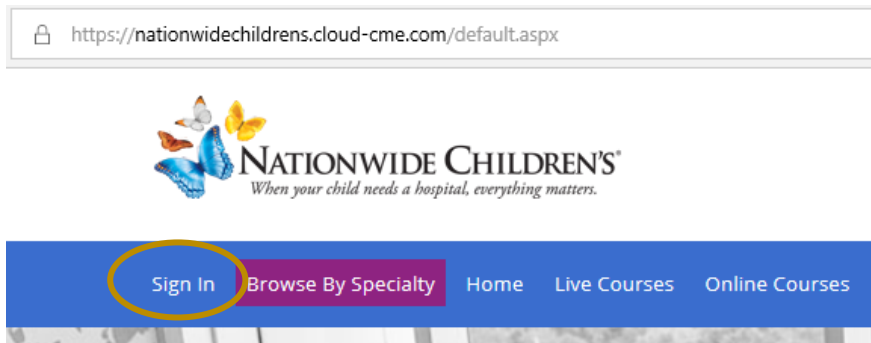
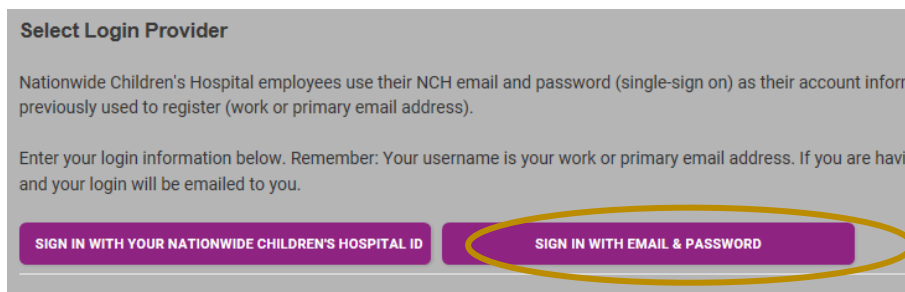


## Instructions for a Creating a CloudCME Account

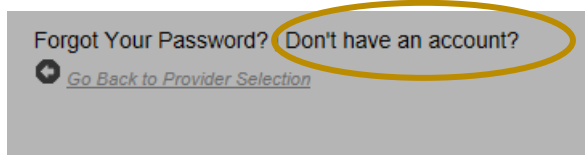
1. Go to <https://nationwidechildrens.cloud-cme.com> and click “**sign in**” on the upper left hand side.



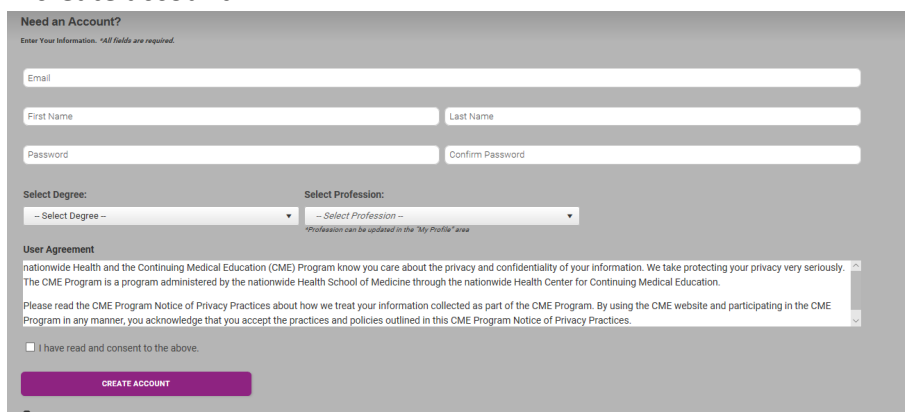
2. Click “**sign in with email and password.**”



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

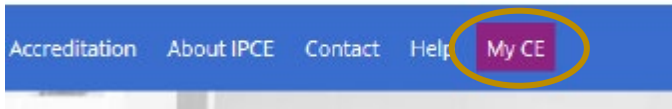


4. Fill in all the required information on the screen. Be sure to select your **correct degree and profession** as this will determine the type of credit you will receive. Once done, click “**create account.**”



The screenshot shows the "Need an Account?" form. It includes the following fields: "Email", "First Name", "Last Name", "Password", and "Confirm Password". Below these fields are two dropdown menus: "Select Degree:" and "Select Profession:". Below the dropdown menus is a "User Agreement" section with a checkbox and a "CREATE ACCOUNT" button. The "CREATE ACCOUNT" button is circled in yellow.

- 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.