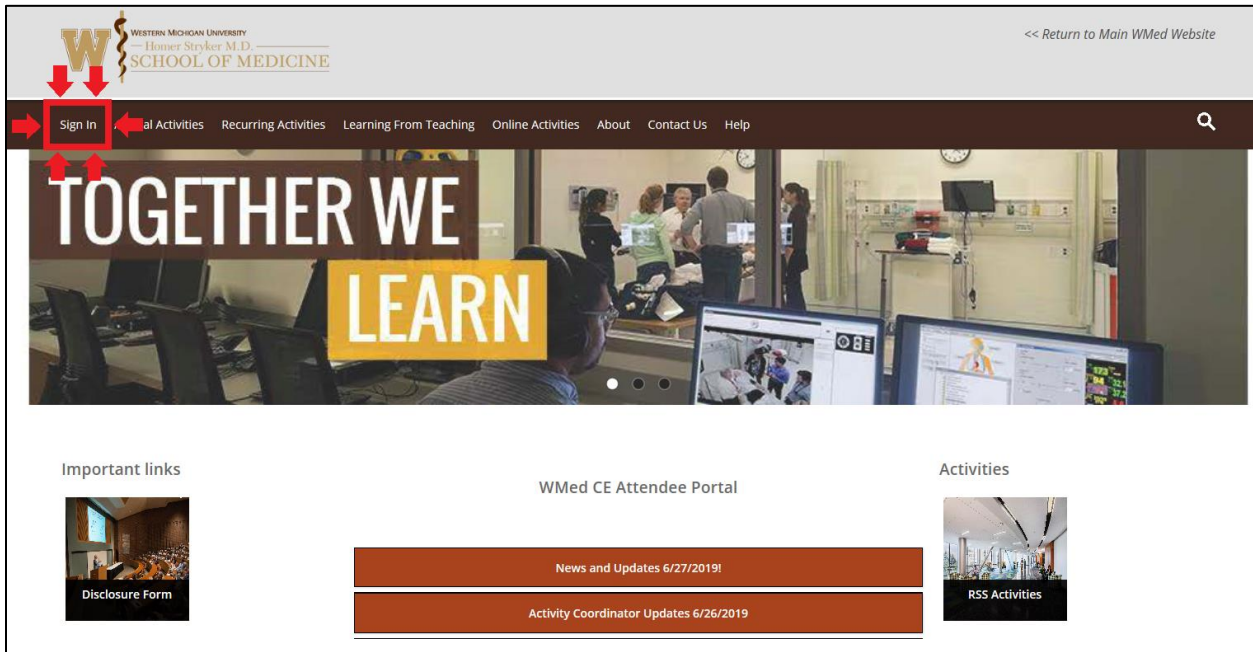
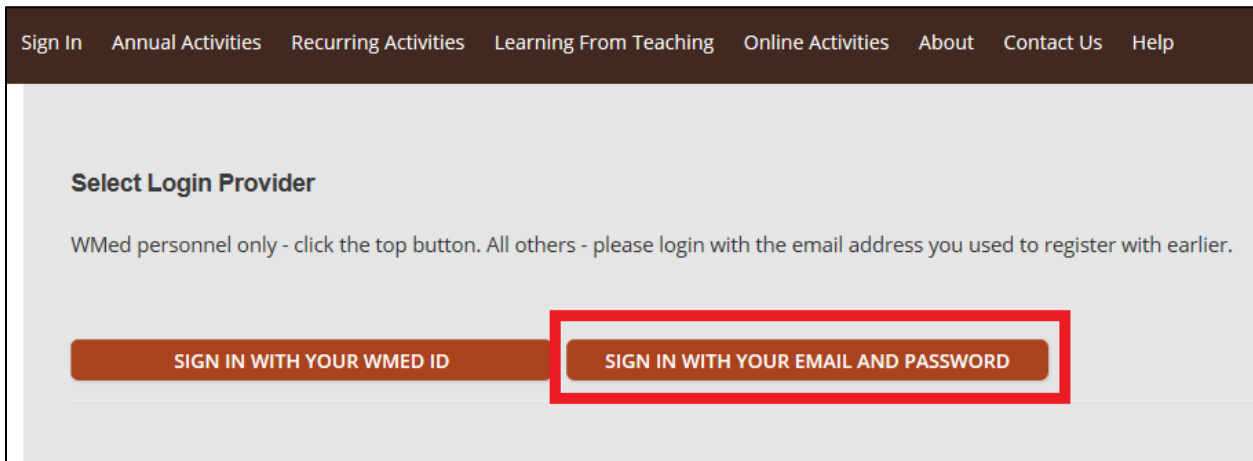


