



How to Create a CloudCME Account - CCHMC Employee

 Tip! For best results, use a computer, not a phone or tablet.

 Tip! For best results, use [Google Chrome](#) or [Mozilla Firefox](#), not Internet Explorer or Microsoft Edge.

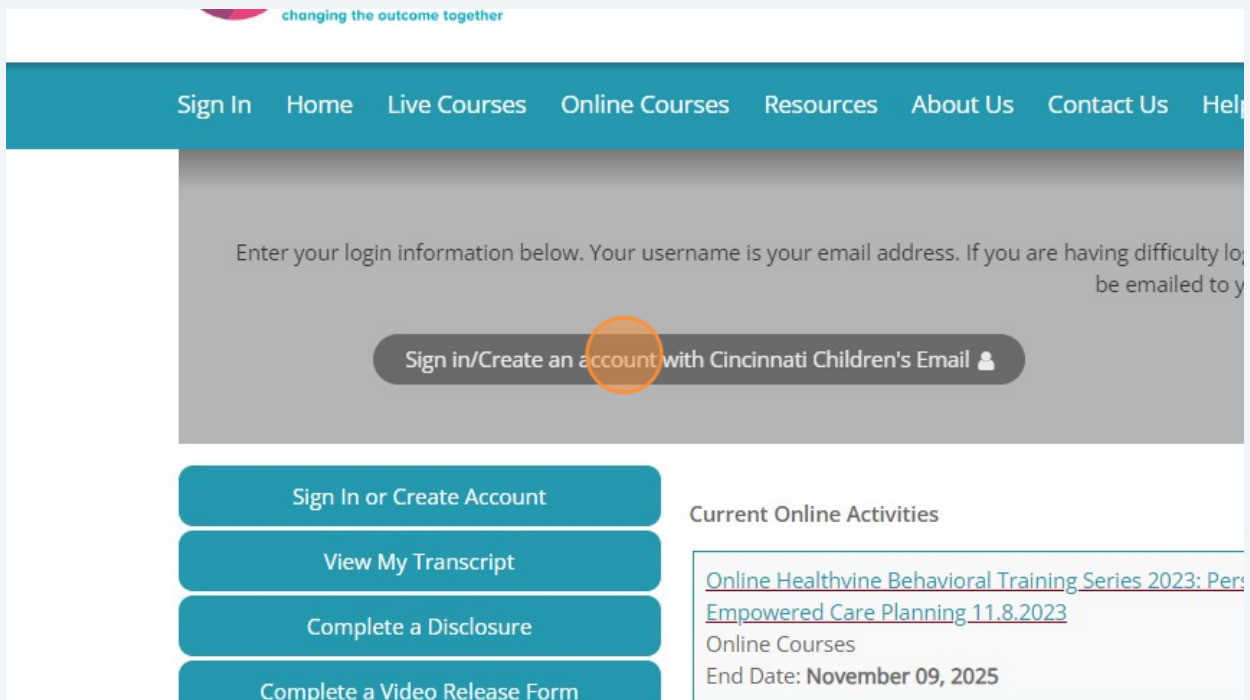
1 Navigate to <https://cchmc.cloud-cme.com>

