To create an account in the Avera CE Portal :

- 1. Click the following link: <u>http://avera.cloud-cme.com / scan QR code</u>
- 2. Click "Sign In" Create New Account link and complete all fields. When the confirmation pop-up appears, click OK. Go back to the login page and to complete the profile page.

Sign In Events & Live Courses Serie	es Calendar On Demand Courses Avera Le	eaders CE Planner Resources Help					
Enter your email and password to login:		New to C	New to CloudCME? Create an Account:				
Email			eate New Account 🔉				
	_	Create an Account:	(All fields are required)				
_	Email						
Have An Existing Account But Ha	First Name		Last Name				
	Password		Confirm Password				
	• Password	I Requirements					
	Select	Degree:	Select Profe	ession:			
	Select Degree	•	Select Profession	•			
	Create Account						
	< Back to Login						
	(Justin Cogn						

 Return to the home, click Sign In and log in using the email used when creating this account. Click My CE – Profile and complete all fields highlighted in red. Physicians, pharmacists or pharmacy techs, **must** fill in the Credentials section in order for Avera to transmit the education data to the appropriate accrediting bodies.

Organization/Company *									
Birth Month	Birth Day	•							
Maintenance of Certification and Continuing Certification (MOC/CC)									
Will you be claiming MOC O Yes O No	CC points?								
Credentials									
It is the responsiblity of information to receive cr	the pharmacist redit if available	t, pharmacy tec e.	hnician or phy	sician to provide the corr	ect				
To add additional creder minus (-) sign for that ro	rtials, if availab w.	le, click the plu	ıs (+) sign. To ı	remove a credential click	the				
Credentials (Sele	ect One)	•	ID						
State License(s)									
To add additional state l sign for that row.	icenses click th	ne plus (+) sign	. To remove a s	state license click the min	us (-)				
State License Typ)e:	License #		Expiration Date:	6 0				
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Please Enter Your Wor	k Address								
Address 1 *		Ad	ldress 2						
City *		State *		Zip/City Code *					
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