



**Click here if you are
a Cincinnati Children's Employee**

**Click here if you are NOT
a Cincinnati Children's Employee**

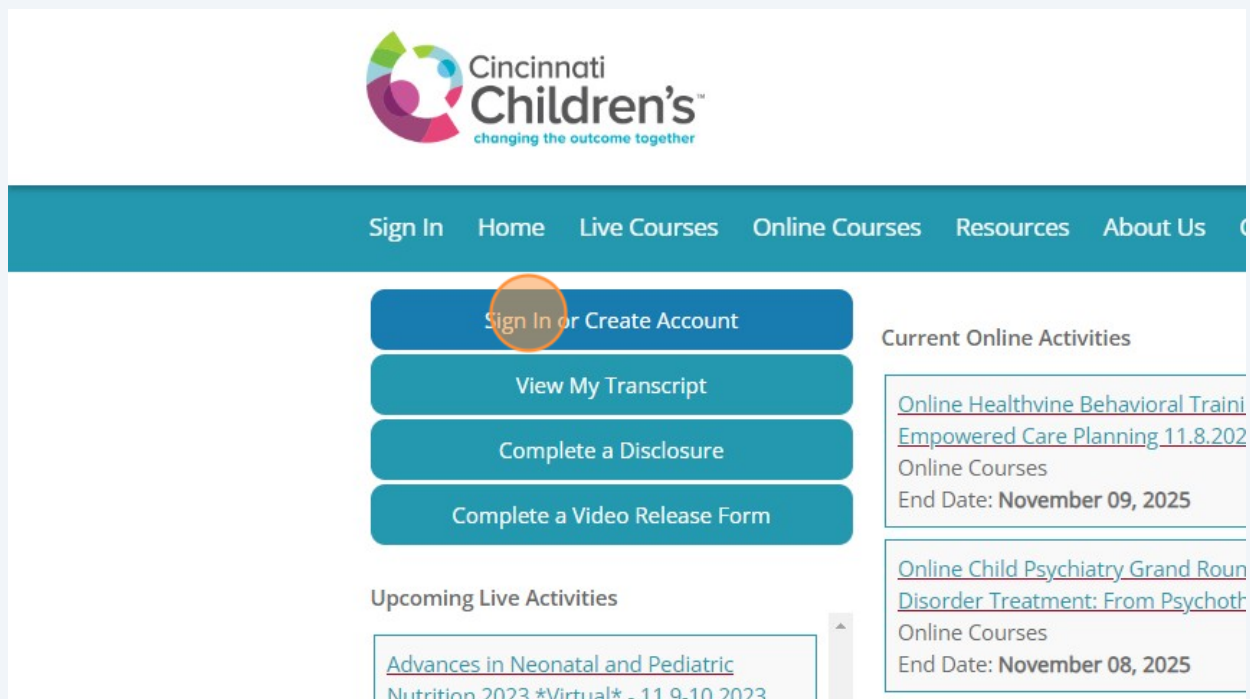
How to Create a CloudCME Account - CCHMC Employee

 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"

changing the outcome together

Sign In Home Live Courses Online Courses Resources About Us Contact Us Help

Enter your login information below. Your username is your email address. If you are having difficulty logging in, please contact support@childrens.org or call 1-800-368-5838. You will be emailed to y...

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

Sign In or Create Account

View My Transcript

Complete a Disclosure

Complete a Video Release Form

Current Online Activities

[Online Healthvine Behavioral Training Series 2023: Personalized Care Planning 11.8.2023](#)

Online Courses

End Date: November 09, 2025

4 Enter your CCHMC email and password, then click "Sign in"

Cincinnati Children's®
changing the outcome together

Sign in with your user ID and password

someone@example.com

Password

Sign in

[Click here](#) for more information regarding multi-factor authentication.



This is the same email/password you use to log into your CCHMC email, computer, etc.

5 Complete the required fields.

Employee Category

☐ I am an employed member of Cincinnati Children's Medical Staff.
☐ I am a community member of Cincinnati Children's Medical Staff.
☐ I am NOT a member of Cincinnati Children's Medical Staff.

Salutation First MI Last Suffix

Degree Other Degree

Profession

<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Child Life Specialist
<input type="checkbox"/> Clinical Counselor	<input type="checkbox"/> Clinical Research Professional	<input type="checkbox"/> Dentist
<input type="checkbox"/> Dietetic Technicians Registered	<input type="checkbox"/> Health Unit Coordinator	<input type="checkbox"/> Lactation Consultant
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Patient Care Assistant	<input type="checkbox"/> Optometrist	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Pharmacy Technician
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Registered Dietitian	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Teacher	<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Student
	<input type="checkbox"/> TestProf	

Organization/Company * Title Department

First Name on Badge Birth Month * Birth Day *

Maintenance of Certification (MOC)

Are you an ABP, ABIM or ABS Diplomate? *

☐ Yes
☐ No

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
<div><div></div><div></div></div>	

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:
<div><div></div><div></div></div>	<div></div>		<div></div>

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:
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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

8 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. However, 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
		


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

Address 3


Country

Phone and Fax


Mobile Phone and Texting


 We are gathering mobile phone information for texting attendance purposes only

Area Code

Phone * 

Ext

Mobile * 

Fax 

Emergency Contact Information

Emergency Contact Name

Emergency Contact Number

Comments

Comments

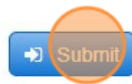
10 Click "Submit"

- | | |
|--|---|
| <input type="checkbox"/> Sports Medicine | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Transplant Hepatology** | <input type="checkbox"/> Transport Medicine |
| <input type="checkbox"/> Trauma Services | <input type="checkbox"/> 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

How to Create a CloudCME Account - Non-CCHMC User



Tip! For best results, use a computer, not a phone or tablet.



