



How to Create a CloudCME Account - Non-CCHMC User

 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.

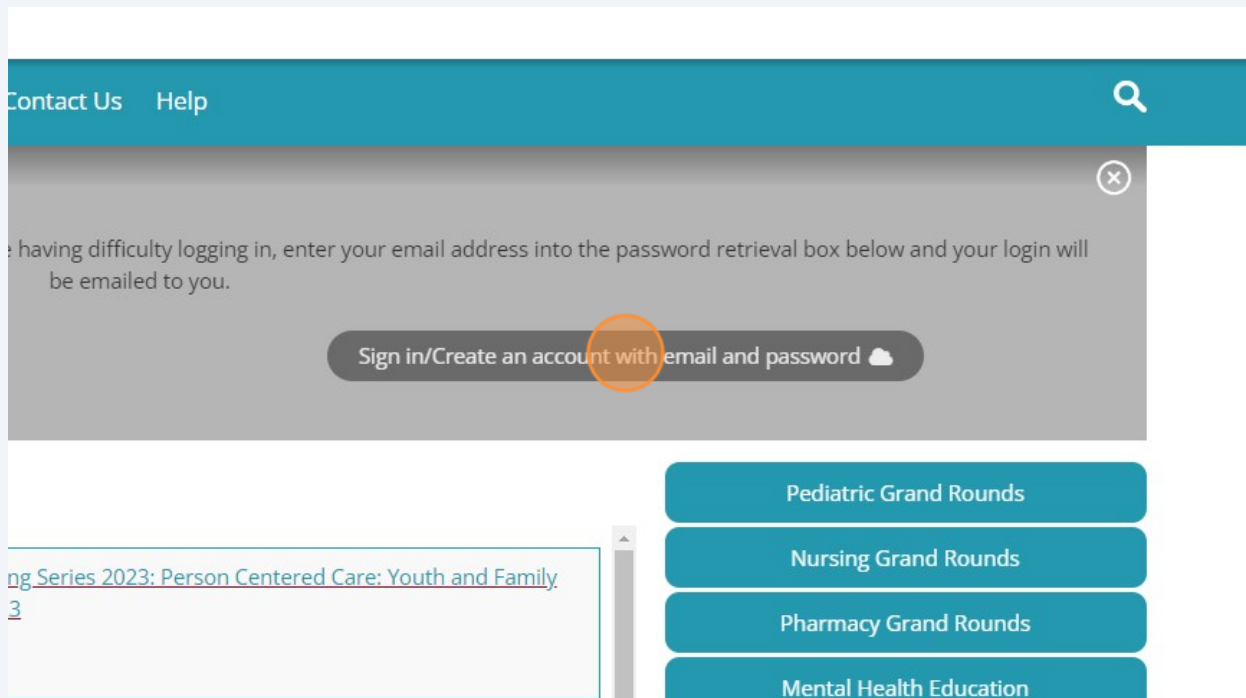
1 Navigate to <https://cchmc.cloud-cme.com>

