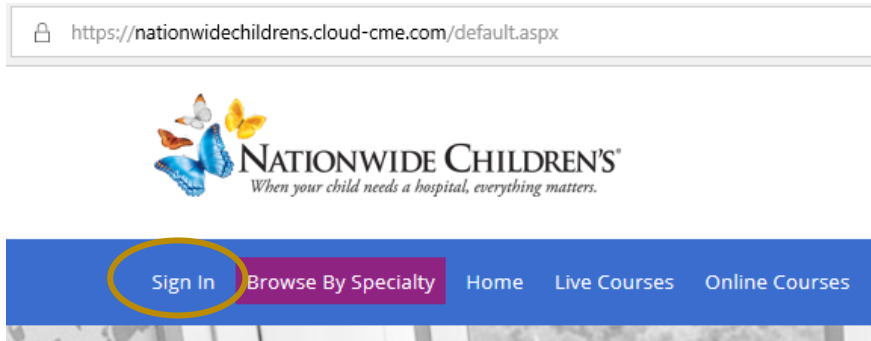
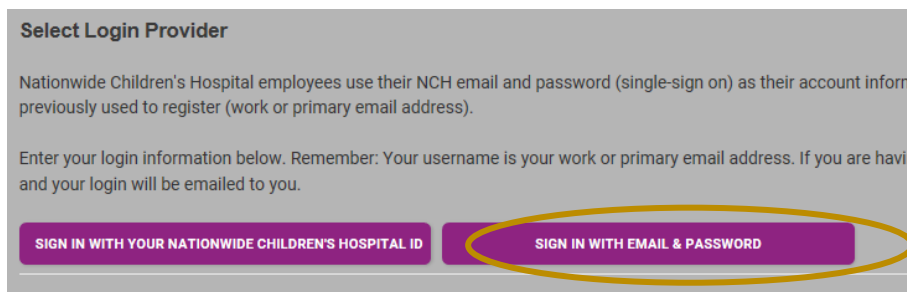


## Instructions for a Creating a CloudCME Account

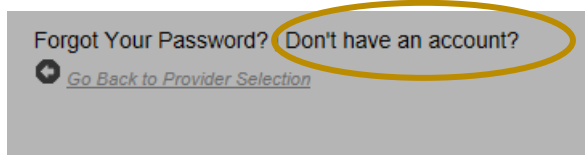
1. Go to <https://nationwidechildrens.cloud-cme.com> and click “sign in” on the upper left hand side.



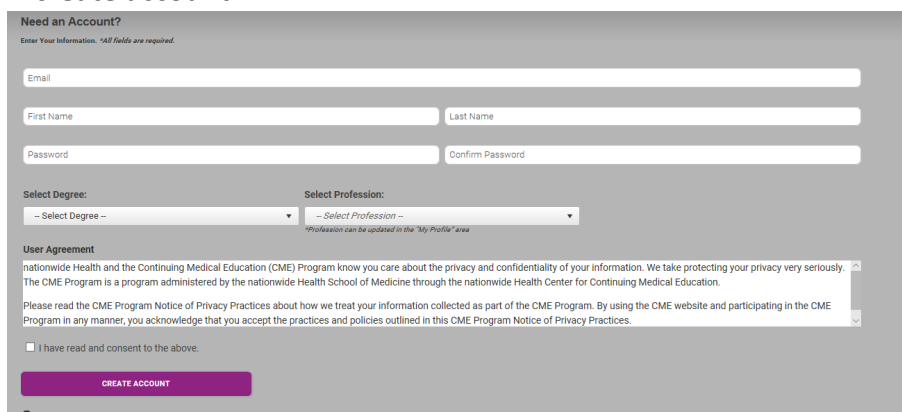
2. Click “sign in with email and password.”



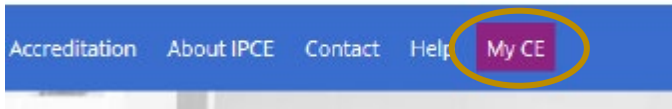
3. Click the “don't have an account” link.



4. Fill in all the required information on the screen. Be sure to select your **correct degree and profession** as this will determine the type of credit you will receive. Once done, click “create account.”



- Once your account is created, **sign in** to your account. Click the **“My CE”** button in the top right.



- Click the **“profile”** button



- Complete all of the required fields. Be sure to select your **correct degree and profession** as this will determine the type of credit you receive.

**Basic Information**

Salutation: [dropdown] First: [text input] MI: [text input] Last: [text input] Title: [dropdown]

*You can't leave this empty: First*

*You can't leave this empty: Last*

Degree/Credential: [text input]

*You can't leave this empty: Degree/Credential*

Professional Designations: [text input]

Profession:

<input type="checkbox"/> Advanced Nurse Practitioner	<input type="checkbox"/> Allied Health	<input type="checkbox"/> Athletic Trainer
<input type="checkbox"/> Child Life	<input type="checkbox"/> Clinical Coursework	<input type="checkbox"/> Dental Assistant
<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Dentist	<input type="checkbox"/> Dietitian
<input type="checkbox"/> Interpreter	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Massage Therapist
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Music Therapist	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Occupational Therapist Assistant	<input type="checkbox"/> Other Profession	<input type="checkbox"/> Paramedic
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Podiatric Care	<input type="checkbox"/> Patient Care Assistant
<input type="checkbox"/> Physical Therapy Assistant	<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Principal Investigator	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Radiologist	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Researcher	<input type="checkbox"/> Radiology Technician	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/> Speech Language Pathologist	<input type="checkbox"/> Respiratory Therapist	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Dietetic Technicians	<input type="checkbox"/> Surgeon	<input type="checkbox"/> Suture Tech

*Please change your Degree or Profession, if you are a Physician, please select Physician as your profession, otherwise, please select another profession.*

Title: [text input] Name on Badge: [text input]

Department: [text input] Organization/Company: [text input]

*You can't leave this empty: Organization/Company*

- Add in your **professional state license**.

**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 Type:	License #	Expiration Date:
+	OH State License		9/30/2022

For CSWMFT, the format should be **one letter.seven numbers** – for example I.0001234

- Do not include Supervisor, etc. on the end of the license number
- No Spaces
- Make sure to include all seven numbers, including zeroes
- Make sure to use a period in between the letter and numbers

9. Add in your **cell phone number** (this is necessary for verification and use of the mobile app)

Cell Phone ⓘ

10. Once complete, **click “submit”** at the bottom of the screen.

**NOTE:** the next time you log in, you will click “sign in with email and password” and then type in your account information.