

Register



Business Contact Information

First Name *

Last Name *

Middle Name

Postal Code *

Email Address *

Password *

Confirm Password *

At least one upper case letter

At least one lower case letter

At least one number

At least one special character

At least 12 characters

Passwords must match

Already have an account? [Login](#)

[Next](#)

The Small Business Act, Public Law (PL) 85-536 authorizes the Small Business Administration (SBA) to collect the information on this electronic format. It is mandatory to register with this learning platform and we will be collecting Name, Zip Code and Email information. By registering you consent to the collection process and storage of your information. In addition, you agree to all SBA.gov policies and disclaimers, including those specifically related to the MySBA Learning platform, located [here](#).

PURPOSE: The Small Business Administration (SBA) developed a new e-learning and networking platform for women entrepreneurs interested in accessing resources to support growing an existing business. Anyone can access to the content on the system after registration. It is mandatory that users create an account by completing all the items marked with an asterisk (*) on the Registration Form. The information collection will enable SBA to better determine who is using the platform and the scope of their participation in the a, and to develop a platform that would enable the user to tailor delivery of content to meet their needs. The information will also facilitate user connectivity to relevant resources (e.g., peer-to-peer learning, networking, mentoring)

The information provided will be protected to the extent permitted by law, including the Freedom of Information Act and the Privacy Act. Personally identifiable information that is used to retrieve information or any individual responding to this or other request for information related to SBA training resources is maintained in SBA's Privacy Act System of Records, SBA - 5 Business and Community Initiatives.

OMB Control Number: 3245-0399 registration.expirationDate

NOTE: The Paperwork Reduction Act mandates that all federal government agencies receive approval from OMB. According to the Paperwork Reduction Act, you are not required to respond to the questions asked on this registration form unless it displays a valid OMB Control Number. The estimated time to complete this registration is 8 minutes, including time for reading the instructions. Send comments regarding this estimated time, or any other aspect of this survey to the Chief, Records Management Division, Small Business Administration, 409 Third Street, SW. Washington, DC 20416; or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Rm. 10202, Washington, DC 20006.

Register



**Congrats,
You've successfully
registered!**

Please take a look at your inbox to verify your
email and begin your Journey!

Enable Two-Factor Authentication



Please provide a mobile phone number capable of receiving text messages. This number will be used to verify your identity when logging in by sending you a secret code.

Phone Number: *

Confirm Phone Number

Verify Code



We texted your mobile phone number. Please enter the code below to sign in.

MFA Code: *

Did not receive code?

Verify MFA Code

Tell us about yourself

(optional)

- 1** **Are you in business?:**
(check only one)

☐ Yes

☐ No
- 2** **Sex:**
(check only one)

☐ Male

☐ Female
- 3** **I consider myself:**
(check all that apply)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific islander

☐ White
- 4** **I consider my ethnicity:**
(check only one)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Prefer not to disclose
- 5** **Military Service Status:**
(check only one)

☐ Active Service Member

☐ Veteran

☐ Military Spouse

☐ National Guard/Reserve

☐ Service-Disabled Veteran

☐ No Military Status

Save

Tell us about yourself (cont)

(optional)

4 Name of Business

5 Percent of business you own

 %

6 Total number of employees

Choose One ▾

7 Type of business (industry):
(check all that apply)

- ☐ Retail
- ☐ Construction
- ☐ Information Technology
- ☐ Utilities
- ☐ Mining
- ☐ Manufacturing
- ☐ Finance and Insurance
- ☐ Wholesale Trade
- ☐ Public Administration
- ☐ Educational Services
- ☐ Real Estate and Rental and Leasing
- ☐ Health Care and Social Assistance
- ☐ Accommodations and Food Services
- ☐ Arts, Entertainment, and Recreation
- ☐ Transportation and Warehousing
- ☐ Professional, Scientific, and Technical Services
- ☐ Management of Companies and Enterprises
- ☐ Agriculture, Forestry, Fishing, and Hunting
- ☐ Administrative and Support
- ☐ Waste Management and Remediation Services
- ☐ Other

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Tell us about yourself (cont)

(optional)

- 8** In twelve months, my goal is to increase my revenue by

 percent (%) ▾

- 9** In twelve months, my goal is to increase my number of employees by

 percent (%) ▾

- 10** Are you certified for government contracting?:
(check only one)

- ☐ Yes
☐ No
☐ I don't know what that means

- 11** What type of certifications do you hold?:
(check all that apply)

- ☐ Small Business (self certification)
☐ WOSB or EDWOSB (SBA certification)
☐ HZ (SBA certification)
☐ 8a (SBA certification)
☐ VET (SBA certification)
☐ SDVOSB (SBA certification)

- 12** Are you currently procuring through the federal government?:
(check only one)

- ☐ Yes
☐ No
☐ I don't know what that means

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Lets get started on your journey



Get started now!