



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
<input type="text"/>	<input type="text" value="Ashley"/>	<input type="text"/>	<input type="text" value="Groom"/>	<input type="text"/>

Degree	Professional Designations [?]
<input type="text" value="MS"/>	<input type="text"/>

Profession *

<input type="checkbox"/> Athletic Trainer	<input type="checkbox"/> Counselor	<input type="checkbox"/> Dentist
<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Healthcare Administrator	<input type="checkbox"/> Licensed Practical Nurse
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Office Staff
<input type="checkbox"/> Optometrist	<input type="checkbox"/> Other	<input type="checkbox"/> Other Healthcare Professionals
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physician - Allopathic
<input type="checkbox"/> Physician - Osteopathic	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Registered Dietitian	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Resident/Fellow
<input type="checkbox"/> Respiratory Therapist	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Student
<input type="checkbox"/> Veterinarian		

Invalid value

Title	First Name on Badge
<input type="text"/>	<input type="text"/>

Department	Organization/Company *
<input type="text"/>	<input type="text"/>

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
	<input type="text" value="▼"/>	<input type="text"/>

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="text" value="▼"/>	<input type="text"/>	<input type="text" value="▼"/>

Please Enter Your Primary Address

Address 1 * City *
You can't leave this empty: Address 1 You can't leave this empty: City

Address 2 State Zip/City Code *
You can't leave this empty: Zip/City Code

Address 3

Country

Phone and Fax

Intl Code Phone * Ext
You can't leave this empty: Phone

Mobile Fax

Emergency Contact Information

Emergency Contact Name Emergency Contact Number

Comments

Comments

Email

Email Address * Confirm Email Address *

You can't leave this empty: Email Address You can't leave this empty: Confirm Email Address

Opt-Out

I do NOT wish to receive emails.

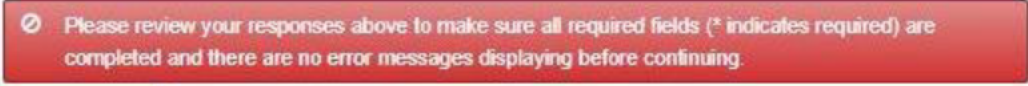
Administrative Assistant Information



Assistant Name Assistant Email Assistant Phone

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.

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