Creating a WMed CE Account

1. To create an account on the WMed CE Portal, go to <https://wmed.cloud-cme.com/> and click the “Sign In” button in the top left corner of the webpage.



2. Then click “SIGN IN WITH YOUR EMAIL AND PASSWORD”



3. Click on the link that states "Don't have an account?"

WESTERN MICHIGAN UNIVERSITY
— Homer Stryker M.D. —
SCHOOL OF MEDICINE

<< Return to Main WMed Website

Sign In Annual Activities Recurring Activities Learning From Teaching Online Activities About Contact Us Help

Enter your email and password to login:

Email:

Password:

LOGIN

Forgot Your Password? **Don't have an account?**

[Go Back to Provider Self](#)

4. Enter your email address and name, and create a strong password.

Need an Account?

Enter Your Information. *All fields are required.

Email

First Name Last Name

Password Confirm Password

Select Degree: -- Select Degree --

Select Profession: -- Select Profession --

Select Primary Credit Eligibility: -- Select Credit Type --

*Profession can be updated in the "My Profile" area

*Additional credit eligibilities can be updated in the "My Profile" area

CREATE ACCOUNT

[Go Back to Login](#)

5. Select your degree type (if applicable, otherwise select "None" or "Other"), profession, and the type of CE credit you are eligible for (Continuing Pharmacy Education ACPE). Then click "CREATE ACCOUNT"

Need an Account?

Enter Your Information. *All fields are required.

johnsmith@bestpharmacist.com

John Smith

.....

.....

Select Degree: PharmD

Select Profession: Pharmacist

Select Primary Credit Eligibility: Continuing Pharmacy Education ACPE

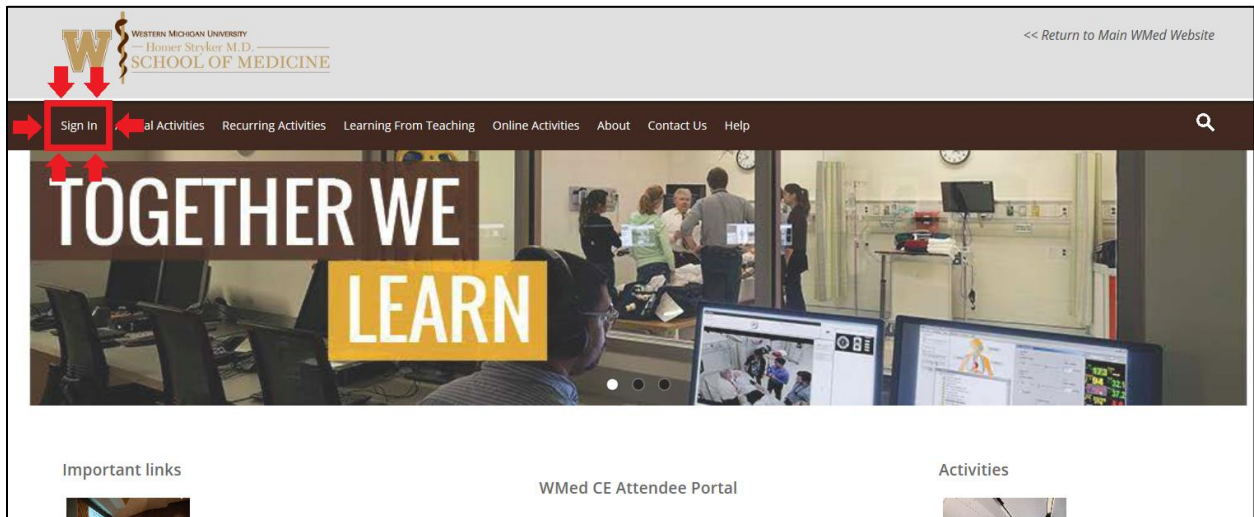
*Profession can be updated in the "My Profile" area