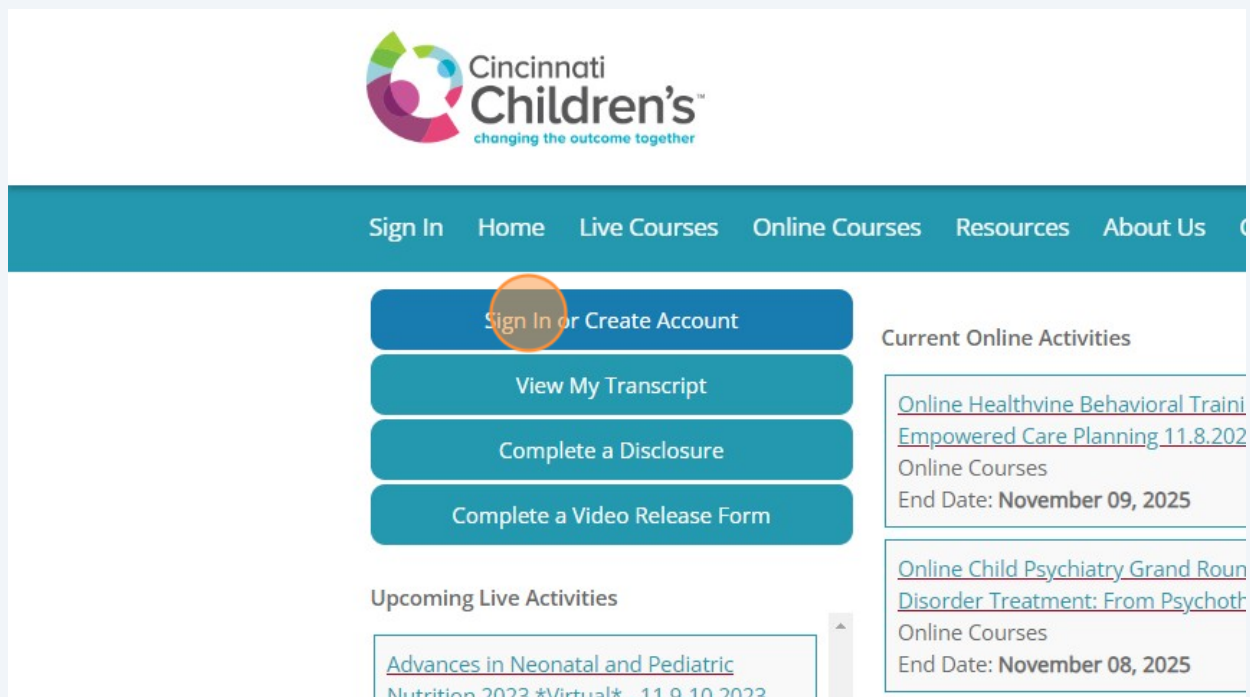
Tip! For best results, use [Google Chrome](#) or [Mozilla Firefox](#), not Internet Explorer or Microsoft Edge.

1

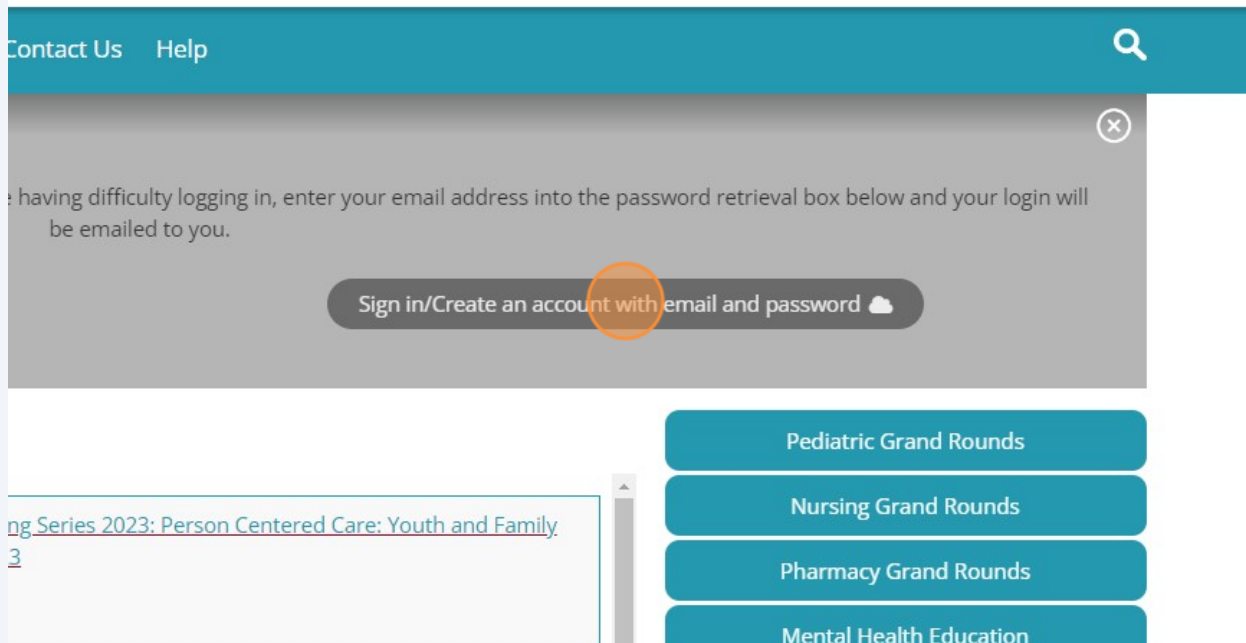
Navigate to <https://cchmc.cloud-cme.com>

