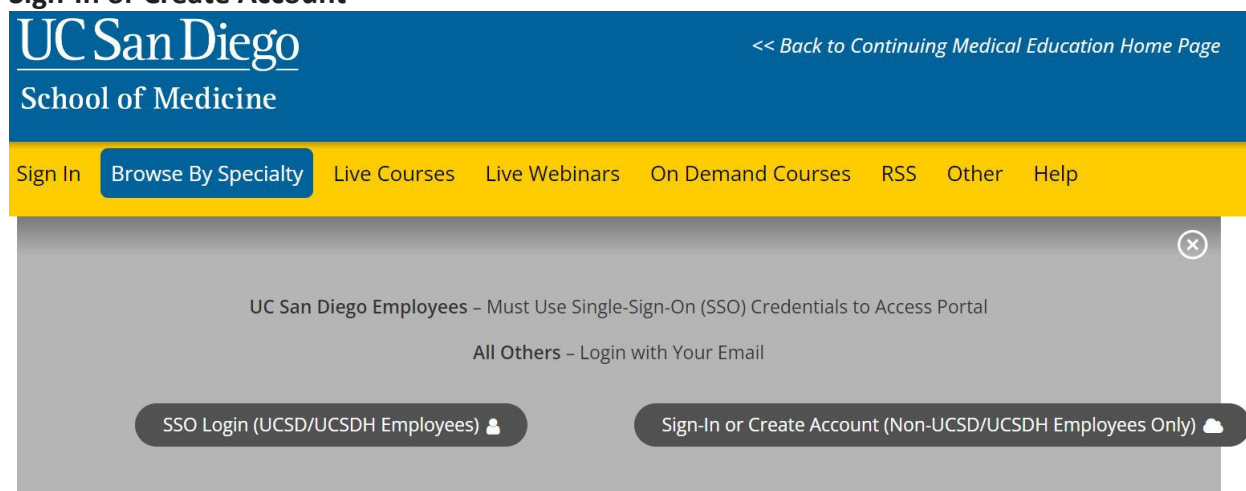


- **Step 1:** Visit UCSD CloudCME page, <https://ucsd.cloud-cme.com/default.aspx>.
- **Step 2:** Click on the **Sign In** button on the top left
Note: If you are a UCSD/UCSDH employee please use SSO log in option.

