

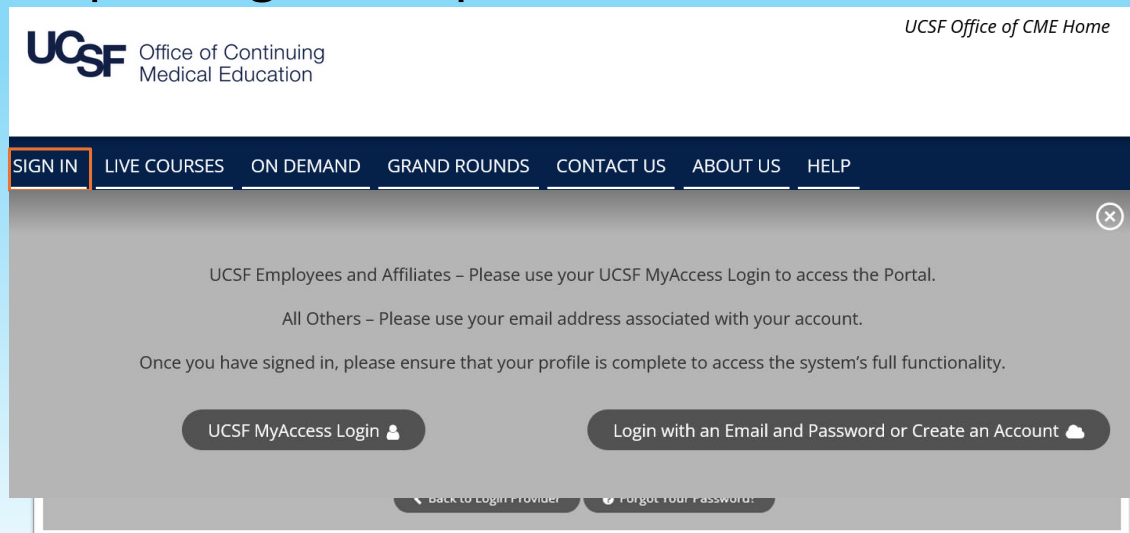
CloudCME 101 is an orientation series of modules for the new UCSF Continuing Education Portal.

This module is about properly completing your profile; it is appropriate for all users of the platform.

If you're following along in the live system while watching the video, feel free to pause to explore features or practice what has been demonstrated.

Note that your screens may differ from those illustrated here.

Step 1. Login at <https://ucsf.cloud-cme.com>

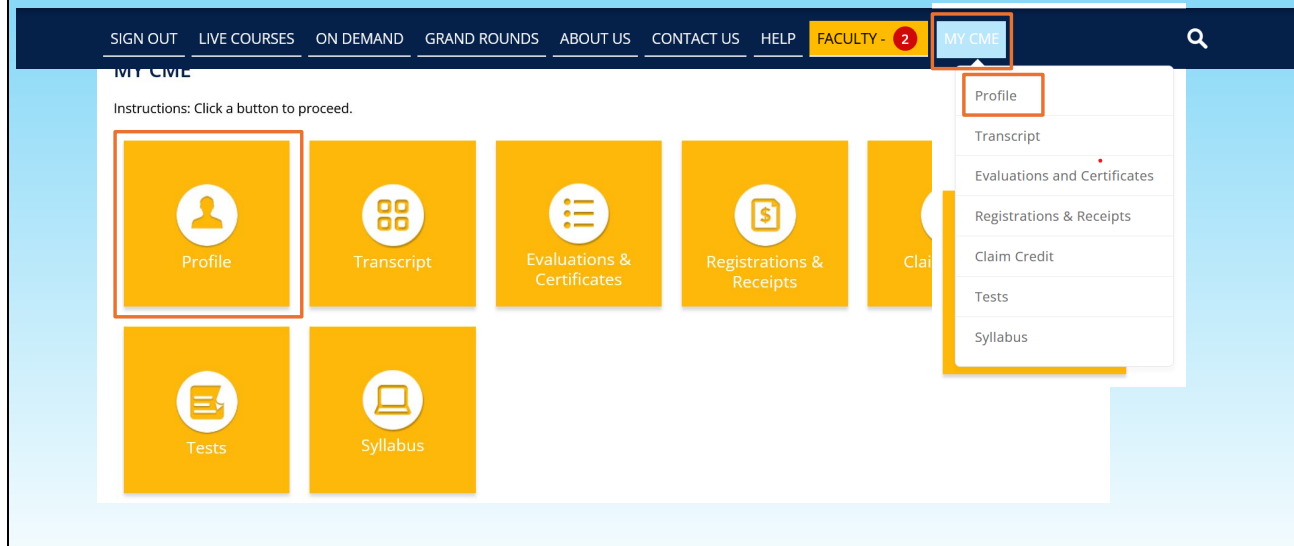


Navigate to the CE Portal at ucsf.cloud-cme.ucsf.com or by selecting “CE Portal” from your UCSF MyAccess applications list.