*Additional credit eligibilities can be updated in the "My Profile" area

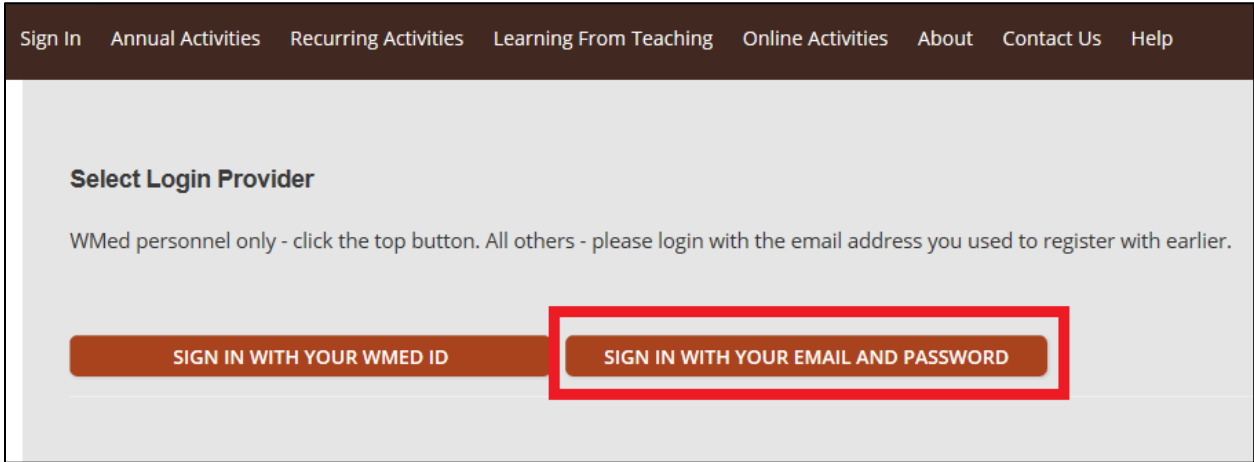
CREATE ACCOUNT

[Go Back to Login](#)

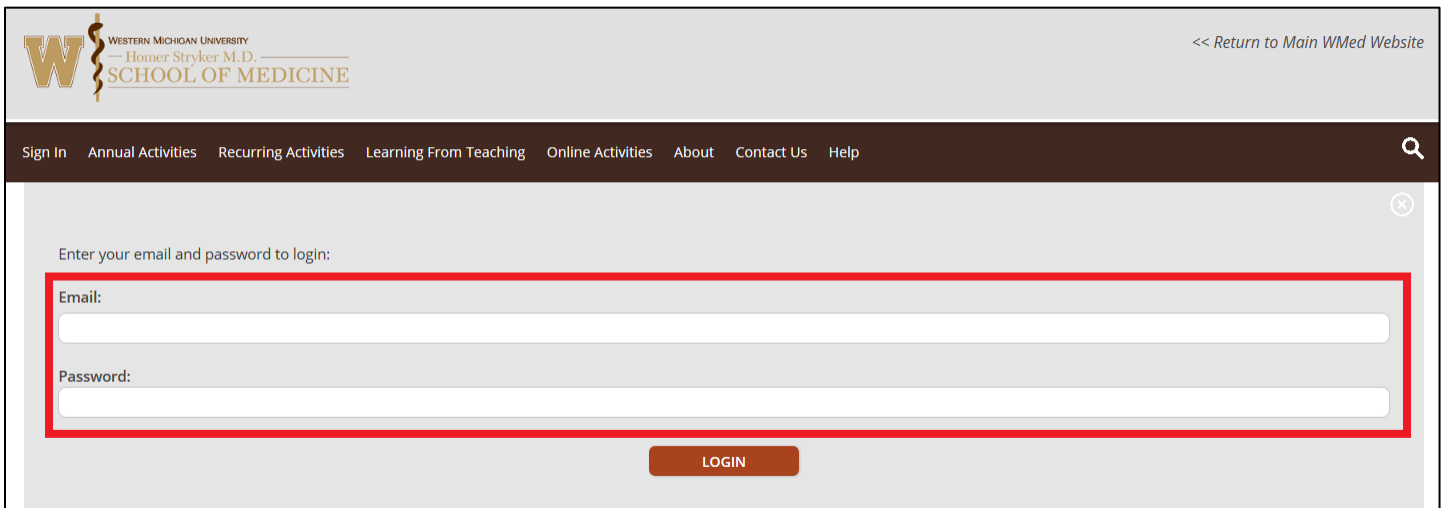
6. Click the "Sign In" button again.