2

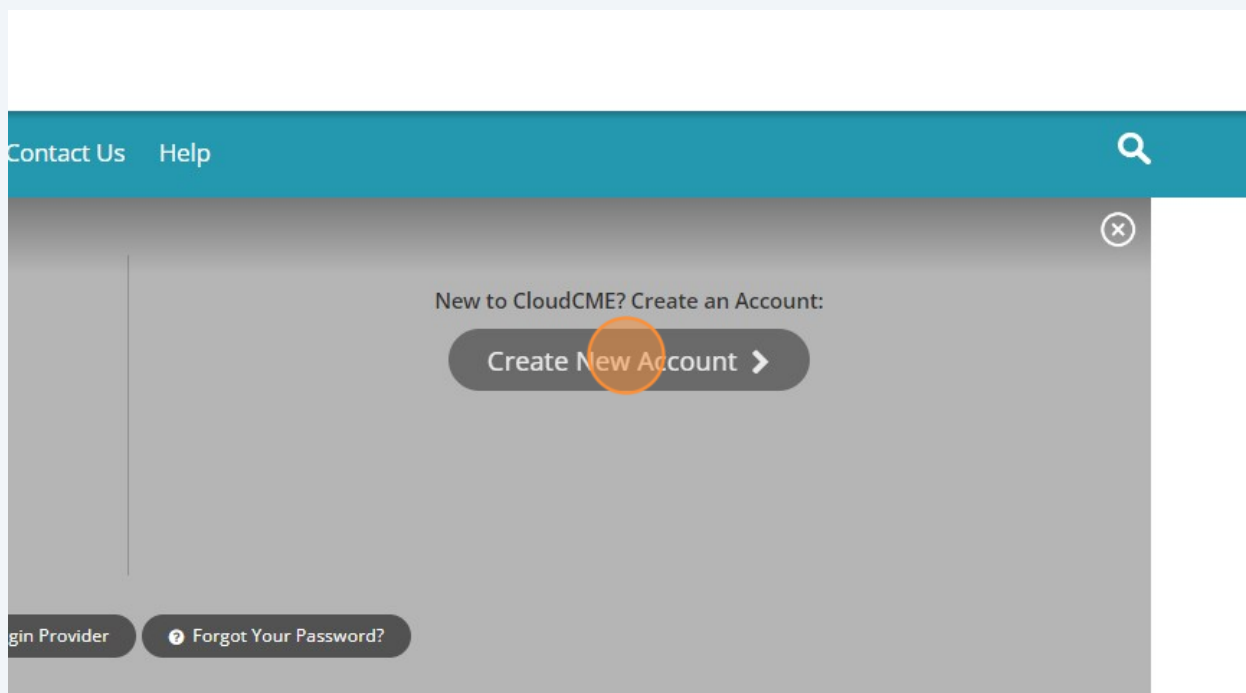
Click "Sign In or Create Account"



