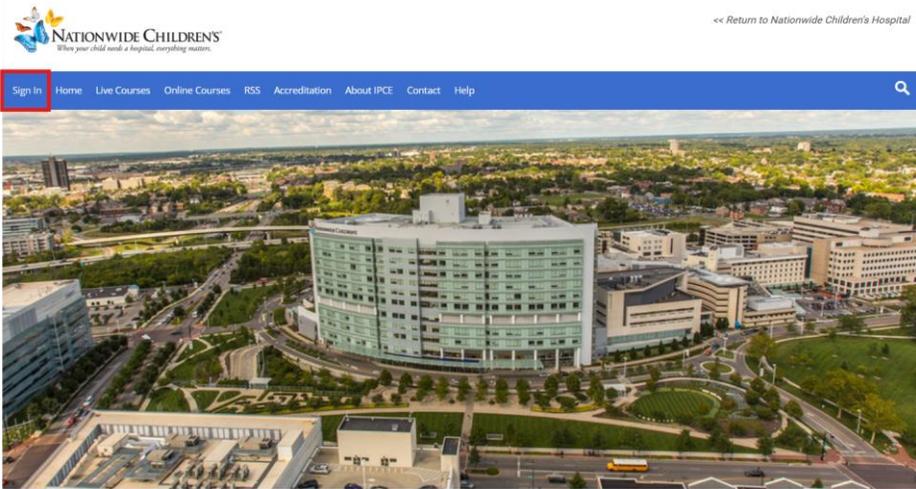
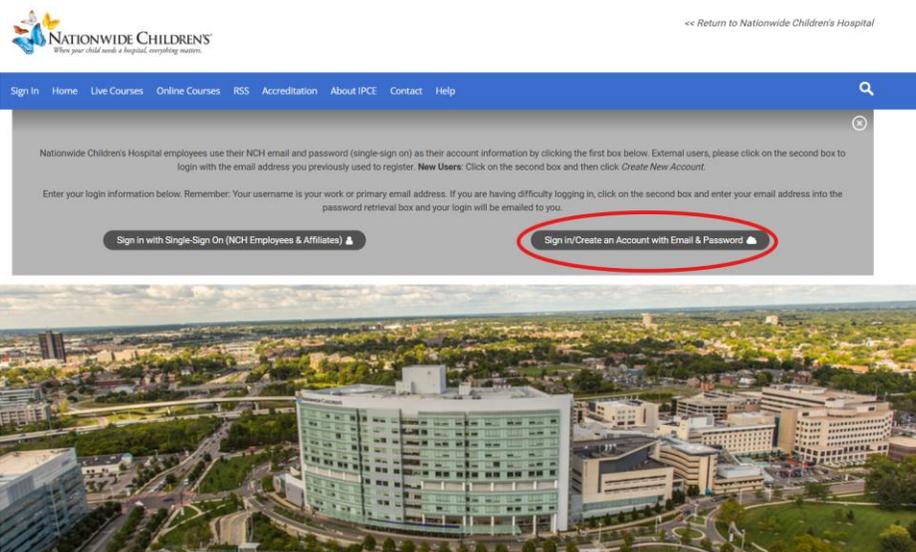
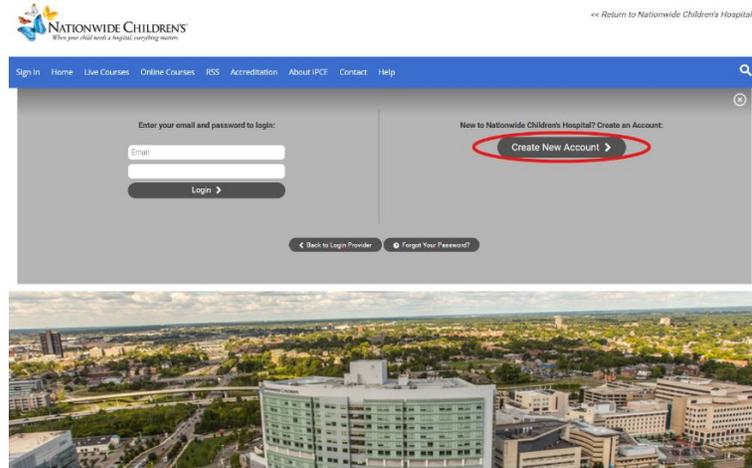