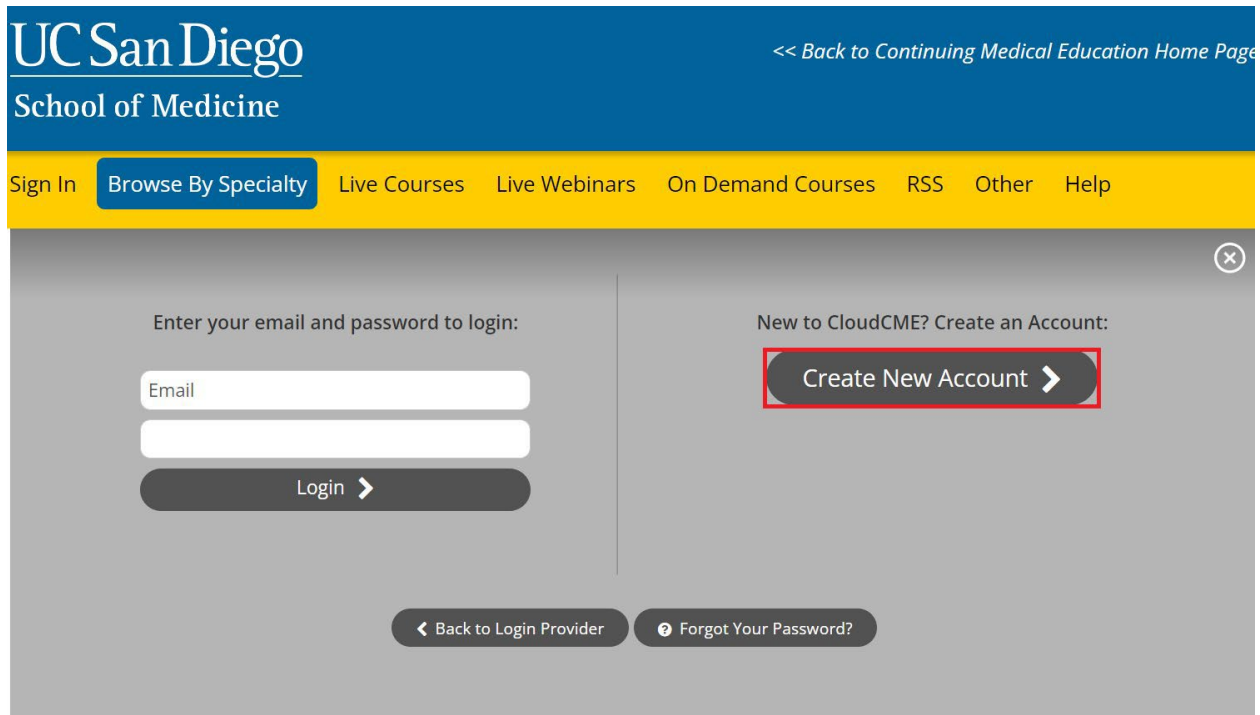


- **Step 3:** If you are a UCSD/UCSDH employee, log in using the **SSO Login** option; otherwise, click on **Sign-In or Create Account**

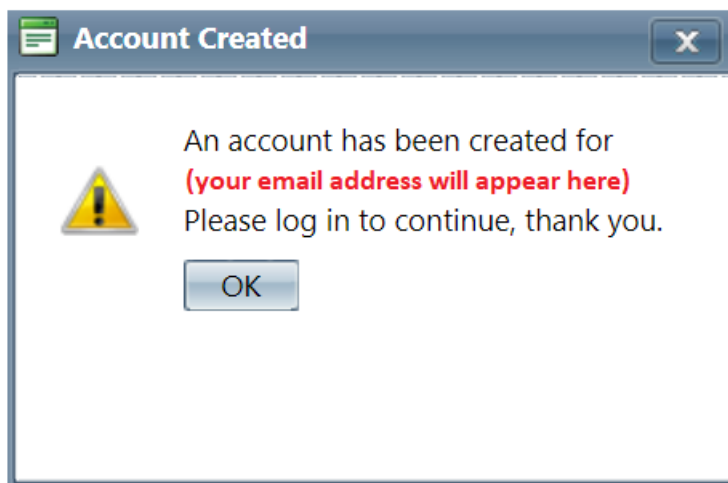


****If you have an existing account, skip to Step 5.**

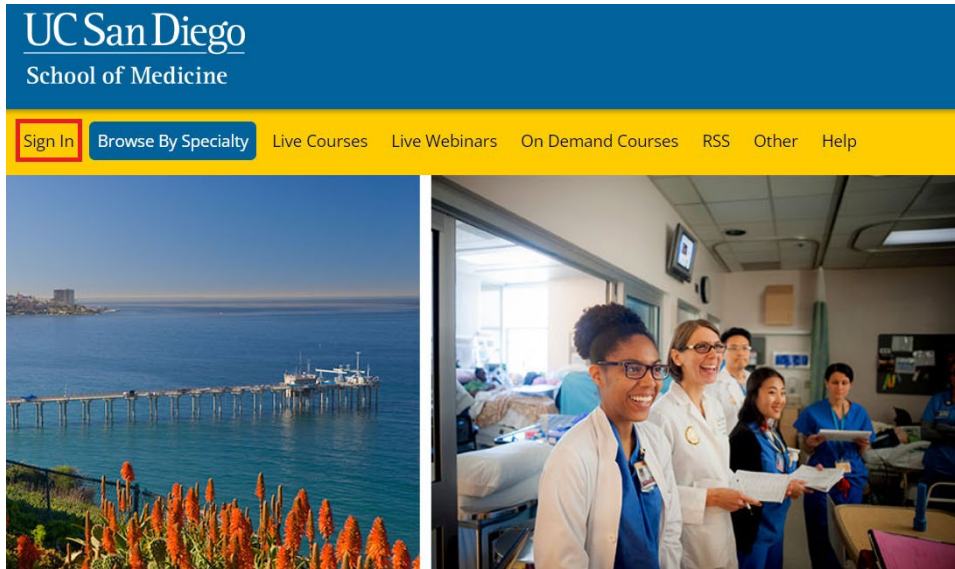
- **Step 4:** If you need to create an account because you are not a UCSD/UCDH employee, click on **Sign In or Create Account** then click on **Create New Account**.



