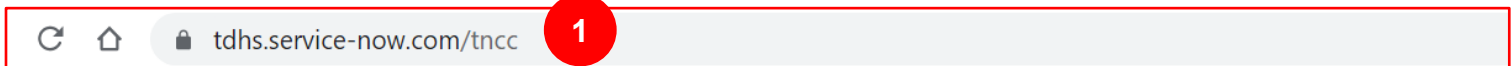
Audience

Child Care and Adult Day Services Providers.

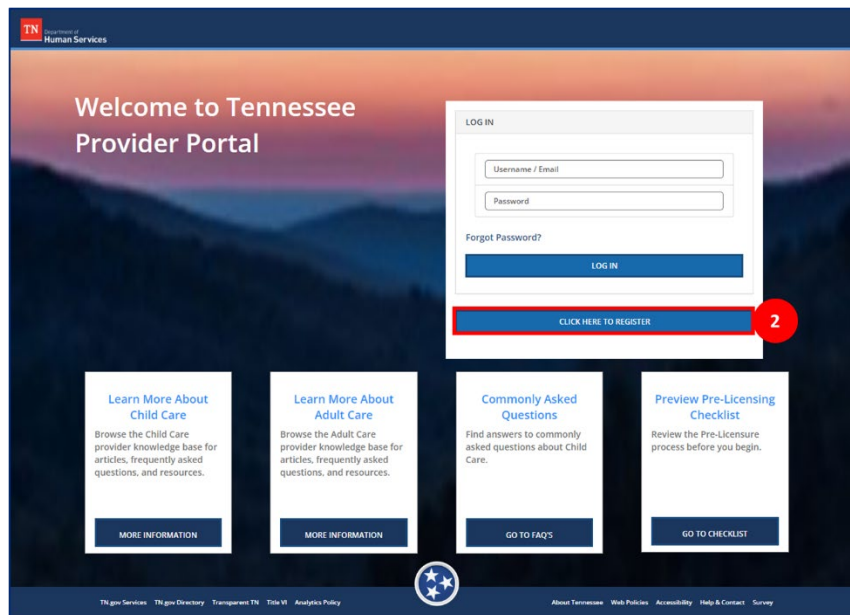
Registering for a Provider Portal Account

To register for a Provider Portal Account:

1. Open your internet browser and enter the web address for the Provider Portal Website. The web address for the Provider Portal is <https://tdhs.service-now.com/tncc>



2. Shown below is the main login/landing page for the Provider Portal. To begin the account registration process, select the **CLICK HERE TO REGISTER** button.



3. Enter all required information in the applicable fields. You must enter your:

Personal Information

- First Name
- Last Name
- Email Address
- Phone Number
- Password

When creating a password to use for the Provider Portal, it must meet the following requirements:

- 8-32 characters in length
- Include at least one upper case letter
- Include at least one lower case letter
- Include one number
- Include at least one of the following special characters (!\$#@-^*_+=><)

Address

- Street Address (with an optional second line listed below)
- City
- State
- Zip Code

Agency Information

- Agency Name
- Agency County
- State
- Zip Code

4. Once all of the above information has been entered, you can select the appropriate response from the **Are you currently one of the following?** Please answer this question as accurately as possible.
5. Acknowledge that you understand the two statement on the bottom of the form by selecting the checkbox.
6. Once the box has been selected, select the box next to the **I'm Not A Robot** button and follow the embedded instructions.
7. Lastly, select **SUBMIT**. You have now registered for a Provider Portal account.

←BACK TO HOME

Create Account

Fields marked with(*) are mandatory and must be filled out before submitting.
We understand that you may not currently have all of the information requested on this screen. As you begin this process, please enter all information you do have. As you continue the licensure process, you will be able to add and update this information.

Personal Information

First Name*

Last Name*

Email Address*

State Testers

Please enter valid Email Address.

Phone Number*

Password*

3

Password Guidelines:

- Must be between 8-32 characters in length
- Must include at least one upper case letter (A-Z)
- Must include at least one lower case letter (a-z)
- Must include at least one number(0-9)
- Must include at least one special character(\$#@!%^&*~_+=-)

Confirm Password*

Address

If you do not have an agency location, please enter your mailing address.

Street Address*

Street Address 2

City*

State*

Zip*

Agency Information

Please enter Unknown if you have not determined a name for your agency.

Agency Name*

Agency County *

Additional Details

Are you currently one of the following?*

4

5

By checking this box and creating your online account, you are consenting to receive communications, disclosures and/or notices through our online service electronically. You further agree that you have provided us with a current e-mail address at which we may send electronic communications, disclosures and/or notices to you.*

6

7

cancel submit

Creating an Email Account

If you do not already have an active email account, you can initiate the email account creation process directly from the **Create an Account** screen.

From this screen, you will see the following message in the left-hand informational panel: *In order to access this Portal, you will need to register for an account. In order to register, a valid email address is required. If you need an email address, please see the list of free email account providers below.*




Create an Account

The Tennessee Provider Portal allows you the ability to apply to operate a licensed child or adult care agency, maintain your status as a licensed facility, communicate with TDHS regarding your program, and conduct activities related to participation in the Child Care Payment Assistance Program

In order to access this Portal, you will need to register for an account. In order to register, a valid email address is required. If you need an email address, please see the list of free email account providers below.