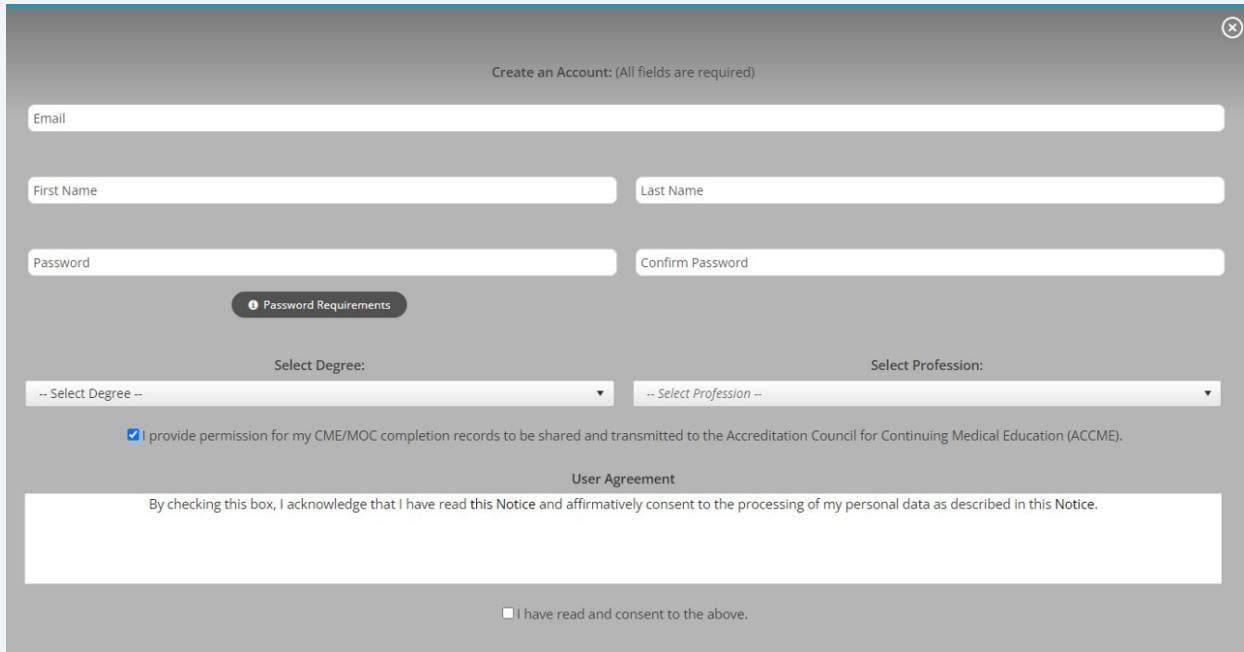
3 Click "Sign in/Create an account with email and password"



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 --

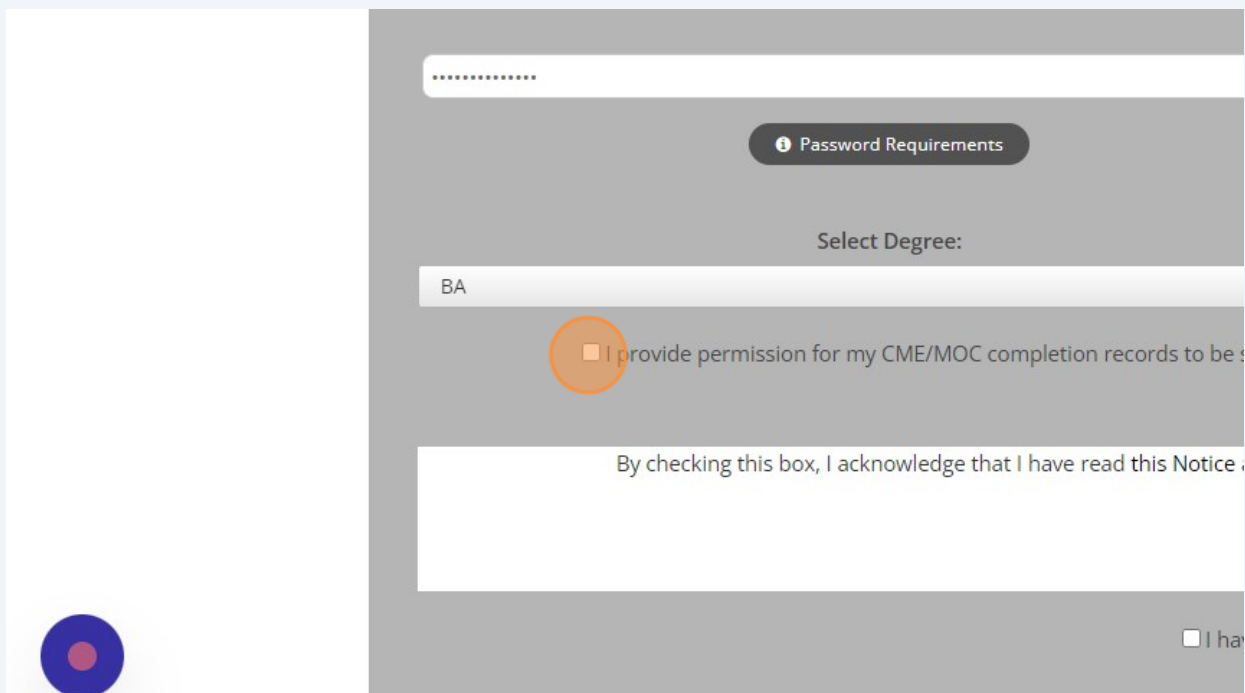
☒ I provide permission for my CME/MOC completion records to be shared and transmitted to the Accreditation Council for Continuing Medical Education (ACCME).