## Creating a Cloud CME Account as an External User (not an NCH Employee)

Instructions	Screenshot
<p><b>Step 1:</b></p> <p>Click the link to get started:  <a href="https://nationwidechildrens.cloud-cme.com/">https://nationwidechildrens.cloud-cme.com/</a></p> <p>Then, click the “sign in” button on the CloudCME page on the NCH website.</p>	 <p>Sign In Home Live Courses Online Courses RSS Accreditation About IPCE Contact Help</p> <p>Welcome to Nationwide Children's Hospital Education</p> <p>Nationwide Children's offers a broad spectrum of learning and training opportunities for professionals and the community.</p> <p>Top 5 User Functions</p> <p>Disclosures</p>
<p><b>Step 2:</b></p> <p>Select <b>Sign in/Create an Account with Email and Password</b> option.</p>	 <p>Sign In Home Live Courses Online Courses RSS Accreditation About IPCE Contact Help</p> <p>Nationwide Children's Hospital employees use their NCH email and password (single-sign on) as their account information by clicking the first box below. External users, please click on the second box to login with the email address you previously used to register. <b>New Users:</b> Click on the second box and then click <b>Create New Account</b>.</p> <p>Enter your login information below. Remember: Your username is your work or primary email address. If you are having difficulty logging in, click on the second box and enter your email address into the password retrieval box and your login will be emailed to you.</p> <p>Sign in with Single-Sign On (NCH Employees &amp; Affiliates)</p> <p>Sign In/Create an Account with Email &amp; Password</p>

**Step 3:**

From the screen that populates, select "Create new account."



**Step 4:**

On the next page, add your primary email address. This can be a personal address or one through your employer, practice, etc.

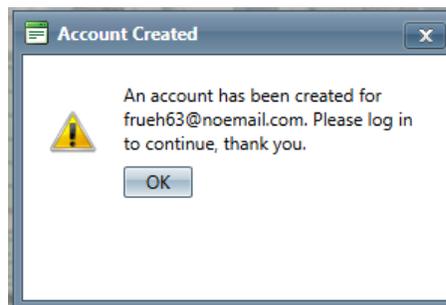
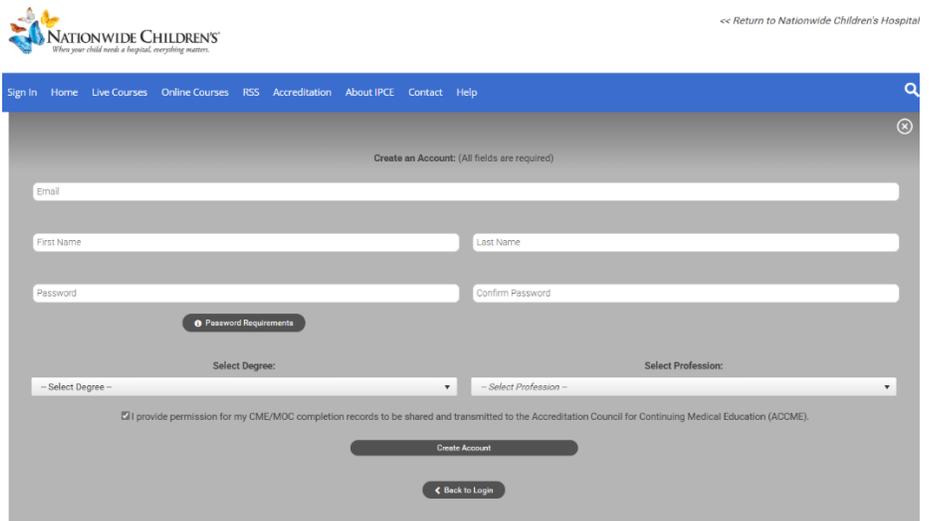
Add the first and last name you'd like associated with your account and pick a password that meets the requirements. Make sure the passwords match.