2 Click "Sign In or Create Account"

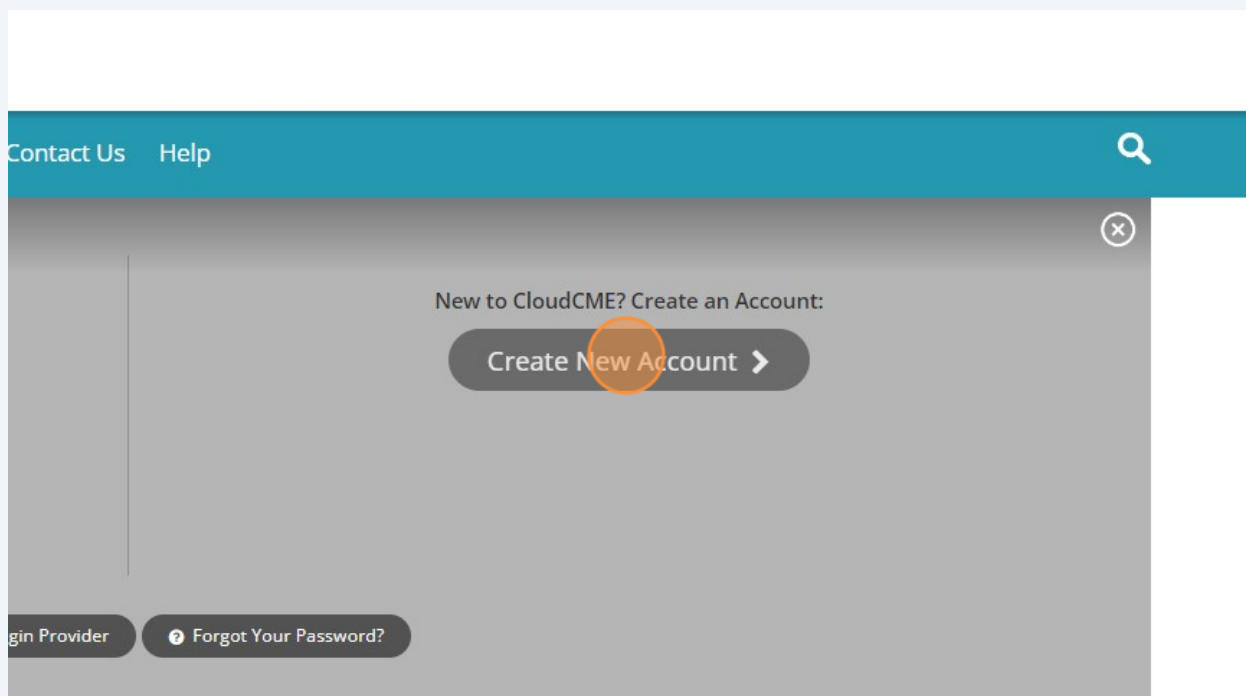


The screenshot shows the Cincinnati Children's website. At the top is the logo with the text "Cincinnati Children's" and the tagline "changing the outcome together". Below the logo is a teal navigation bar with links for "Sign In", "Home", "Live Courses", "Online Courses", "Resources", and "About Us". The main content area features a vertical stack of four teal 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".

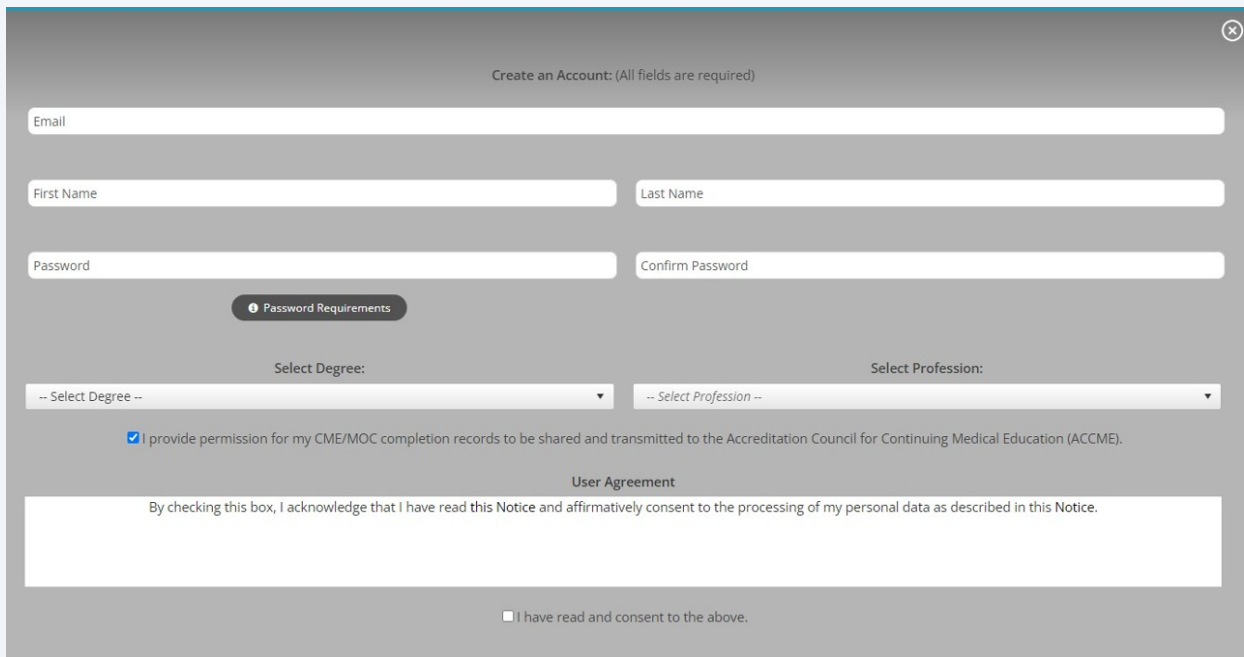
3 Click "Sign in/Create an account with email and password"



