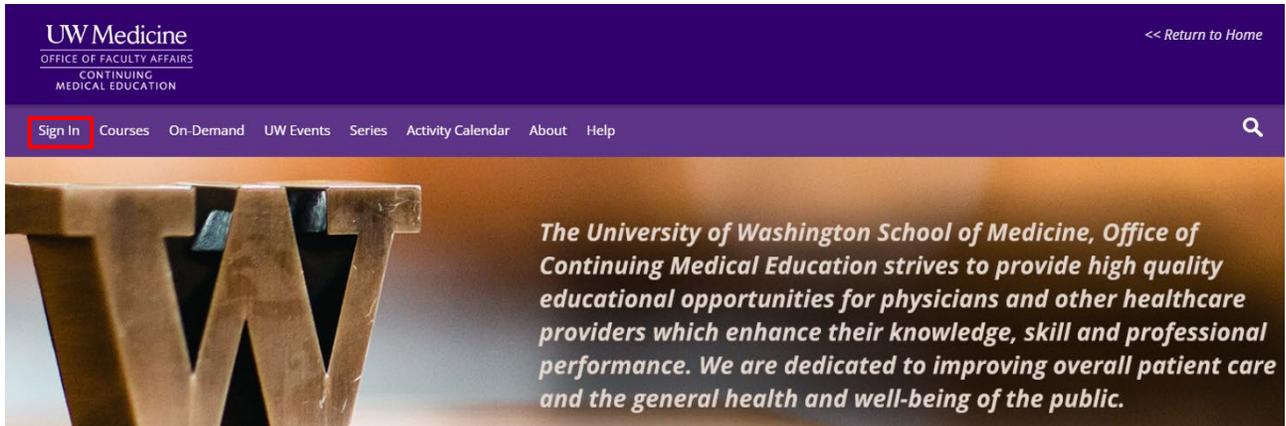
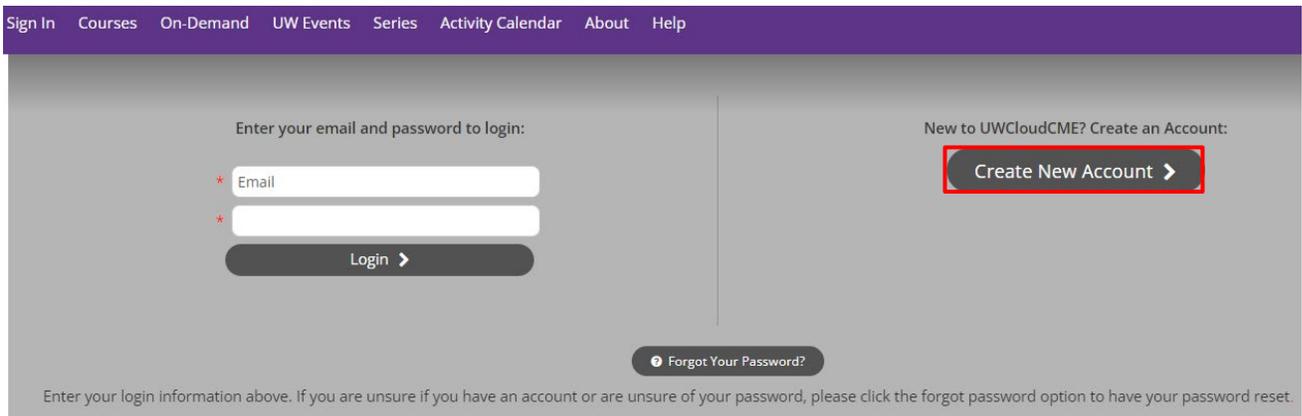


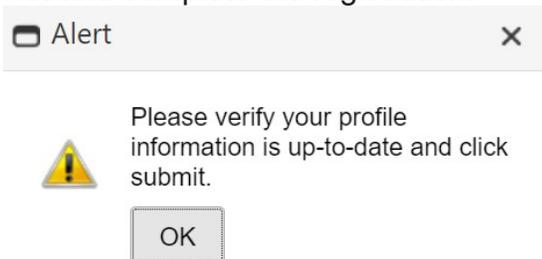
Step 1: Sign In to UW CME Portal, <https://uw.cloud-cme.com/default.aspx>.



If you do not have a UWCloudCME account, click on the **Sign in or Create Account** button then **Create New Account**



Once you have logged in to your account you will be prompted to complete your profile. Click **OK** and complete the registration.