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:

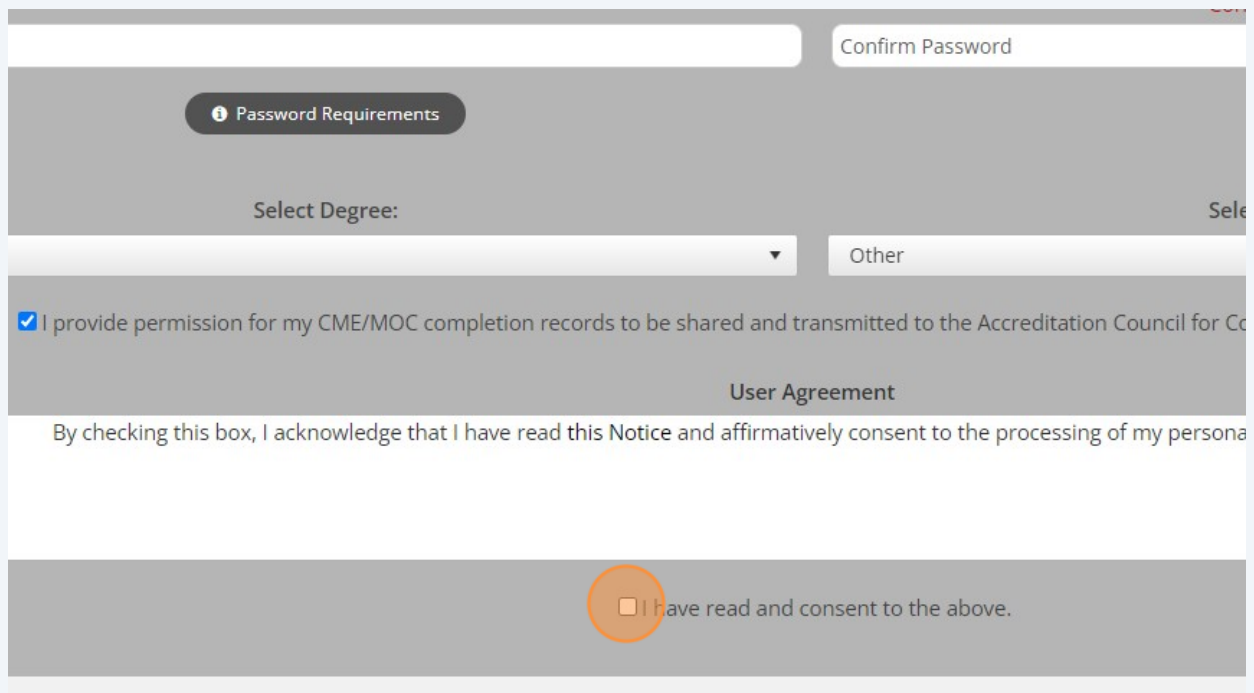
BA

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

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.

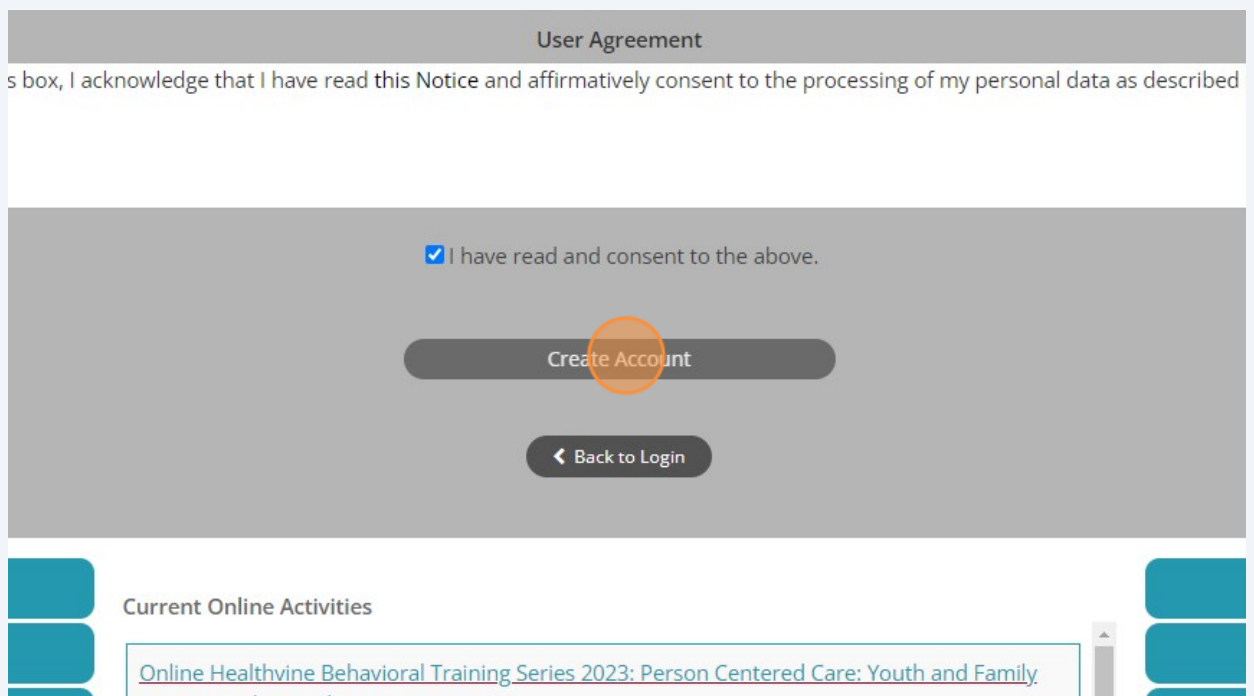
☐ I have read and consent to the above.