4 Click "Create New Account"



5 Complete all fields.



Create an Account: (All fields are required)

Email

First Name Last Name

Password Confirm Password

Password Requirements

Select Degree: Select Profession:

-- Select Degree -- -- Select Profession --

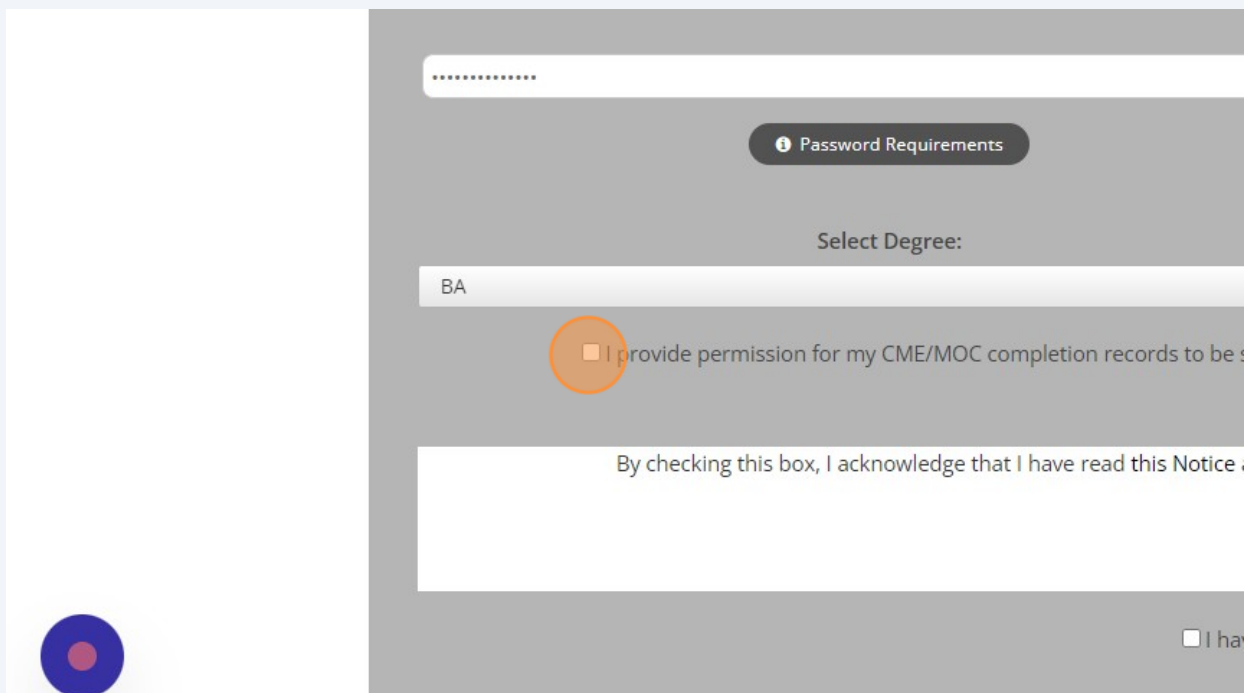
I provide permission for my CME/MOC completion records to be shared and transmitted to the Accreditation Council for Continuing Medical Education (ACCME).

User Agreement

By checking this box, I acknowledge that I have read this Notice and affirmatively consent to the processing of my personal data as described in this Notice.