Below this message, there are four email account providers whose title is a *hyperlink*. This hyperlink will navigate you to that provider's email account creation homepage. Follow the screen's direction to successfully complete the email account creation process.



Sign Up For Free Email

- Gmail
- Yahoo
- ProtonMail
- AOL

For other questions about our programs and services, please visit our [Frequently Asked Questions](#) page.

If you require any additional assistance, please call Customer Service at 901.348.3993 or fill out a [Customer Inquiry Form](#).

Once your new email account is created and validated, you will be able to continue the **Provider Portal Account**

Creation and Registration process.

Requesting Site Access

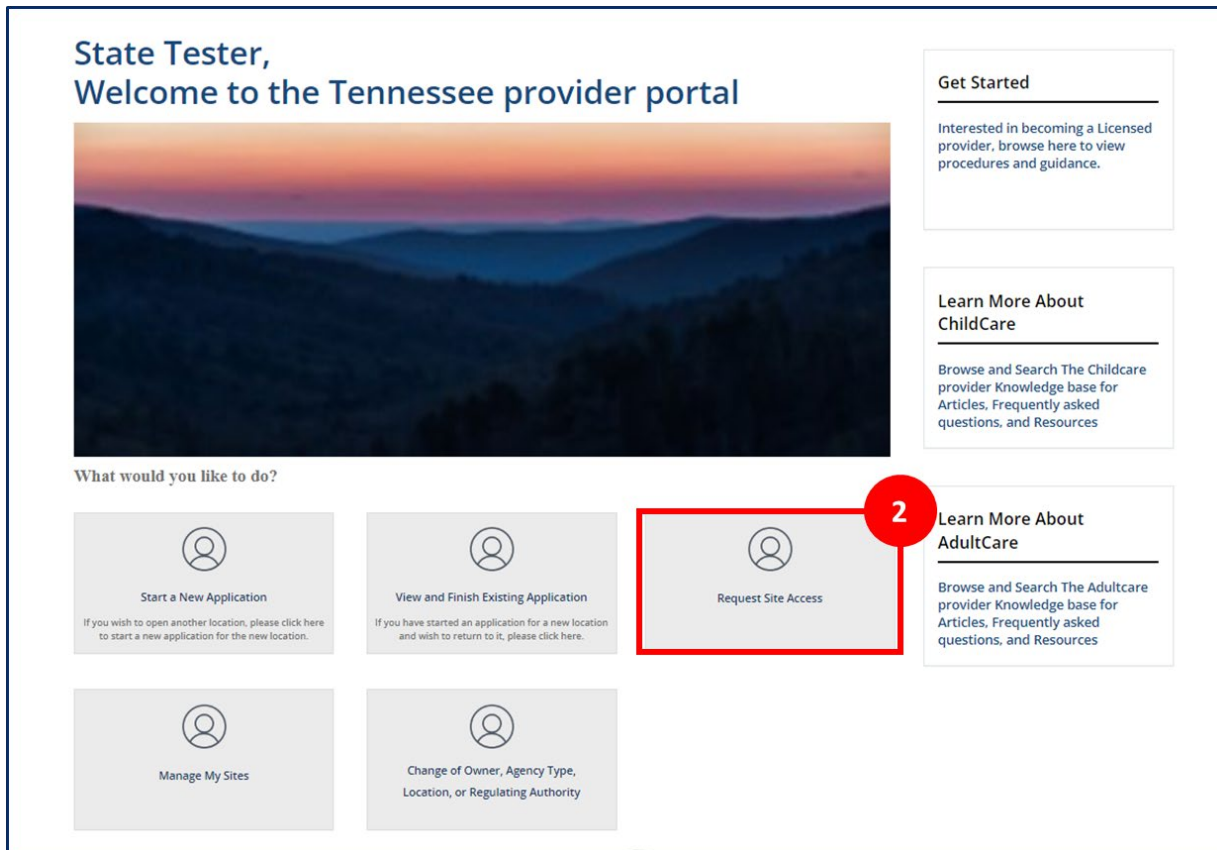
To manage a Provider within the Provider Portal, you need to have your site access approved by your facility's Primary TDHS Contact.

Note: If you are your facility's primary contact, you should have received an email directly from TDHS with instructions on how to set up your account for the first time. Upon creating your account, your licensing consultant will receive a request to approve your site access.

If you are your facility's primary contact and you did not receive an email from TDHS with account setup instructions, please complete the entire process defined in this Quick Reference Guide, including the site access steps, so that your designated Licensing Consultant can grant you access.

To request site access:

1. Log in to the Provider Portal. The **Provider Portal Login Quick Reference Guide** can guide you through this process.
2. Once in the Provider Portal, select the **Request Site Access** button on the main page.



3. Enter your facility's FEIN (*Federal Employer Identification Number*) and FEIN Extension. Your facility's Primary Contact should be able to provide this to you. Once entered, click **SUBMIT**.

SITE ACCESS REQUEST	
<p>* FEIN</p> <input type="text"/>	<p>SUBMIT</p> <p>Required information</p> <p>FEIN FEIN Extension</p>
<p>* FEIN Extension</p> <input type="text"/>	

3

Your facility's Primary Contact will now be able to approve your site access request via their Provider Portal. Once approved, you will be able to manage your Provider site within your Provider Portal account.