

Profile Update Instructions

For WMed’s Office of Continuing Education to be able to upload your CE information, you will need to be sure your WMed CE Profile is completed and up to date. To do so, please visit here: <https://wmed.cloud-cme.com/default.aspx>. Be sure you are signed in and click the button “My CE” located in the upper right hand side of the screen. From there, click Profile.

Birth Month/Day of birth

Please update your birth month and your day of birth

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

<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Dietitian	<input type="checkbox"/> Medical Assistant
<input type="checkbox"/> Nurse	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Other Healthcare Profession
<input type="checkbox"/> Other Non-Healthcare Profession	<input type="checkbox"/> Other or Not Applicable	<input type="checkbox"/> PA
<input checked="" type="checkbox"/> Physician	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Pharmacy Technician
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Psychologist
	<input type="checkbox"/> Student	<input type="checkbox"/> Technician

Professional Designations Organization/Company Title

Department Preferred First Name Medical School

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
<input type="button" value="+"/>	<input type="text"/>	<input type="text"/>

State License(s)

Enter any applicable credentials and corresponding Diplomate ID number(s) under Credentials.

Profession

<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Dietitian	<input type="checkbox"/> Medical Assistant
<input type="checkbox"/> Nurse	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Other Healthcare Profession
<input type="checkbox"/> Other Non-Healthcare Profession	<input type="checkbox"/> Other or Not Applicable	<input type="checkbox"/> PA
<input type="checkbox"/> Physician	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Pharmacy Technician
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Psychologist
	<input type="checkbox"/> Student	<input type="checkbox"/> Technician

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Credentials

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Credentials (Select One)	ID
<input type="checkbox"/> NABP ePID#	
<input type="checkbox"/> MI Respiratory Care License	
<input type="checkbox"/> MI 2	
<input type="checkbox"/> MI Nursing Home Administrator License	
<input type="checkbox"/> MI Optometry License	
<input type="checkbox"/> MI Occupational Therapist License	Expiration Date: <input type="text" value=""/>
<input type="checkbox"/> MI 3	
<input type="checkbox"/> MI 4	
<input type="checkbox"/> ABS Diplomate ID	


Address 1 City

Address 2 State Zip/City Code

Enter State Medical License information under Credentials.




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 MI Social Work License
MI Psychology License
Address 12345 MI Counselor License
MI Medicine License
Address MI Nursing License
MI Dentistry License
Address MI Marriage & Family
Therapy License
MI Pharmacy License

City
Kalamazoo

State MI Zip/City Code 49008

Country UNITED STATES

Phone and Fax

Click submission statement to have MOC data shared with ACCME
This will allow WMed CE to upload your learner information on your behalf.

- | | |
|---|--|
| <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Orthopedic Surgery |
| <input type="checkbox"/> Osteopathic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Pain Medicine |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Pulmonary Disease |
| <input type="checkbox"/> Radiologic Tech | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Registered Dietician | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Speech Language Pathology |
| <input type="checkbox"/> Surgical Specialties | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Vascular Surgery | |

As an ACCME 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 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](#)