I have read and consent to the above.

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



.....

Password Requirements

Select Degree:

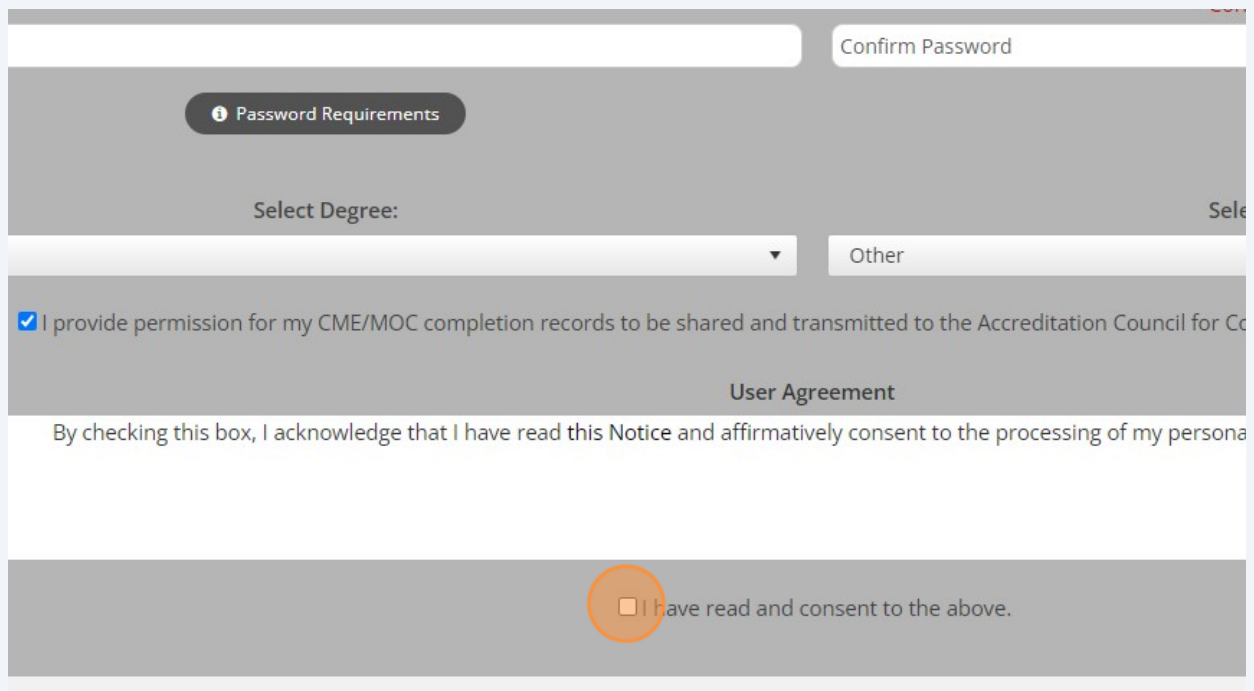
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I provide permission for my CME/MOC completion records to be s

By checking this box, I acknowledge that I have read this Notice .