Click SIGN IN from the menu bar and then the button to log in with your UCSF MyAccess credentials, or with an email and password.

If you have a problem logging in, select the *Forgot Your Password?* button on the sign-in screen to correct things. In addition, you can change your password from your Profile screen using the *Reset My Password* button.

Step 2. Navigate to your Profile



Once signed in, select the My CME option from the menu, then click Profile. Alternatively, you can select the Profile tile from the My CME screen.

Step 3. Complete your Profile or Reset Password


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

On the profile screen, you can reset your password or complete any required information needed for UCSF CME to contact you and award or report the appropriate credits.






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
<input type="text"/>	<input type="text"/>  You can't leave this empty: First	<input type="text"/>	<input type="text"/>  You can't leave this empty: Last	<input type="text"/>
		Pronouns:	Degree *	
		<input type="text"/>	<input type="text"/>  You can't leave this	

The profile form will ask for your name and degree, your profession or professions, information about where you work, other credentials or licenses we should know about, basic contact information, and your specialty. Any specialties you add here will assist us to ensure that you receive only information about activities relevant to you, so choose as many or as few as you'd like. Finally, we will need permission to report any credit award information to accrediting agencies on your behalf. Without this permission, physicians will need to submit CME or MOC points manually to their respective boards.

If you're not sure how to respond to a question on the form, hover or click on the "i" badge for more information. Following are some key items to be aware of.

Basic Information

Salutation First * MI Last * Suffix

You can't leave this empty: First You can't leave this empty: Last

Pronouns:

Degree *

You can't leave this empty: Degree

Professional Designations

Profession *

<input type="checkbox"/> Acupuncturist	<input type="checkbox"/> Addiction Professional	<input type="checkbox"/> Addiction Treatment Counselor
<input type="checkbox"/> Administrative Staff or Manager	<input type="checkbox"/> Allied Health Instructor	<input type="checkbox"/> Athletic Trainer
<input type="checkbox"/> Chaplain	<input type="checkbox"/> Audiologist	<input type="checkbox"/> Certified Registered Nurse Anesthetist
<input type="checkbox"/> Dentist	<input type="checkbox"/> Clinical Counselor	<input type="checkbox"/> Dental Assistant
<input type="checkbox"/> Health Educator	<input type="checkbox"/> Dietician	<input type="checkbox"/> Emergency Medical Technician
<input type="checkbox"/> Licensed Educational Psychologist	<input type="checkbox"/> Hearing Aid Dispenser	<input type="checkbox"/> Laboratory Consultant
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Marriage and Family Therapist	<input type="checkbox"/> Medical Administrative Specialist
<input type="checkbox"/> Medical Physicist	<input type="checkbox"/> Medical Lab Assistant	<input type="checkbox"/> Medical Laboratory Technician
<input type="checkbox"/> Molecular Diagnostic Technologist	<input type="checkbox"/> Medical Technologist	<input type="checkbox"/> Midwife
<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Non-Healthcare Professional	<input type="checkbox"/> Non-Physician
<input type="checkbox"/> Other	<input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse Practitioner/Advanced Practice Nursing
	<input type="checkbox"/> Other Health Professional	

Birth Month 9 Birth Day 10

Be sure to enter your name as you'd like to see it on your certificate and transcript!

Highlighted fields are required to properly award and report earned credits.

Certain professional boards require a birth month and day to report credit, so don't forget this one.

Your name should be entered as you'd like to see it on your credit records and communications, specifically the name under which your license is registered. Spelling and capitalization are important. If you'd prefer to be known by another name, for example, on a conference badge, you may enter that in the Lived Name/Badge Name field.

Your degree and profession are required to ensure you receive the appropriate CE credit when completing activities. In addition, we will ask for your birth month and day to report credit information to regulatory agencies as needed. While this is not a required field in the system, without it, we will be unable to report credits on your behalf.



Additional Information by Profession

- | | | |
|--|--|--|
| <input type="checkbox"/> Phlebotomy Technician | <input type="checkbox"/> Physical Therapist | <input checked="" type="checkbox"/> Physician |
| <input type="checkbox"/> Physician Assistant/Associate | <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Radiologic Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Sonographer | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Spiritual Health Practitioner | <input type="checkbox"/> Student | |

Required for Reporting

Have you been assigned an NPI number?

☒ Yes

☐ No

Please enter or update your NPI number (required to report your CME credits): * 

You can't leave this empty: Please enter or update your NPI number (required to report your CME credits);



If you do not know your NPI Number, please [click here to look it up](#).

To properly award credits to regulatory agencies or professional boards, certain professions must provide us additional information.

