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CONTINUING MEDICAL EDUCATION
OSU Center for Health Sciences

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WELCOME TO OSU CME

The *Office of Continuing Medical Education at Oklahoma State University, Center for Health Sciences, College of Osteopathic Medicine* is dedicated to improving patient care by providing physicians and other health care professionals with the most up-to-date, evidence based medical education programs. Our main goals are to improve patient outcomes, advance clinical knowledge and support high standards of medical practice.

If you are new to OSU-CME, please create an account with us. Returning users, please sign in using the username and password created at course registration.

Sign in to the OSU CME Portal

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
	Ashley		Groom	

Degree
MS

Professional Designations ℹ

Profession *

☐ Athletic Trainer   ☐ Counselor   ☐ Dentist
☐ Exhibitor   ☐ Healthcare Administrator   ☐ Licensed Practical Nurse
☐ Medical Assistant   ☐ Nurse Practitioner   ☐ Office Staff
☐ Optometrist   ☐ Other   ☐ Other Healthcare Professionals
☐ Pharmacist   ☐ Physical Therapist   ☐ Physician - Allopathic
☐ Physician - Osteopathic   ☐ Physician Assistant   ☐ Psychologist
☐ Registered Dietitian   ☐ Registered Nurse   ☐ Resident/Fellow
☐ Respiratory Therapist   ☐ Social Worker   ☐ Student
☐ 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.

	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 Primary Address

Address 1 *

You can't leave this empty: Address 1

City *

You can't leave this empty: City

Address 2

State

OK

Zip/City Code *

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

Address 3

Country

UNITED STATES

Phone and Fax

Intl Code

+1

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

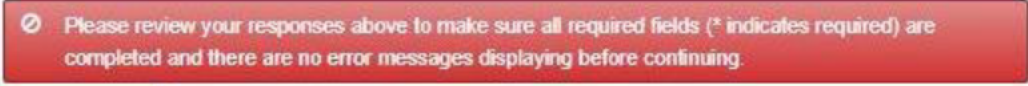☐ I do NOT wish to receive emails.

Administrative Assistant Information

Assistant Name

Assistant Email

Assistant Phone ℹ️

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 ⬅️ ▬▬▬▬▬▬▬

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