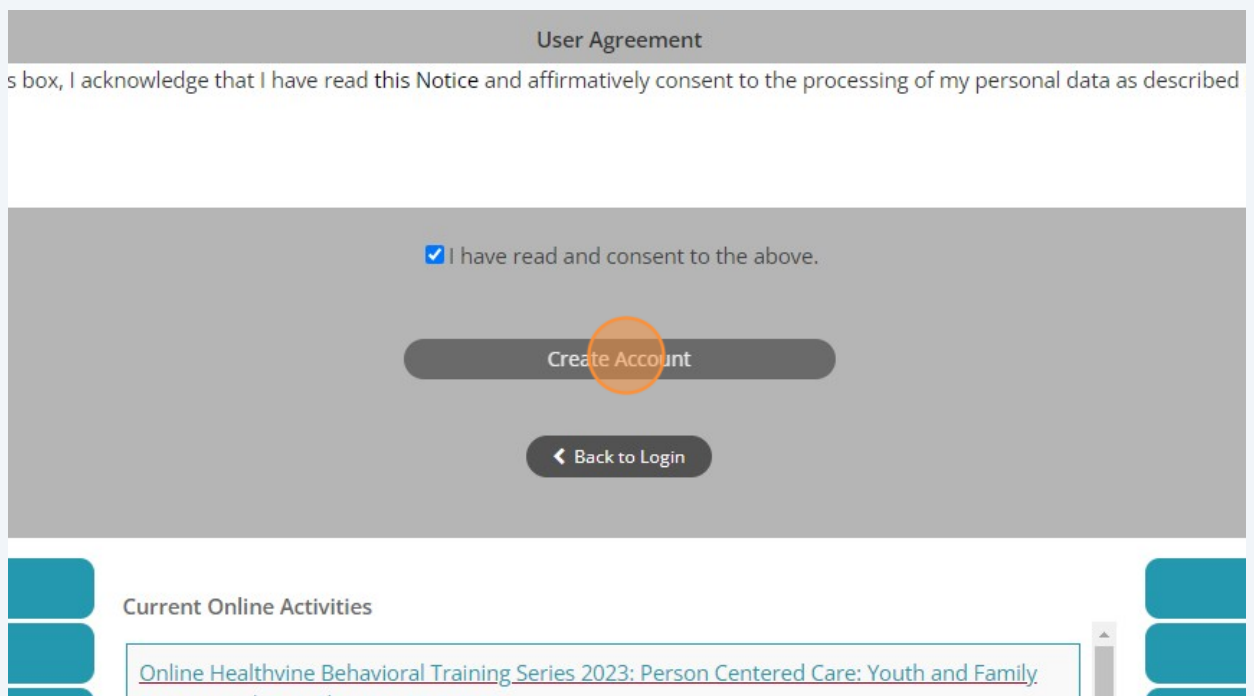
I ha

7 Click the "I have read and consent to the above." field.



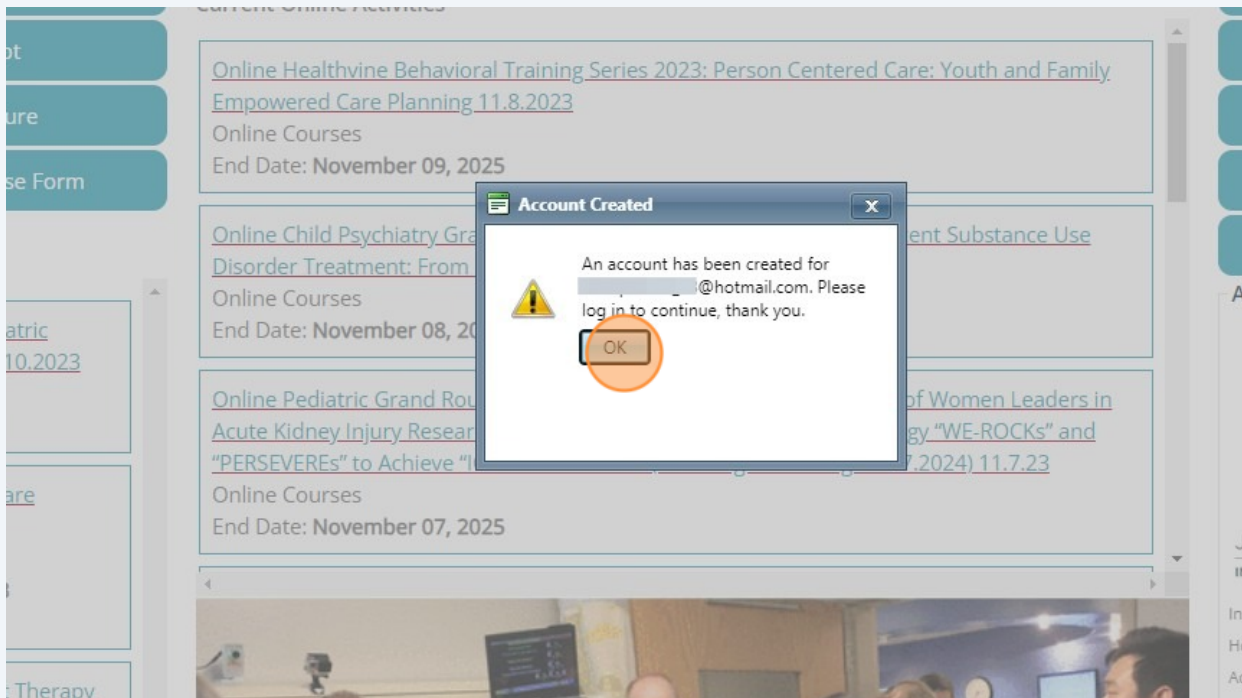
A screenshot of a registration form. At the top, there are two input fields: a white one on the left and a grey one labeled "Confirm Password" on the right. Below these is a dark grey bar with a white button labeled "Password Requirements". Underneath is a "Select Degree:" dropdown menu with a white arrow pointing down, and a "Select" button to its right. Below the dropdown is a checkbox that is checked, with the text "I provide permission for my CME/MOC completion records to be shared and transmitted to the Accreditation Council for Co". Below this is a "User Agreement" section with the text "By checking this box, I acknowledge that I have read this Notice and affirmatively consent to the processing of my persona". At the bottom of the form is a dark grey bar with a white checkbox that is unchecked, and the text "I have read and consent to the above." is highlighted with an orange circle.

