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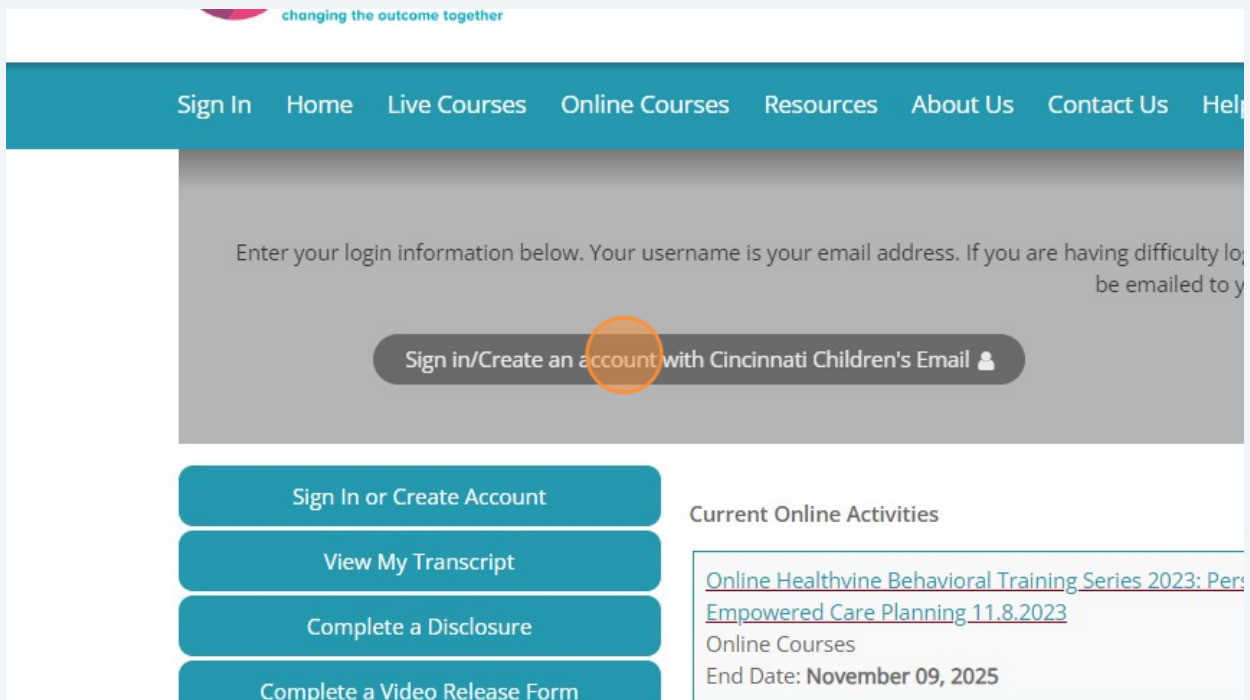
1 Navigate to **https://cchmc.cloud-cme.com**

2 Click "Sign In or Create Account"

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

4   Enter your CCHMC email and password, then click "Sign in"
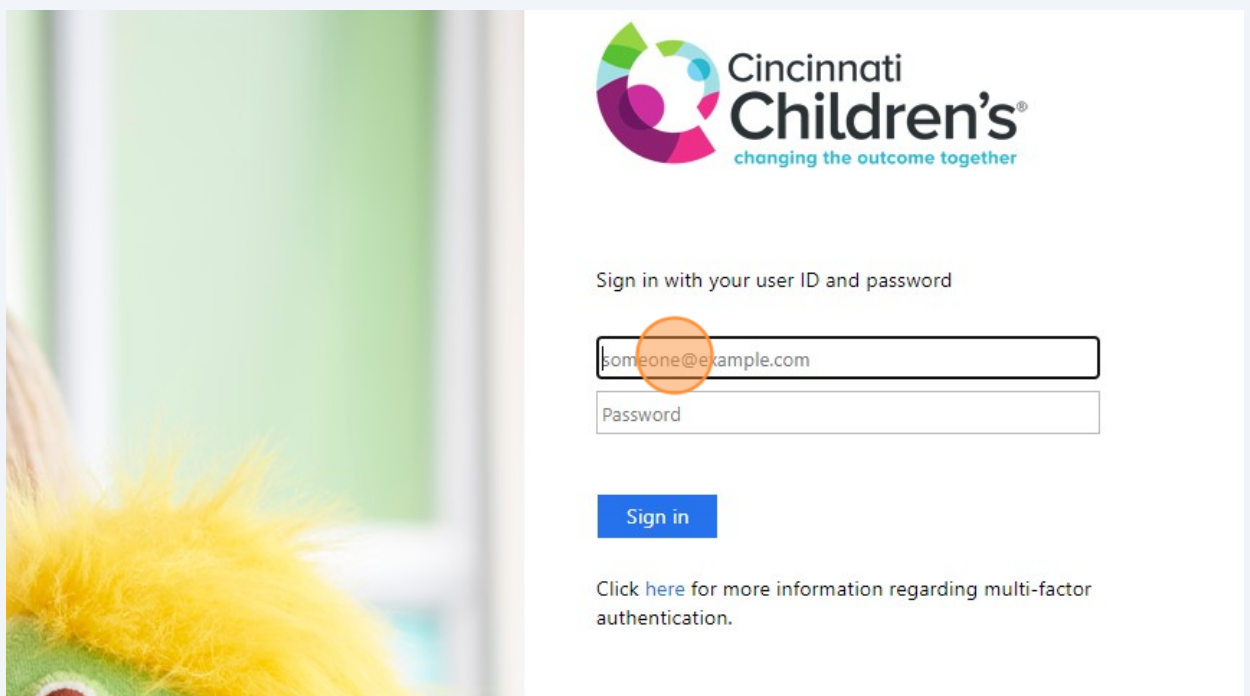
This is the same email/password you use to log into your CCHMC email, computer, etc.

5 Complete the required fields.

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
⊕		▾	

ℹ️ 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:
⊕		▾		📅

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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. ℹ️

☑ 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

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Professional Credentials

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

	Professional Credentials (Select One)	ID
➕	▾	

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

Idress 3

Country

UNITED STATES ▾

hone and Fax

bile Phone and Texting

✎   We are gathering mobile phone information for texting attendance purposes only

l Code	Phone * ℹ️	Ext	Mobile * ℹ️	Fax ℹ️
✎ +1						

mergency Contact Information

nergency Contact Name   Emergency Contact Number

omments

omments

10 Click "Submit"

Transplant Hepatology*^   Transport Medicine
Trauma Services   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.

[Submit]
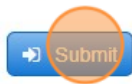
⚠ If you need further assistance, please reach out to cme@cchmc.org