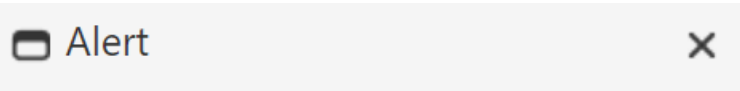
*If you create a non-SSO account, you will receive a confirmation message indicating that you have created an account.



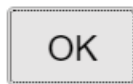
After you click **OK**, you will need to **Sign In** to your account using your newly created credentials.



Once you login to your account, you will be prompted to complete your profile. Click **OK** and complete the registration.



Please verify your profile information is up-to-date and click submit.



Please complete the profile with as much accurate information as you can. You will need to answer all the required questions in **red** before being able to click submit.

*Note: If you are ever a planner, faculty presenter, course director, etc. on an activity, your name and credentials as entered here will show up on activity promotions.



PROFILE



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
<input type="text"/>	<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Rodriguez R"/>	<input type="text"/>

Degree Professional Designations

Profession

<input type="checkbox"/> Addiction Professional	<input type="checkbox"/> Administrator	<input type="checkbox"/> Advanced Practice Nurse
<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Attorney	<input type="checkbox"/> Audiologist
<input type="checkbox"/> Behavioral Therapist	<input type="checkbox"/> Certified Registered Nurse Anesthetist	<input type="checkbox"/> Chiropractor
		<input type="checkbox"/> Clinical Lab Technician

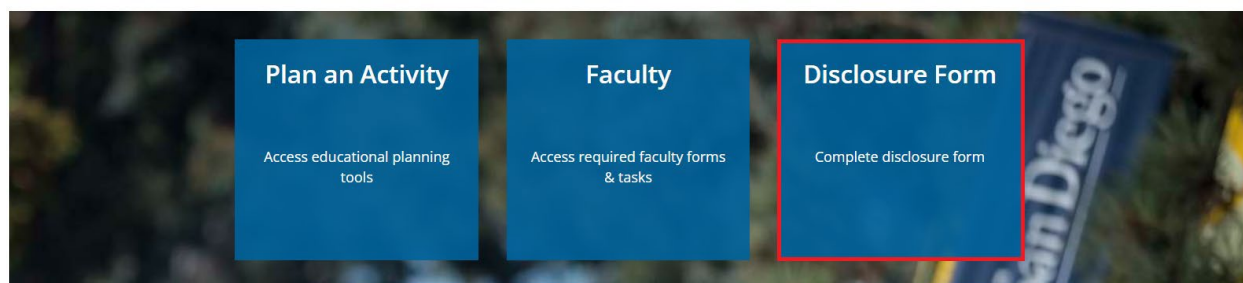
You will then be redirected to the main page.

- **Step 5: Scroll down the page and click on Disclosure Form.**

WELCOME TO THE UC SAN DIEGO CONTINUING MEDICAL EDUCATION LEARNING PORTAL

Here you can access information about courses offered, register to attend, and manage your learning needs. If you are an educator or planner, you can also browse resources and apply for credit.

If you are a UC San Diego employee, please log in with your SSO credentials.



- **Step 6:** You will read through this form and complete the required questions (**in red**) on the screen before you can click submit.

Within the past 24 months, have you received financial support (in any amount) from an ineligible company (including employment, consulting, research grant support, honoraria, etc.)? *

- Yes. In the past 24 months, I have an existing and/or have had a financial relationship with an ineligible company (list these relationships below).
- No. In the past 24 months, I have not had a financial relationship with an ineligible company.

Attestation

I have disclosed all relevant financial relationships and I will disclose this information to learners. *

- Yes
- No

The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased. *

- Yes
- No

I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested. *

- Yes
- No

If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis. *

- Yes
- No

I attest that the above information is correct as of this date of submission (sign below):

Type your full name below to sign: *

Date

11/18/2022

