

# Instructions to Create a CloudCME Account

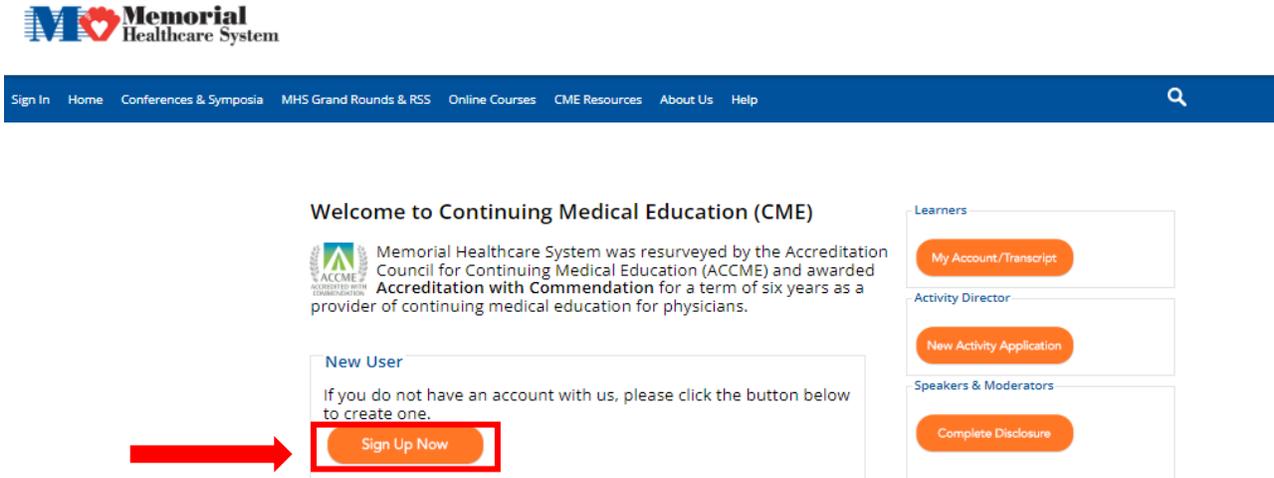
**Office of Continuing Medical  
Education**

**Phone: 954-844-1060**

**Email: [CMEDEPT@MHS.NET](mailto:CMEDEPT@MHS.NET)**

# Continuing Medical Education

1. Go to the Memorial Healthcare System's CME Website by following link <https://mhs.cloud-cme.com/default.aspx> .
2. Once on the CME Website, click on "Sign Up Now".



**Memorial**  
Healthcare System

Sign In Home Conferences & Symposia MHS Grand Rounds & RSS Online Courses CME Resources About Us Help

### Welcome to Continuing Medical Education (CME)

Memorial Healthcare System was resurveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded **Accreditation with Commendation** for a term of six years as a provider of continuing medical education for physicians.

**New User**  
If you do not have an account with us, please click the button below to create one.

**Sign Up Now**

**Learners**  
**My Account/Transcript**

**Activity Director**  
**New Activity Application**

**Speakers & Moderators**  
**Complete Disclosure**

# Continuing Medical Education

3. You will then be taken to the portal to create a profile.
4. All fields highlighted in *red* are required.

Welcome to the MHS Center for Continuing Medical Education Portal

 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.

Basic Information

Salutation  First \*  MI  Last \*  Suffix

Degree \*  Other Degree  Professional Designations

Profession \*

<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Administrative Director	<input type="checkbox"/> Anesthesiologist
<input type="checkbox"/> Assistant Director of Nursing	<input type="checkbox"/> Audiologist	<input type="checkbox"/> Cardiac Sonographer
<input type="checkbox"/> ...	<input type="checkbox"/> ...	<input type="checkbox"/> ...

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**5. Physicians claiming MOC credits, please select “Yes” and enter board and license information.**

**\* For Non-Physician/Medical Staff:** For *the state license requirement* you can use place holders to satisfy the program such as the state of residence for state license type, 00000 for license # and a faraway date for the expiration date.

## Maintenance of Certification (MOC)

Will you be claiming MOC points?

- Yes  
 No

**⚠ Birth Month and Birth Day are required for MOC - please ensure you have completed those fields in the Basic Information section of this form (above).**

MOC Board (Select One)	Diplomate ID
<input type="button" value="+"/>	

## 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:
<input type="button" value="+"/>	State License Florida	00000	12/31/2027 <input type="button" value="📅"/>

# Continuing Medical Education

- 6.** The areas in **white** are not required to create an account but they are strongly recommended.
- 7.** Please read & acknowledge the ACCME Accredited Provider state.
- 8.** Once you are done click **“Submit**