How to Register with Jackson Health System

Go to the following website:

https://jhsmiami.org/VendorPortal/Display.cfm

Click: Not Registered? Sign Up

Vendor Portal	
Use the following Step-By-Step instructions to register with Jackson Health System.	Login
To view and/or edit any information, please refer to the links identified on this page.	* Username:
Business Profile	
Business Information, Affiliated Business Information, Organization Type & Org Type Details together form General Profile.	* Password:
E Commodity Codes	
Selecting the identified Commodities from the Available Commodities list, will help receive updates available for the Commodities.	Login Not Registered? Sign Up
Business Locations	
Affirming to the 10 Affidavits, provides a confirmation that each and every Affidavit was read and agreed upon. The final Affirmation is an online confirmation of all the Affidavits.	
Contact Information	
List of all documents / attachments uploaded are confirmation of valid documents available with the Vendor.	
Solicitations	
Business Information, Affiliated Business Information, Organization Type & Org Type Details together form General Profile.	
Awarded Contracts	
Selecting the identified Commodities from the Available Commodities list, will help receive updates available for the Commodities.	
Payment Information	
Affirming to the 10 Affidavits, provides a confirmation that each and every Affidavit was read and agreed upon. The final Affirmation is an online confirmation of all the Affidavits.	

Complete required fields *:

Re	gister
U: Iei	sername and Password must be at ast 8 characters each.
*	Username:
*	Password:
*	Confirm Password:
	Register
AI	ready have an account? Log In

Once entered you will get a popup, click OK:

Success! You may now Log In and complete your Form!
OK

Login and it will take you to the home page. Click each section to complete the application:

Key:

- Information is pending
- Completed section



Review and enter ALL information requested, each section must be Saved

Key:

- * Required Field
- Complete Section

Vendor Applications Sections (tabs):

- Introduction
- General Business Information
- Vendor Affidavits Form
- Extra Forms
- Documents to be Submitted

Home	Vendor Registration	Update Profile	Log Out	testll		Jackson FRANK
Ver Ver	ndor Por	tal				
	Introduction 🗸	Seneral Business Information	n Ver	ndor Affidavits Form	Extra Forms	Documents to be Submitted
* Indicates	s Required Fields					
VENDOR REGISTRATION APPLICATION						

Once the form has been completed you will be able to click on the **Summary Form**, located in the bottom of the *Documents to be Submitted Section*. This will provide a summary of your application (Adobe PDF) for you to have notarized and upload.

* 7. Notarize Summary Form
Once you have filled out the entire Vendor Registration, please come back here to upload your Summary page for notarization. A check mark must be displayed on the tab of each section to show the section has been completed.
Summary form
Browse No file selected.
Remove File

Once uploaded you will be able to submit the application and an email confirmation will be sent to your contact email. Our Vendor Coordinator will review your application and contact you, if needed for additional information.



Contact Info:

Procurement Management Division of Strategic Sourcing Jackson Medical Towers 1500 NW 12th Avenue, Suite 819 Miami, Florida 33136

Office: 305-585-5815 Email: <u>Vendor-Coordinator@jhsmiami.org</u>