8 Click "Create Account"

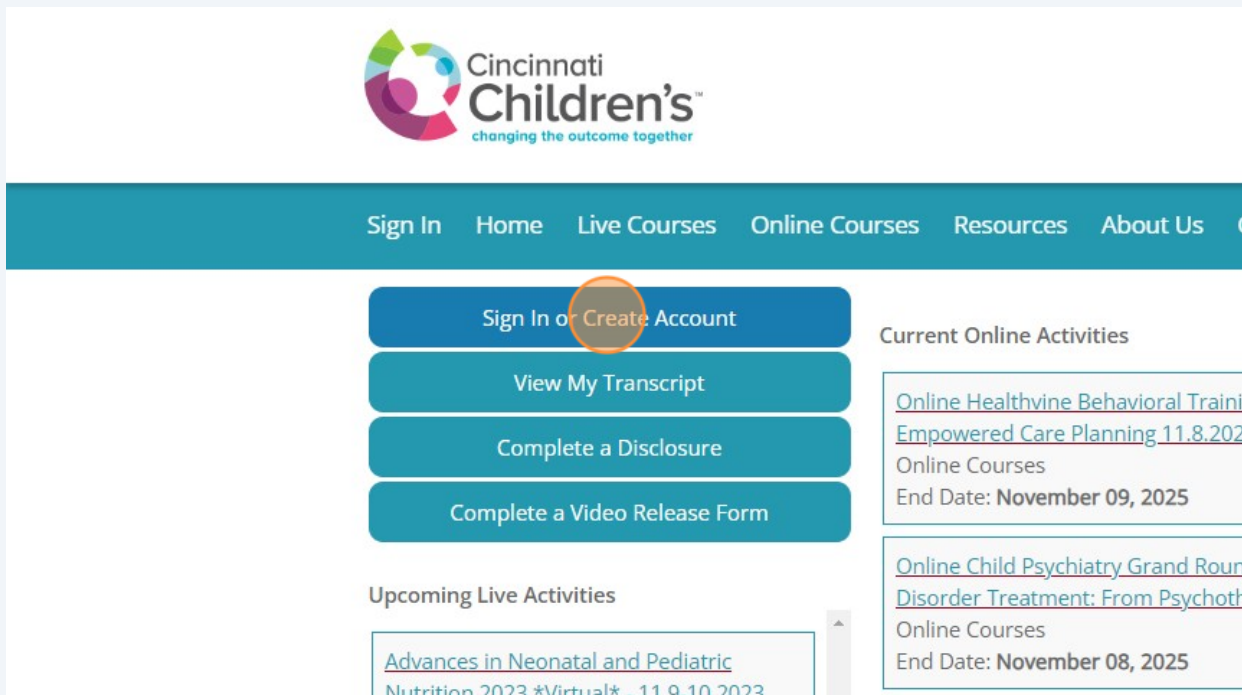


A screenshot of a registration form. At the top is a dark grey bar with the text "User Agreement". Below this is the text "s box, I acknowledge that I have read this Notice and affirmatively consent to the processing of my personal data as described". Below this is a dark grey bar with a white checkbox that is checked, and the text "I have read and consent to the above.". Below this is a dark grey button labeled "Create Account" which is highlighted with an orange circle. Below the "Create Account" button is a dark grey button labeled "Back to Login" with a white arrow pointing left. At the bottom of the form is a white bar with the text "Current Online Activities". Below this is a white box with the text "Online Healthvine Behavioral Training Series 2023: Person Centered Care: Youth and Family" and a vertical scrollbar to its right.

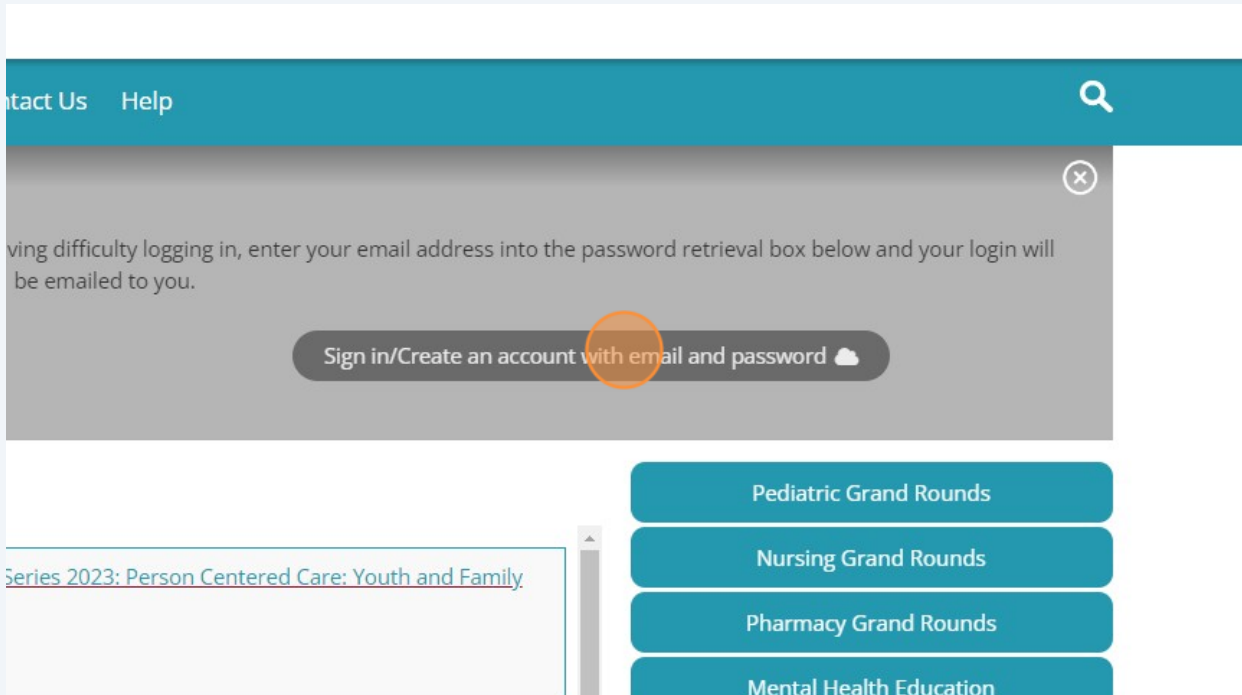
9 Click "OK"