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



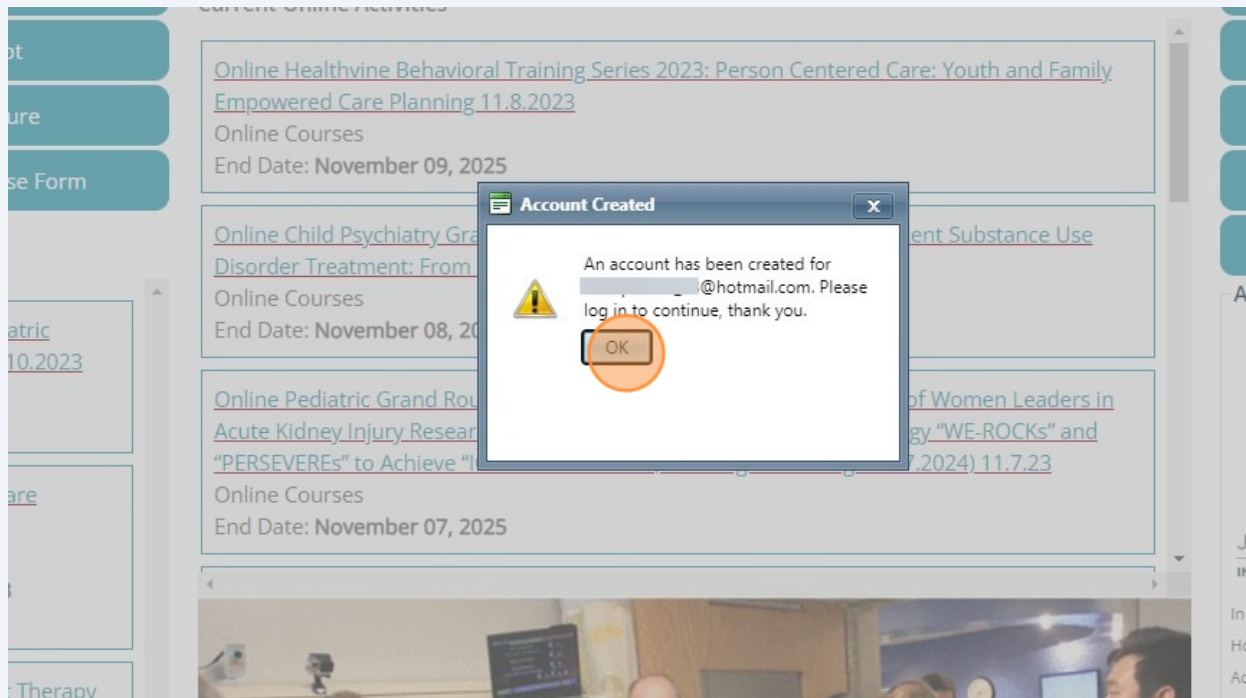
A screenshot of a registration form. At the top, there are input fields for a password and a "Confirm Password" field. Below these is a "Password Requirements" button. A "Select Degree:" dropdown menu is visible, with "Other" selected. A checkbox is checked, with the text "I provide permission for my CME/MOC completion records to be shared and transmitted to the Accreditation Council for Certification". Below this is a "User Agreement" section. The text reads: "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 the Privacy Policy." At the bottom, there is a checkbox labeled "I have read and consent to the above." which is highlighted with an orange circle.

8 Click "Create Account"



A screenshot of the same registration form, showing the "Create Account" button highlighted with an orange circle. The "Create Account" button is a dark grey button with white text. Below it is a "Back to Login" button. The "User Agreement" section is visible, and the checkbox "I have read and consent to the above." is checked. At the bottom, there is a section titled "Current Online Activities" with a list of activities, including "Online Healthvine Behavioral Training Series 2023: Person Centered Care: Youth and Family".