2 Click "Sign In or Create Account"

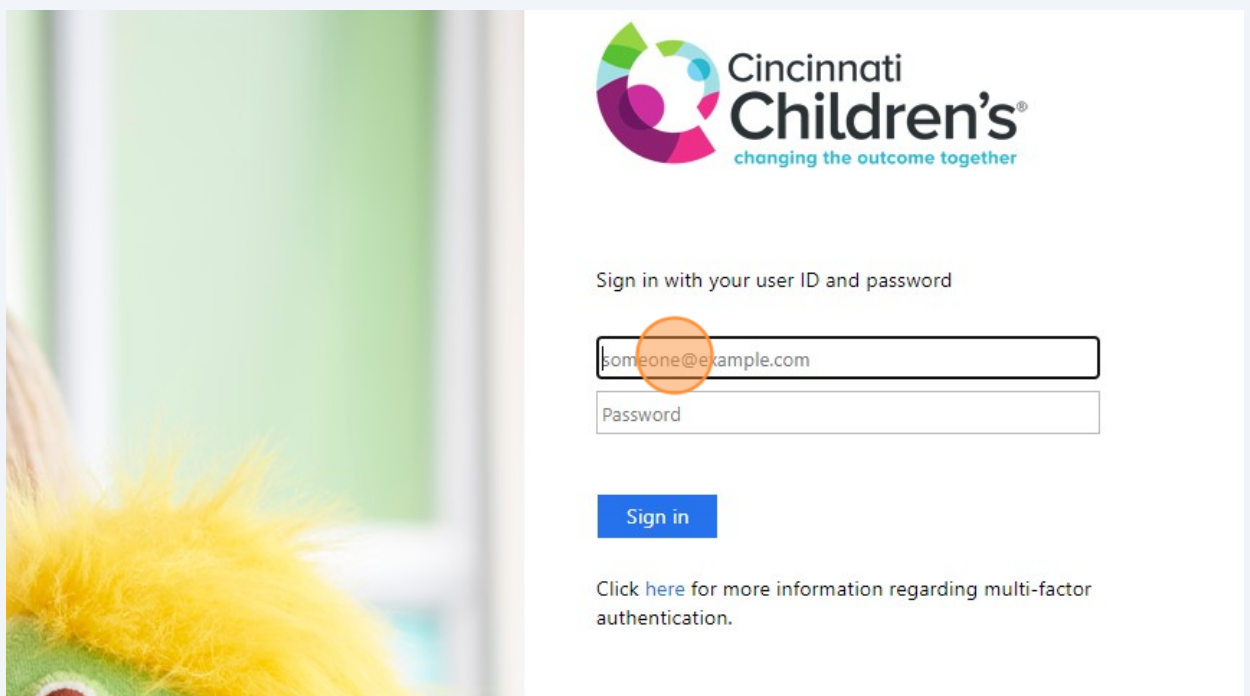


The screenshot shows the Cincinnati Children's website. At the top is the logo with the text "Cincinnati Children's" and the tagline "changing the outcome together". Below the logo is a navigation bar with links: "Sign In", "Home", "Live Courses", "Online Courses", "Resources", and "About Us". The main content area features a vertical stack of four blue buttons: "Sign In or Create Account" (highlighted with an orange circle), "View My Transcript", "Complete a Disclosure", and "Complete a Video Release Form". To the right of these buttons are two sections: "Current Online Activities" and "Upcoming Live Activities". The "Current Online Activities" section lists "Online Healthvine Behavioral Training Empowered Care Planning 11.8.2023" with an end date of "November 09, 2025". The "Upcoming Live Activities" section lists "Advances in Neonatal and Pediatric Nutrition 2023 *Virtual* - 11 9-10 2023".

3 Click "Sign in/Create an account with Cincinnati Children's Email"



4 Enter your CCHMC email and password, then click "Sign in"





This is the same email/password you use to log into your CCHMC email, computer, etc.

5 Complete the required fields.

Employee Category

I am an employed member of Cincinnati Children's Medical Staff.
 I am a community member of Cincinnati Children's Medical Staff.
 I am NOT a member of Cincinnati Children's Medical Staff.

Salutation First MI Last Suffix

Degree Other Degree

Profession

<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Child Life Specialist
<input type="checkbox"/> Clinical Counselor	<input type="checkbox"/> Clinical Research Professional	<input type="checkbox"/> Dentist
<input type="checkbox"/> Dietetic Technicians Registered	<input type="checkbox"/> Health Unit Coordinator	<input type="checkbox"/> Lactation Consultant
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Patient Care Assistant	<input type="checkbox"/> Optometrist	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Pharmacy Technician
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Registered Dietitian	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Teacher	<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Student
	<input type="checkbox"/> TestProf	

Organization/Company * Title Department

First Name on Badge Birth Month * Birth Day *

Maintenance of Certification (MOC)

Are you an ABP, ABIM or ABS Diplomate? *

Yes
 No

6 Select your MOC Board and enter your Diplomate ID, if applicable.

Maintenance of Certification (MOC)

Are you an ABP, ABIM or ABS Diplomate?

- Yes
- No

	MOC Board (Select One)	Diplomate ID
+		

i If you do not know your ABP Diplomate ID, please [click here to look up your ID #](#).
If you do not know your ABIM Diplomate ID, please [click here to look up your ID #](#).
If you do not know your ABA Diplomate ID, please call the ABA Communications Center at (866) 999-7501.
If you do not know your ABS Diplomate ID, please [click here to look up your ID #](#).

Physician State License(s)

To add additional state licenses click the plus (+) sign. To remove a state license click the minus (-) sign for that row.

	State License:	License #	Expiration Date:
+			

7 Select the state in which you are licensed and enter your license number and expiration date, if applicable.

Physician State License(s)

To add additional state licenses click the plus (+) sign. To remove a state license click the minus (-) sign for that row.

	State License:	License #	Expiration Date:
+			

As of July 1, 2023, CME Providers accredited by the Accreditation Council for Continuing Medical Education (ACCME) can transmit CME credit data for all US physicians to an online repository. Please note, select medical licensing and certification boards require this information to meet their requirements. CME Credit data submitted can be viewed, managed, and tracked by US physicians in the "CME Passport", a free, centralized web application. Without your permission, your information will not be transferred. **i**

I provide permission for my CME/MOC completion information to be shared and transmitted to the

8 Check this box if you agree.

	State License:	License #	Expiration Date:
	NM State License	4561234569	4/13/2025

As of July 1, 2023, CME Providers accredited by the Accreditation Council for Continuing Medical Education (ACCME) can transmit CME credit data for all US physicians to an online repository, select medical licensing and certification boards require this information to meet the requirements. CME Credit data submitted can be viewed, managed, and tracked by US physicians through the "CME Passport", a free, centralized web application. Without your permission, your information will not be transferred.

I provide permission for my CME/MOC completion information to be shared and transmitted to the Accreditation Council for Continuing Medical Education (ACCME).

Professional Credentials

To add additional credentials, if available, click the plus (+) sign. To remove a credential click the minus (-) sign for that row.

	Professional Credentials (Select One)	ID

9 Be sure to enter your mobile number, this is required to claim credit for many programs.

Address 3

Country

Home and Fax

Mobile Phone and Texting

Country Code Phone * Ext Mobile * Fax

Emergency Contact Information

Emergency Contact Name Emergency Contact Number

Comments

Comments

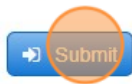
10 Click "Submit"

- Sports Medicine
- Transplant Hepatology**
- Trauma Services
- Surgery
- Transport Medicine
- Urology

User Agreement

By checking the box below, I acknowledge that I have read [this Notice](#) and affirmatively consent processing of my personal data as described in [this Notice](#).

I have read and consent to the above.



If you need further assistance, please reach out to cme@cchmc.org