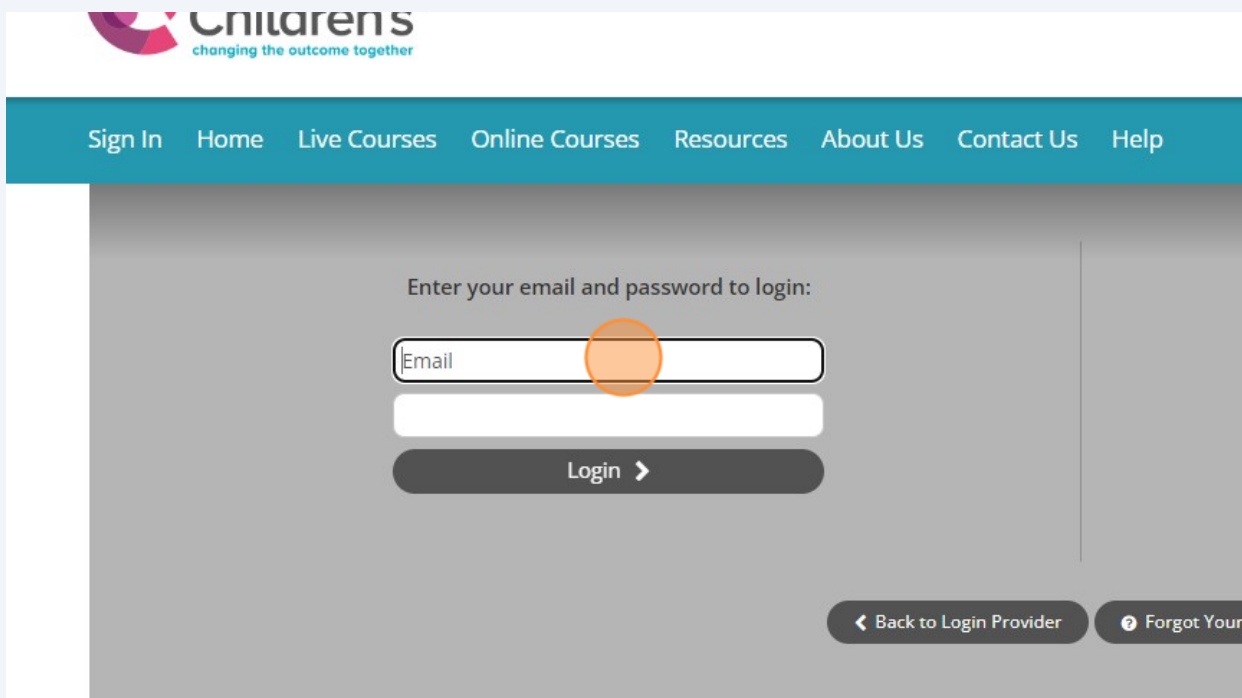
10 Click "Sign In or Create Account"



11 Click "Sign in/Create an account with email and password"



12 Enter your email and password.



13 Click "Login"

The screenshot shows a login page with a teal navigation bar at the top containing links for Sign In, Home, Live Courses, Online Courses, Resources, About Us, Contact Us, and Help. The main content area has a grey background with the text "Enter your email and password to login:" followed by two input fields. The first field is for email and the second is for password, both with masked characters. Below the password field is a dark grey "Login" button with a right-pointing arrow, which is circled in orange. At the bottom right of the login area are two buttons: "Back to Login Provider" and "Forgot Your Password?". At the bottom of the page, there is a teal button labeled "Sign In or Create Account" and a link for "Current Online Activities".

14 Complete the required fields.

The screenshot shows a registration form titled "Employee Category". It features three radio button options for membership status. Below this are fields for Salutation, First Name, MI, Last Name, and Suffix. There are also fields for Degree and Other Degree. A "Profession" section contains a grid of checkboxes for various roles, with "Other" selected. Further down are fields for Organization/Company, Title, and Department. The "Birth Month" and "Birth Day" fields are dropdown menus. A "Maintenance of Certification (MOC)" section includes a question "Are you an ABP, ABIM or ABS Diplomate?" with "Yes" and "No" radio button options.

15 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:
+			

16 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

17 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

18 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

We are gathering mobile phone information for texting attendance purposes only

Country Code Phone * Ext Mobile * Fax

Emergency Contact Information

Emergency Contact Name Emergency Contact Number

Comments

Comments

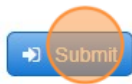
19 Click "Submit"

- 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