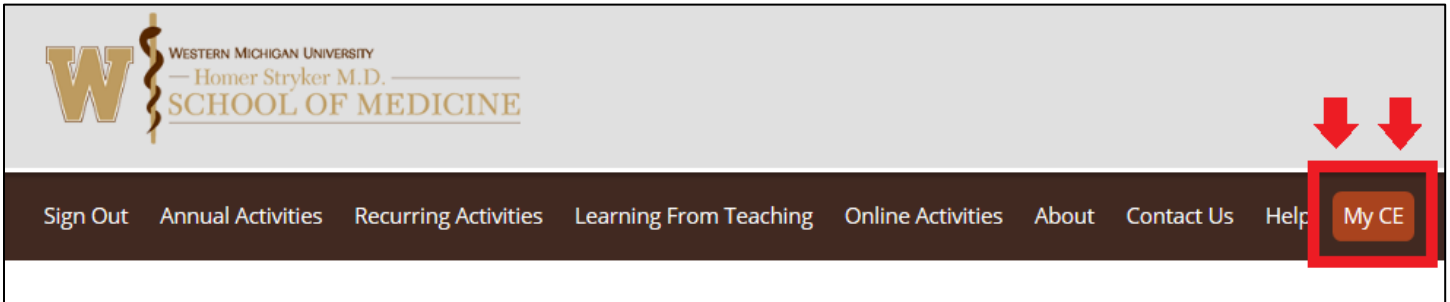
7. Then click "SIGN IN WITH YOUR EMAIL AND PASSWORD"



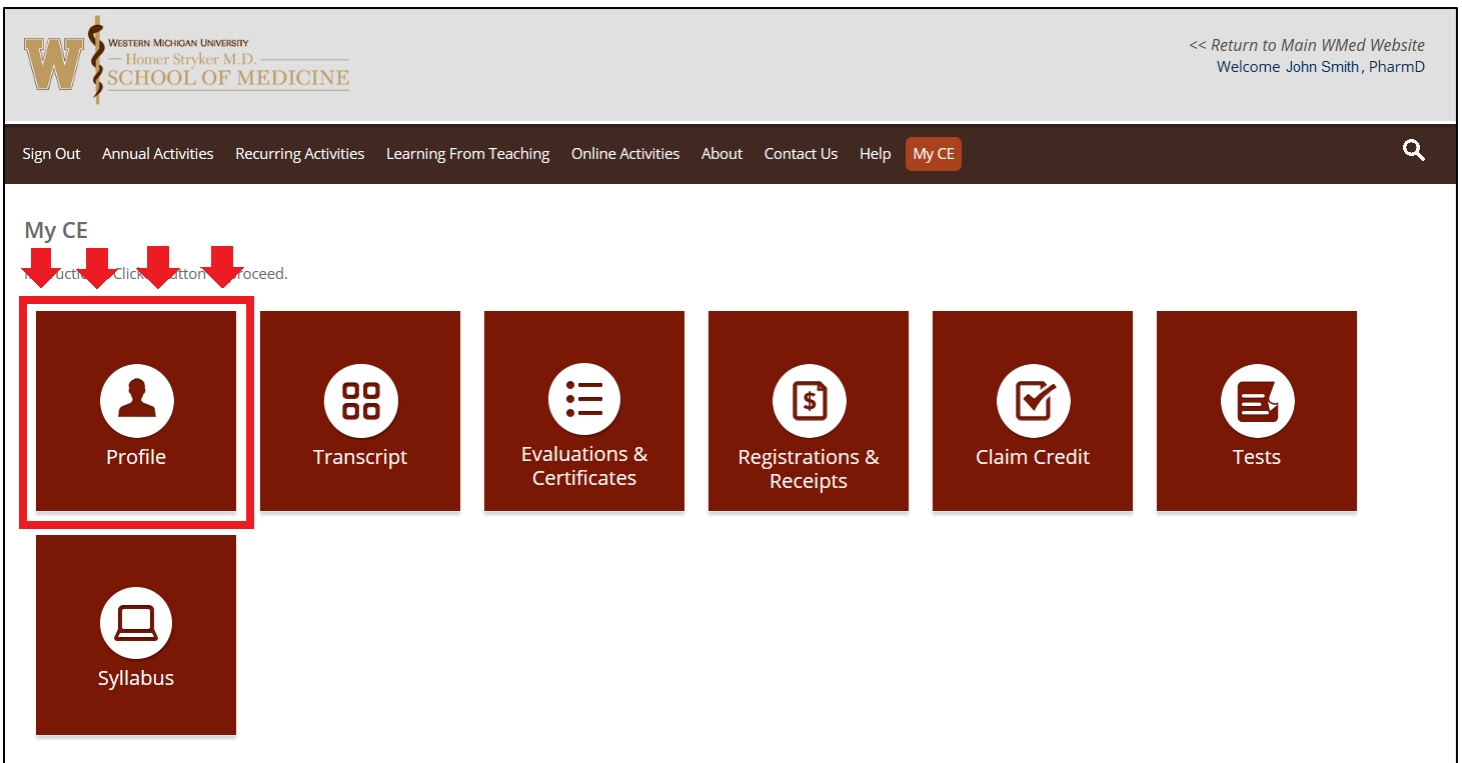
8. Enter your email address and password that you just used to create an account.



