



CONTINUING MEDICAL EDUCATION

OSU Center for Health Sciences

Instructions to access and complete your CloudCME® Profile account.

Go to: <https://osu.cloud-cme.com/default.aspx>

Step 1: Click Sign In

Step 2: Click Forgot Your Password?

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OSU Center for Health Sciences

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Help **STEP ONE**

Enter your email and password to login:

Email

Login >

New to CloudCME? Create an Account:

Create New Account >

Forgot Your Password? **STEP TWO**

Login to your Oklahoma State University Office of Continuing Medical Education at osu.cloud-cme.com

Step 3: Enter your email address included with these instructions in the Email address box then click Reset Password.

You will receive an alert pop up that says, "If your email exists in the system a password reset email was sent. Click the link in the email to complete the reset process. If the email does not appear in your inbox in a few minutes, check your spam folder."

Forgot Your Password?

Enter your Email address and click submit to have a login reset link sent to you.

Email

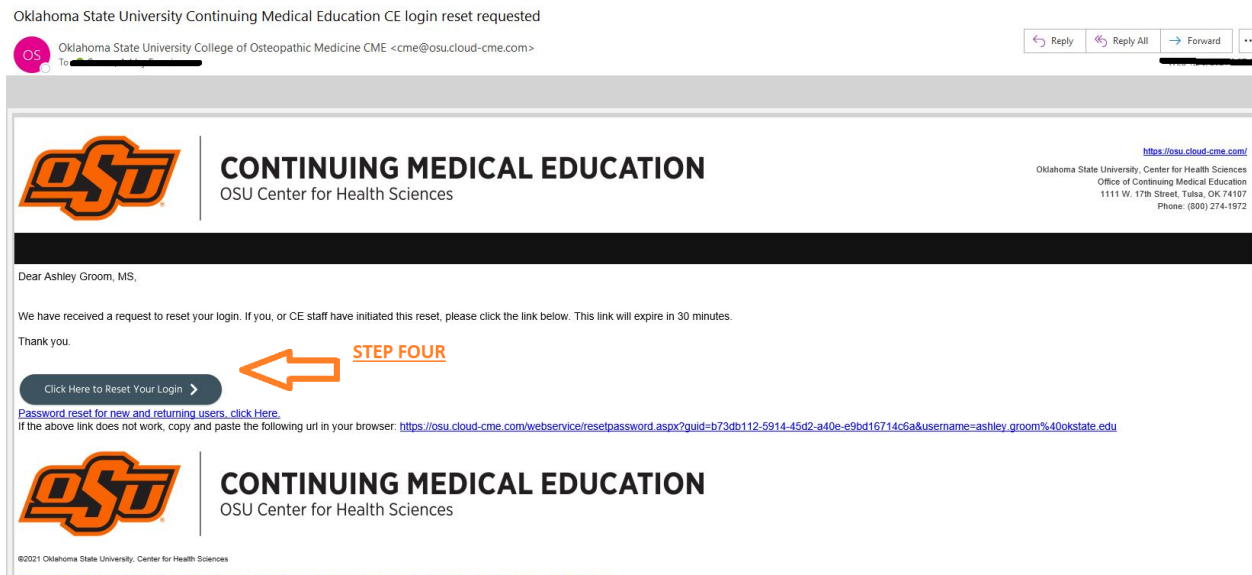
STEP THREE

Reset Password

< Back to Login

Step 4: Check your email address for a reset password email, if you do not receive one, please contact osu.cme@okstate.edu.

Once email is received, select **Click Here to Reset Your Login**



Step 5: You will be re-directed to the CME website. Enter your **New Password** and **Confirm Password** then click **Submit**.

The screenshot shows the "Reset Password" page on the CME website. The page header includes the OSU logo, the text "CONTINUING MEDICAL EDUCATION OSU Center for Health Sciences", and a link "<< Back to OSU Center for Health Sciences". The navigation bar contains links for Sign In, Home, Live Conferences, On-Demand Conferences, Enduring Materials, Proper Prescribing, About Us, Contact Us, and Historical Content. A search icon is located in the bottom right corner of the navigation bar.