Please complete the profile with as much accurate information. You will need to answer all required questions in red before you can hit submit.

- **Note:** If you are ever a planner, faculty, course director etc. on an activity your name and credentials as entered here will show up on activity promotions. If you will be requesting MOC, please ensure ID, DOB (MM/DD), and approval to transmit data is selected.



Profile

[Reset My Password](#)

Basic Information

Salutation First Name MI

Last Name Suffix

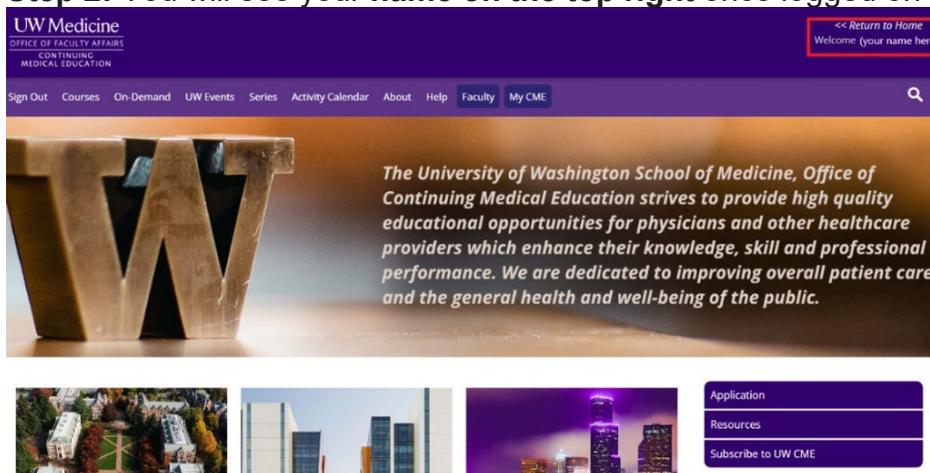
Degree Other Degree Birth Month Birth Day

Profession

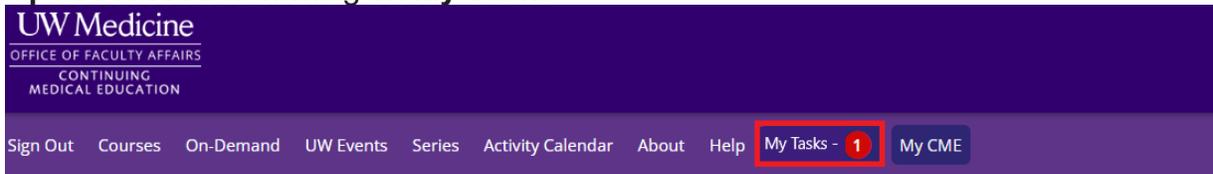
<input type="checkbox"/> Dentist	<input type="checkbox"/> Naturopathic Physician	<input checked="" type="checkbox"/> Non-Physician
<input type="checkbox"/> None	<input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Associate
<input type="checkbox"/> Student	<input type="checkbox"/> Technician	

You will then be redirected to the main page

Step 2: You will see your name on the top right once logged on successfully.



Step 3: Proceed to clicking on My Tasks



Step 4: Click on Begin/Update disclosure button

- 1** Global Tasks
- Activity Tasks
- Upcoming Presentations

Global tasks are tasks that apply to all activities. The below tasks can be completed at any time. The below tasks

Status	Task Name
Begin	Disclosure of Financial Relationships

Step 5: Scroll through the form and complete any questions highlighted in red

Disclosure Form Required by The Standards for Integrity and Independence

This section to be completed by the Planner, Faculty, Author, Content Reviewer or Others Who May Control Educational Content:

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the **name** of the ineligible company and the **nature** of the financial relationship(s). There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Required fields are indicated with an asterisk (*) and must be completed, the form cannot be submitted without an answer.

Within the past 24 months, have you received financial support (in any amount) from an ineligible company (including employment, consulting, research grant support, honoraria, etc.)? *

- Yes. In the past 24 months, I have an existing and/or have had a financial relationship with an ineligible company (list these relationships below).
- No. In the past 24 months, I have not had a financial relationship with an ineligible company.

Attestation

I have disclosed all relevant financial relationships and I will disclose this information to learners. *

- Yes
- No

The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased. *

- Yes
- No

I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested. *

- Yes
- No

If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis. *

- Yes
- No

Step 6: Sign and submit completed disclosure form

I attest that the above information is correct as of this date of submission (sign below):

Type your full name below to sign:

Date