

CloudCME® MOBILE PROFILE SETUP

CloudCME® is a cloud-based platform to deliver and manage continuing education activities.

NOTICE

- + OhioHealth physicians and providers must have BOTH an active OPID and OhioHealth email to log into CloudCME®
- + New physicians that may be missing one of the items will need to complete their profile once both are in place

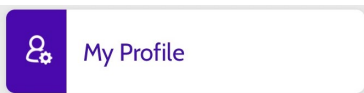
HOW TO DOWNLOAD THE CLOUDCME® MOBILE APP?

- + Download the CloudCME® mobile app on the [App Store](#) or [Google Play](#)
- + Use organization code [OhioHealth](#)
- + OhioHealth physicians and associates, log in with your **OPID and password**



HOW TO SET-UP YOUR CLOUDCME® PROFILE?

- + Tap *My Profile*



- + Review and update your profile and complete all required fields, including Degree and, if applicable, Credentials or State Licenses(s) to ensure correct credit eligibility

- **AAFP Physicians:** AAFP ID number
- **DO Physicians:** DO degree and AOA ID number
- **MD Physicians:** MD degree
- **Pharmacists and Pharmacy Technicians:** NABP ePID number
- **Psychologists:** state license number and expiration date
- **Social Workers:** state license number and expiration date

Credentials

To add additional credentials, if available, click the plus (+) sign. To remove a credential click the minus (-) sign for that row.

| | Credentials (Select One) | ID |
|---|--------------------------|----|
| + | | |

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: |
|---|---------------------|-----------|------------------|
| + | | | |

+ It is important to select the correct profession(s) to ensure you are awarded the appropriate credit(s)

- **Physicians:** select *Physician*
- **Residents:** select *Resident* and *Physician*
- **Nurse Practitioners:** select *Nurse*, *APP* and *Non-Physician*
- **Physician Assistants:** select *Physician Assistant*, *APP* and *Non-Physician*
- **Nurse Anesthetists:** select *Nurse Anesthetist*, *APP* and *Non-Physician*
- **All Others:** select your *Profession* and *Non-Physician*

+ Click *Submit* once all the required fields are completed

Profession

- | | | |
|--|--|--|
| <input type="checkbox"/> APP | <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> EMS | <input type="checkbox"/> Exhibitor | <input type="checkbox"/> Dietician |
| <input type="checkbox"/> Non-Physician | <input type="checkbox"/> Nurse | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Nurse Anesthetist |
| <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Radiology Technician | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Physician |
| | | <input type="checkbox"/> Physician Assistant |
| | | <input type="checkbox"/> Resident |
| | | <input type="checkbox"/> Respiratory Therapist |
| | | <input type="checkbox"/> Student |
| | | <input type="checkbox"/> Technician |