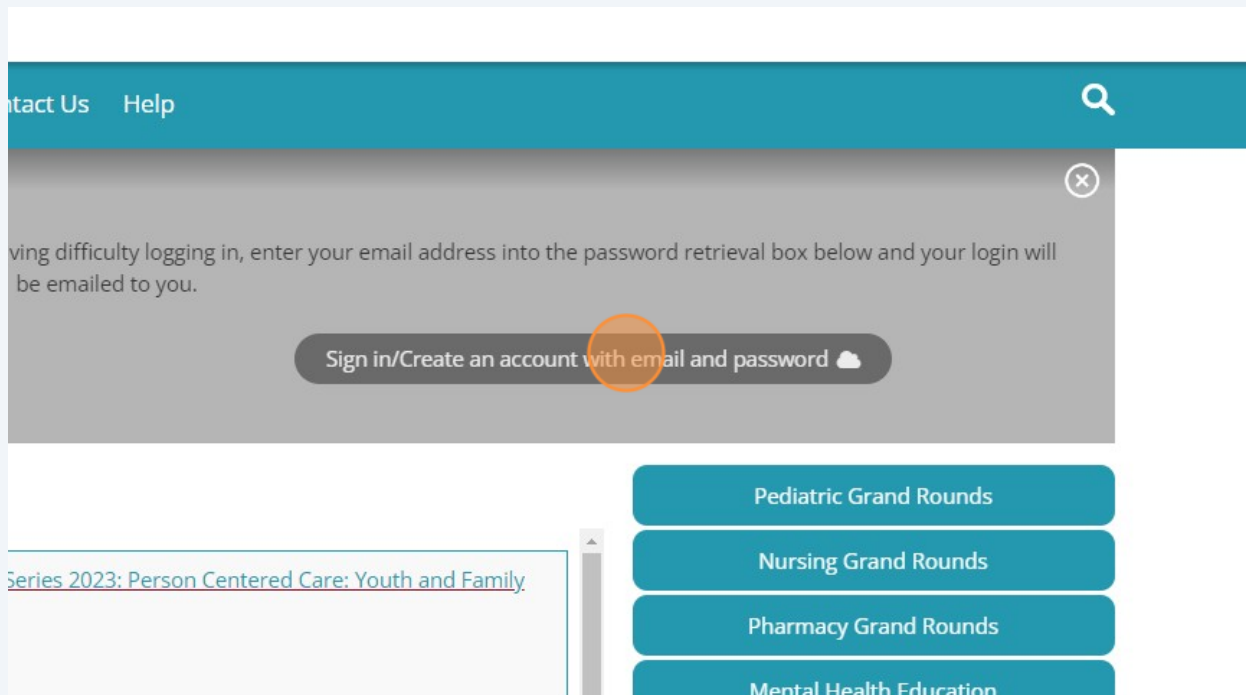
9 Click "OK"



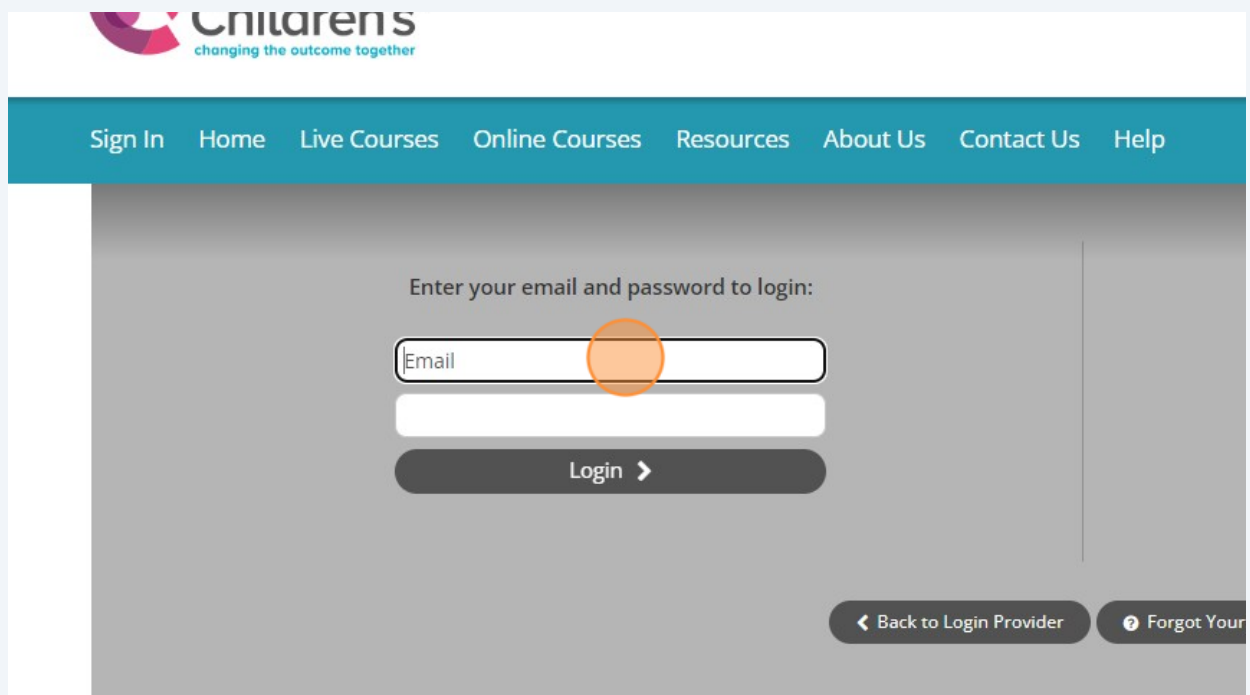
10 Click "Sign In or Create Account"



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



12 Enter your email and password.



13 Click "Login"

The screenshot shows a web application's login interface. At the top is a teal navigation bar with links: 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:". Below this are two input fields: the first for email and the second for password (masked with dots). An orange circle highlights the "Login" button, which is a dark grey rounded rectangle with the word "Login" and a right-pointing arrow. To the right of the login button are two links: "< 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 labeled "Current Online Activities".