Physicians should note that their NPI number and ABMS diplomate numbers are required to report credits or MOC points in many circumstances. Non-physicians will not see this option.

MOC for Physicians


Maintenance of Certification (MOC)

Will you be claiming MOC points?

- ☒ Yes
☐ No

Please select all boards for which you are a member and enter your Diplomate ID. If you are a member of a board that does not require a Diplomate ID, such as American Board of Surgery, please enter N/A under Diplomate ID. This information is required to successfully transmit your CE/MOC completion records.

To add additional boards, if available, click the plus (+) sign. To remove a board check the Delete checkbox for that board before submitting the form.

	ABMS Certifying Board (Select all that apply):	Diplomate ID	Delete
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Delete

 If you do not know your ABA Diplomate ID, please call the ABA Communications Center at (866) 999-7501.

Physicians who will be claiming Continuing Certification or Maintenance of Certification (MOC) credit when offered by an activity must provide their specialty board diplomate information for each board with which they are certified. To add more than one certifying board, click the green plus “+” icon.

Reference your board diplomate IDs using the information in the blue box if needed.

Diplomates of the American Board of Surgery and/or American Board of Thoracic Surgery MUST provide this information in order for UCSF CME to report your CME credits to the ACCME. UCSF cannot be responsible for recording CME credits earned if this section of your profile is not complete.

Additional Information by Profession

<input type="checkbox"/> Medical Physicist	<input type="checkbox"/> Medical Technologist	<input type="checkbox"/> Midwife
<input type="checkbox"/> Molecular Diagnostic Technologist	<input type="checkbox"/> Non-Healthcare Professional	<input type="checkbox"/> Non-Physician
<input checked="" type="checkbox"/> Nurse	<input type="checkbox"/> Other	<input type="checkbox"/> Nurse Practitioner/Advanced Practice Nursing
<input type="checkbox"/> Optometrist	<input checked="" type="checkbox"/> Pharmacist	<input checked="" type="checkbox"/> Other Health Professional
<input type="checkbox"/> Paramedic	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Pharmacy Technician
<input type="checkbox"/> Phlebotomy Technician	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Physician
<input type="checkbox"/> Physician Assistant/Associate	<input type="checkbox"/> Radiologic Technologist	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Sonographer	<input type="checkbox"/> Respiratory Therapist
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Student	<input type="checkbox"/> Speech Language Pathologist
<input type="checkbox"/> Spiritual Health Practitioner		

Credentials (Select One)	ID	Delete
AANA		<input type="checkbox"/> Delete
ASRT		
Certificate Number		
NABP ePid #		

To add a new credential, click the green plus icon (+) in the top left corner of the table.

To remove a State License, click the "Delete" button next to the license type.

Nurse anesthetists, pharmacists, pharmacy technicians, radiologic technicians, and others should use the Credentials field to select their credential type and enter their credential numbers. The “Certificate Number” option is for use if the other options do not apply specifically to you. Use this if you need a certificate or license number to appear on your certificates of credit.

Pharmacists and pharmacy technicians: please note UCSF requires we have your NABP electronic personal ID in this field in order to report your credit to CPE Monitor®. UCSF cannot be responsible if credits are not awarded within the sixty-day window after an activity without this information.

Birth month and day are also often required to report credits electronically to certain organizations, so be sure to complete that information in your profile.

If you hold more than one such credential, use the green plus “+” icon to add others.



Choose where you would like mail sent...

(although we don't send too much of it)

Please Enter Your Primary Address

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"/>	<input type="text" value="UNITED STATES"/>	

We collect mailing address information to verify payments or to contact you in writing about extreme circumstances or to send you brochures about activities that may be of interest. UCSF does not share or sell any of this information to organizations outside of UCSF. You may enter an employer or home address as you prefer.

Specialties

Specialty and Subspecialty

Specialties

Specialty

As a J

Academic/Research

Accred

Allergy and Immunology

partici

Anesthesiology

below

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Audiology

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Bariatric Surgery

Behavioral Health

☒ S

Cardiovascular Disease

Opt-Out

☐ I do not wish to receive marketing emails.

Choose the specialties of interest to you; this helps us to filter out activities that match your interests in communications. Click the green plus button to add as many specialties as you want to hear about.

Note that you have the option to opt-out of ALL marketing emails in the future, and you can change this setting at any time.

Permission to Report

As a Joint 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](#)



☒ 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.

 Submit

Finally, we must have your consent to send information to our accreditation or regulatory agencies in order to report credits. This consent is not required; however, without it, UCSF CME cannot automatically report CE credits or MOC points for you.

Simply check the box, then click Submit to complete your profile.

Next Up...

- You have successfully completed the CloudCME 101 series.
- Be sure to check out other modules on our website that may be of interest.

Thank you for joining this quick tour of the UCSF Continuing Education Portal.