9. To access your CE portal, click the "My CE" button.



10. Set up your CE profile details (needed to obtain CE credit) by clicking on the box titled "Profile"



11. Fill in all necessary profile details, including CE eligibility type (Continuing Pharmacy Education ACPE), name, degree (if applicable), profession, organization, title, birth month/day, NABP e-profile ID number, address, phone number (including mobile number), and email address. When finished, click the "SUBMIT" button.

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](#)

I am eligible for the following credit categories. Physicians – AMA PRA Category 1 Credits™ Nurses, PAs – Non-Physician Attendance Social Workers – CE Clock Hours Adult Foster Care Administrators – AFC Administrator Credits Teachers – State Continuing Education Clock Hours (SCECHs) Other Learners – Non-Physician Attendance

- | | |
|--|---|
| <input type="checkbox"/> AMA PRA Category 1 Credits™ | <input type="checkbox"/> Other Learner Attendance |
| <input type="checkbox"/> ACE CE Credits | <input type="checkbox"/> General Attendance |
| <input type="checkbox"/> Continuing Nursing Education (CNE) | <input type="checkbox"/> IPCE Credit |
| <input checked="" type="checkbox"/> Continuing Pharmacy Education ACPE | <input type="checkbox"/> AAPA Category 1 CME |
| <input type="checkbox"/> APA CE Credits | |

Basic Information

Employee Category

- I am an employed member of WMed
 I am a community member of WMed
 I am NOT a member of WMed

Salutation
First MI Last Suffix

Degree Other Degree Profession Fellowships

Other Fellowships Organization/Company Title

Department Preferred First Name Birth Month

Birth Day

Credentials

MI Social
Work
License

MI Medicine
License

MI
Psychology
License

MI Nursing
License



NABP ePID#

123456

MI Counselor
License

Please Enter Your Primary Address

Address 1

1234 Hospital Drive

City

Best City

Address 2

State

MI

Zip/City Code

01234

Address 3

Country

UNITED STATES

Phone and Fax

Intl Code

1



Phone



000-867-5309

Ext



Mobile



000-867-5309

Fax



Emergency Contact Information

Emergency Contact Name

Emergency Contact Number

Comments

Email 

Email Address

Confirm Email Address


Opt-Out

I do NOT wish to receive emails.

Administrative Assistant Information

Assistant Name

Assistant Email

Assistant Phone 

Specialty

- | | |
|---|---|
| <input type="checkbox"/> Academic/Research | <input type="checkbox"/> Anesthesiology |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Coroner |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Dental Assistant |