Reset Password

To change your password, please enter your new password into both password fields below, then click submit.

STEP FIVE (indicated by an orange arrow pointing to the password fields)

New Password:

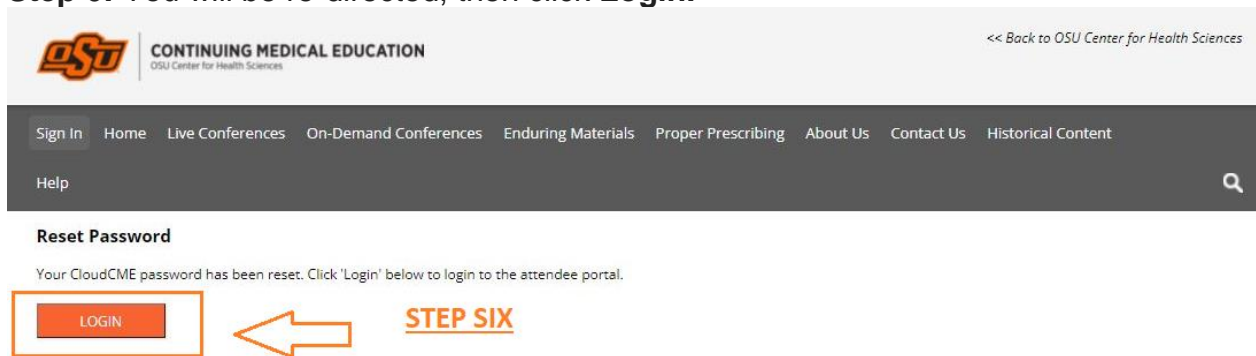
Confirm Password:

SUBMIT

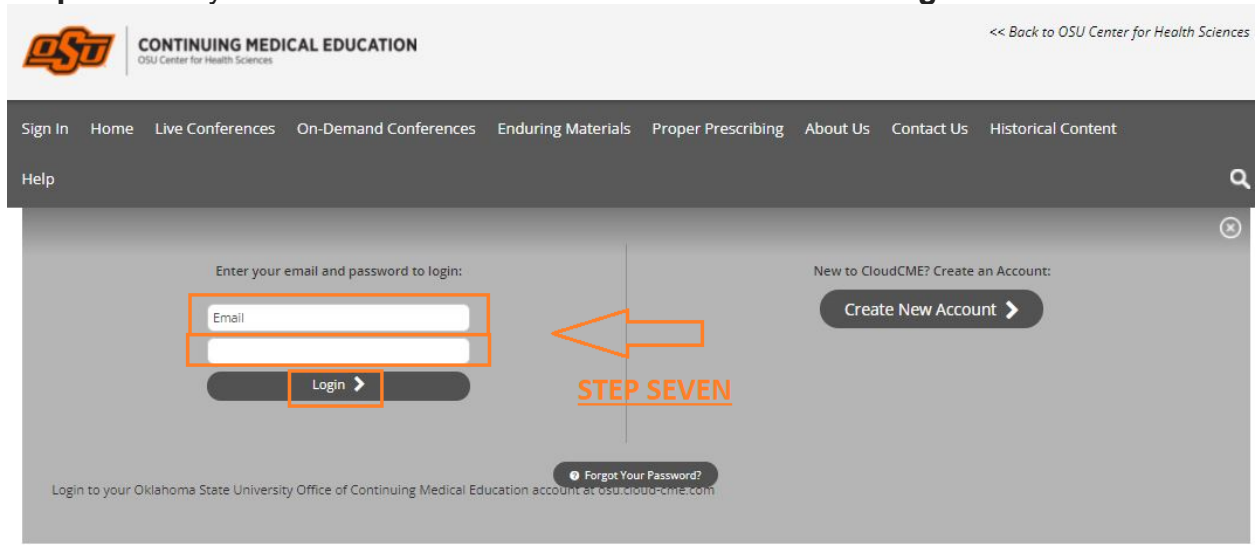
Your password must meet the following criteria:

- at least 1 upper case character
- at least 1 lower case character
- at least 1 numerical character
- at least 1 special character
- between 8 and 16 characters
- password not previously used

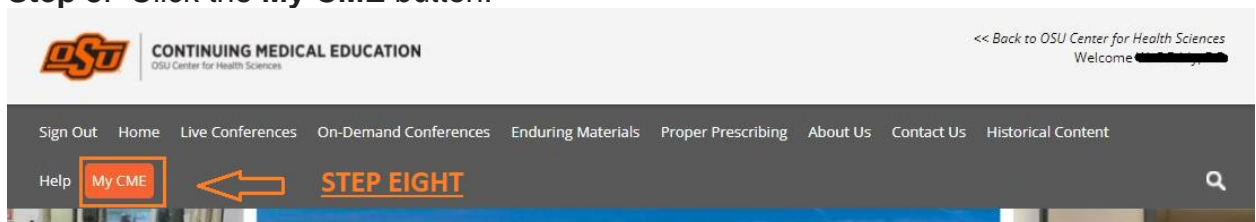
Step 6: You will be re-directed, then click **Login**.



Step 7: Enter your **Email Address and Password** then click **Login**



Step 8: Click the **My CME** button.



Step 9: Click the **Profile** button.

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Welcome [Name] DO

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Help My CME

MY CME **STEP NINE**

Instructions: Click a button to proceed.

Profile Transcript Evaluations & Certificates Registrations & Receipts Tests Syllabus

Step 10: Complete all fields and click **Submit**

NOTE: Fields marked with an asterisk are required. You must select your Degree and Profession to receive credit upon activity completion.

Reset My Password

Basic Information

Salutation First MI Last Suffix

Degree Professional Designations ⓘ

Profession *

<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Counselor	<input type="checkbox"/> Dentist
<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Healthcare Administrator	<input type="checkbox"/> Licensed Practical Nurse
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Office Staff
<input type="checkbox"/> Optometrist	<input type="checkbox"/> Other	<input type="checkbox"/> Other Healthcare Professionals
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physician - Allopathic
<input type="checkbox"/> Physician - Osteopathic	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Registered Dietitian	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Resident/Fellow
<input type="checkbox"/> Respiratory Therapist	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Student
<input type="checkbox"/> Veterinarian		

Invalid value

Title First Name on Badge

Department Organization/Company *


You can't leave this empty: Organization/Company







Birth Month

Birth Day

Credentials

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

 NPPES NPI Registry

Credentials (Select One)		ID
 	NPI Number	Look up NPI number or add none 
 	AOA Number	Add if you are a DO 
You can leave this empty. ID		

Birth Month

Birth Day




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:
			

Please Enter Your Billing Address

Address 1 *

You can't leave this empty: Address 1

City *

You can't leave this empty: City

Address 2

State *



You can't leave this empty: State

Zip/City Code *



You can't leave this empty: Zip/City Code


Address 3

Country

UNITED STATES 

Phone and Fax

Intl Code

Phone * 



You can't leave this empty: Phone

Ext

Mobile 

Fax 

Emergency Contact Information

Emergency Contact Name

Emergency Contact Number

Comments

Comments

Email

Email Address * You can't leave this empty: Email Address

Confirm Email Address * You can't leave this empty: Confirm Email Address

Opt-Out

☐ I do NOT wish to receive emails.

Administrative Assistant Information

Assistant Name Assistant Email Assistant Phone ⓘ

Specialty and Subspecialty

Specialties +

Specialty

ⓘ Please review your responses above to make sure all required fields (* indicates required) are completed and there are no error messages displaying before continuing.

Submit ← **STEP ELEVEN**

Step 11: When all information has been entered, click the **Submit** button at the bottom of the screen. Your CloudCME® account has been completed.