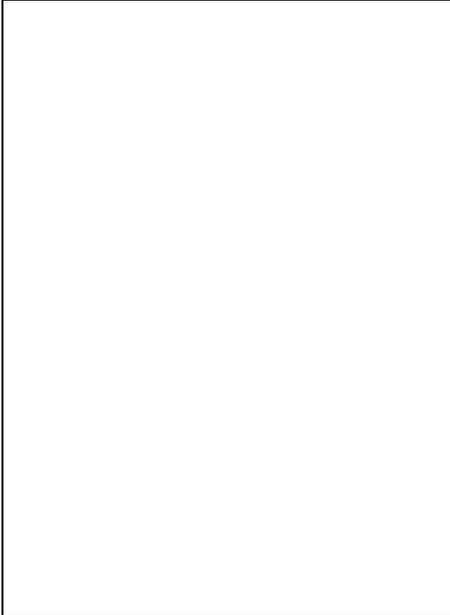
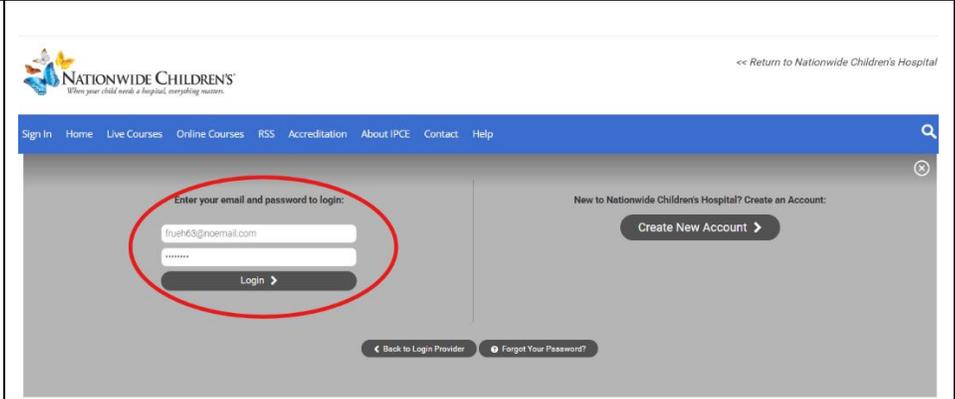
Select your degree(s) and profession from the dropdown menus.

For degree: select the most advanced degree that relates to your profession.

For profession: select all that apply.

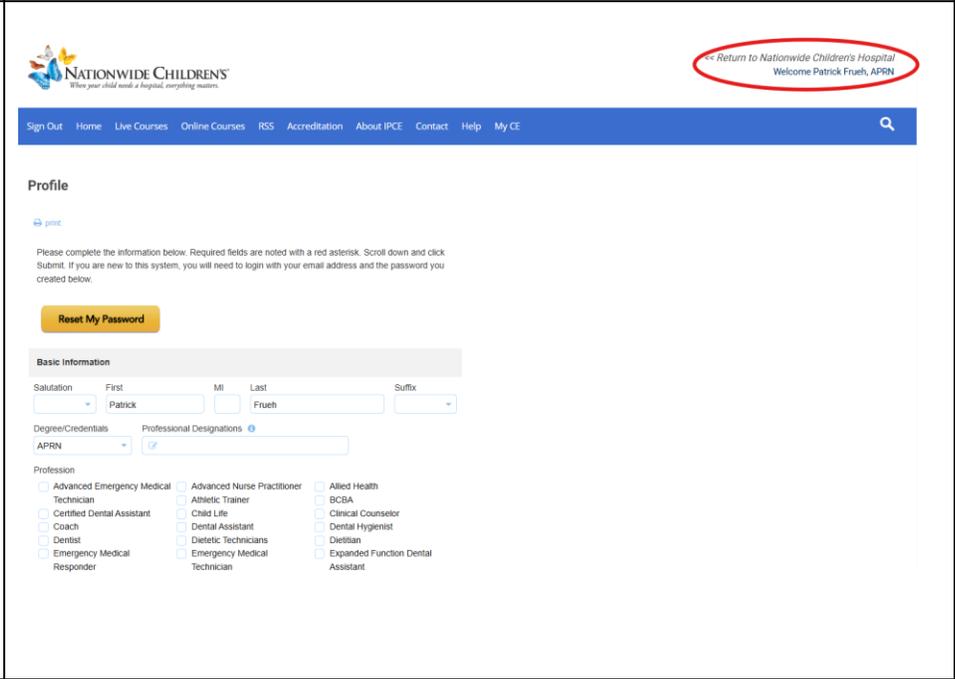
Once all that information is entered, select **Create Account**. A pop-up will signal your account has been created.