14 Complete the required fields.

The screenshot displays a registration form titled "Employee Category". It features three radio buttons for selection: "I am an employed member of Cincinnati Children's Medical Staff.", "I am a community member of Cincinnati Children's Medical Staff.", and "I am NOT a member of Cincinnati Children's Medical Staff.". Below these are fields for Salutation (dropdown), First Name, MI, Last Name, and Suffix. There are also fields for Degree (dropdown with "BA" selected) and Other Degree. A "Profession" section contains a grid of checkboxes for various roles, including Athletic Trainer, Clinical Counselor, Dietetic Technicians, Registered Occupational Therapist, Patient Care Assistant, Physical Therapist, Psychologist, Social Worker, Teacher, Chaplain, Clinical Research Professional, Health Unit Coordinator, Nurse, Optometrist, Pharmacist, Physician, Registered Dietitian, Speech Therapist, TestProf, Child Life Specialist, Dentist, Lactation Consultant, Nurse Practitioner, Other (checked), Pharmacy Technician, Physician Assistant, Respiratory Therapist, and Student. Further down are fields for Organization/Company *, Title, and Department. Below these are fields for First Name on Badge, Birth Month *, and Birth Day *. A "Maintenance of Certification (MOC)" section includes a question "Are you an ABP, ABIM or ABS Diplomate? *" with "Yes" and "No" radio buttons. A red highlight is placed on the "Other" profession checkbox.

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
<div><div></div><div></div></div>	

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:
<div><div></div><div></div></div>	<div><div></div><div></div></div>		<div><div></div><div></div></div>

16 Select the state in which you are licensed and enter your license number and expiration date, if applicable.

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	State License:	License #	Expiration Date:
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☒ 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

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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

UNITED STATES

Home and Fax

Mobile Phone and Texting

 We are gathering mobile phone information for texting attendance purposes only

Area Code

Phone *



Ext

Mobile *



Fax 

Emergency Contact Information

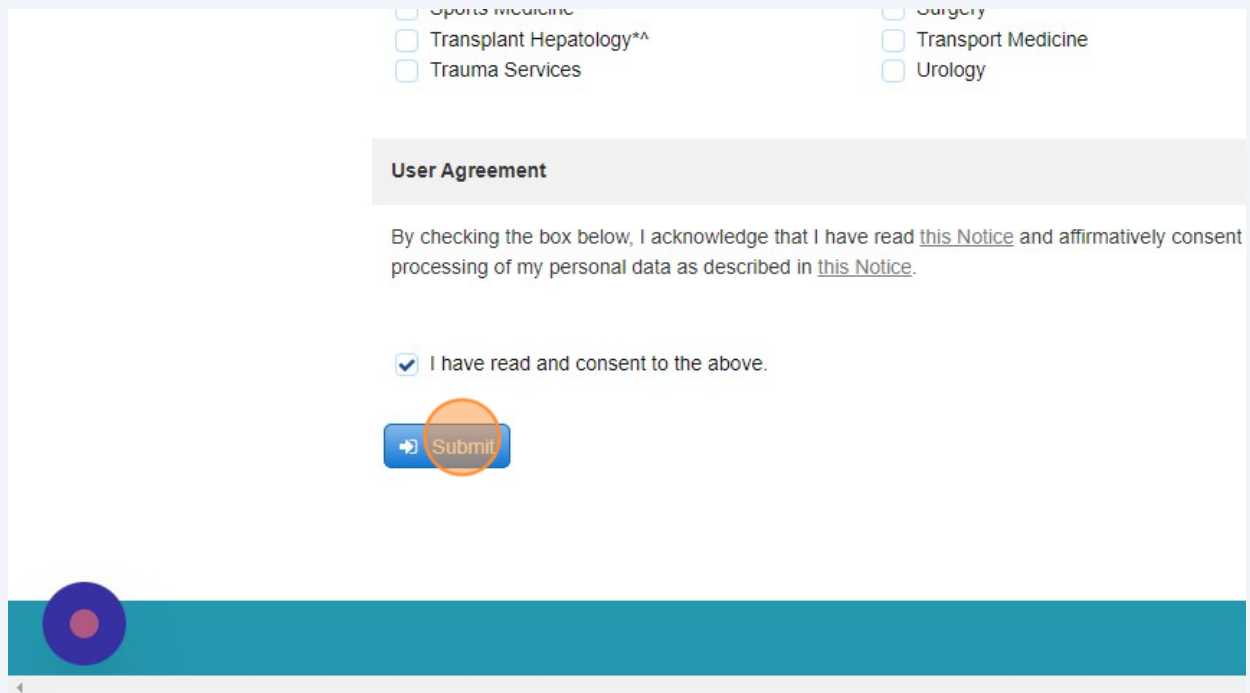
Emergency Contact Name

Emergency Contact Number

Comments

Comments

19 Click "Submit"



The screenshot shows a web form with the following elements:

- Two columns of checkboxes for medical specialties:
 - Left column: ☐ Sports Medicine, ☐ Transplant Hepatology**, ☐ Trauma Services
 - Right column: ☐ Surgery, ☐ Transport Medicine, ☐ Urology
- A section titled "User Agreement" with a light gray background.
- Text within the "User Agreement" section: "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](#)."
- A checked checkbox: ☒ I have read and consent to the above.
- A blue "Submit" button with a white arrow icon, which is circled in red.
- A teal horizontal bar at the bottom of the form area, with a red circle and arrow icon on the left side.



If you need further assistance, please reach out to cme@cchmc.org