You Will know you have successfully signed in when your name is listed in the upper right corner of your screen:

The first time you log in, you will be directed to your profile to add information we are required to collect. Scroll down until you see text boxes highlighted in red.

**Profile**

print

Please complete the information below. Required fields are noted with a red asterisk. Scroll down and click Submit. If you are new to this system, you will need to login with your email address and the password you created below.

[Reset My Password](#)

**Basic Information**

Salutation First MI Last Suffix

Patrick Frueh

Degree/Credentials Professional Designations

APRN

Profession

- Advanced Emergency Medical Technician
- Certified Dental Assistant
- Coach
- Dentist
- Emergency Medical Responder
- Advanced Nurse Practitioner
- Athletic Trainer
- Child Life
- Dental Assistant
- Dietetic Technicians
- Emergency Medical Technician
- Allied Health
- BCBA
- Clinical Counselor
- Dental Hygienist
- Dietitian
- Expanded Function Dental Assistant

Required fields will remain highlighted in red until the information has been entered and saved

Title	Name on Badge	
<input type="text"/>	<input type="text"/>	
Department	Organization/Company *	
<input type="text"/>	<input type="text"/>	
School District	Medical School	
<input type="text"/>	<input type="text"/>	
Birth Month	Birth Day	
<input type="text"/>	<input type="text"/>	
<b>Credentials</b>		
<small>To add additional credentials, if available, click the plus (+) sign. To remove a credential click the minus (-) sign for that row.</small>		
<input type="button" value="+"/> Credentials (Select One)	ID	
<input type="text"/>	<input type="text"/>	
<b>State License(s)</b>		
<small>To add additional state licenses click the plus (+) sign. To remove a state license click the minus (-) sign for that row.</small>		
<input type="button" value="+"/> State License Type:	License #	Expiration Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Please Enter Your Primary Address</b>		
Address 1 *	City *	
<input type="text"/>	<input type="text"/>	
Address 2	State *	Zip/City Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 3	Country	
<input type="text"/>	UNITED STATES	

When you have entered all the information, scroll to the bottom of the page.

Select **Submit** to save your changes.

**Additional Note:**  
Permission to report information regarding your continuing education to any relevant licensing boards will be preselected. You may uncheck the box to opt out if you wish.

*If you opt-out, you will be responsible for self-reporting your continuing education records to any appropriate licensing boards.*

**As an ACCME Accredited Provider, we share and transmit your CME/MOC completion data with the Accreditation Council for Continuing Medical Education (ACCME), licensing board(s), and participating certifying boards. If you wish to opt out of this service, please uncheck the box below:** ⓘ

I provide permission for my CME/MOC completion data to be shared and transmitted to the Accreditation Council for Continuing Medical Education (ACCME), licensing board(s), and participating certifying boards.

For further assistance, please contact us at [IPCE@nationwidechildrens.org](mailto:IPCE@nationwidechildrens.org)