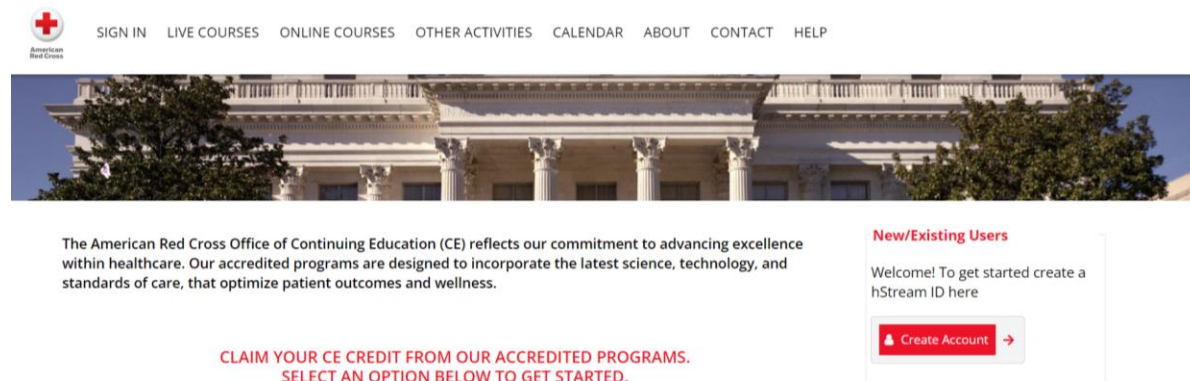




Step 1: Go to <https://redcross.cloud-cme.com>. Click **Create Account**.



The American Red Cross Office of Continuing Education (CE) reflects our commitment to advancing excellence within healthcare. Our accredited programs are designed to incorporate the latest science, technology, and standards of care, that optimize patient outcomes and wellness.

New/Existing Users

Welcome! To get started create a hStream ID here

Create Account →

**CLAIM YOUR CE CREDIT FROM OUR ACCREDITED PROGRAMS.
SELECT AN OPTION BELOW TO GET STARTED.**

NOTE: CloudCME is directly linked to hStream – you will create an hStream account that will be your login/information for CloudCME. Once logged in, you will be redirected to CloudCME.

Important: You will be validating you, your account, and your recovery mobile number. So you will be entering validation codes 3 separate times in the following steps:

Step 2: Create your hStream ID:

The screenshot shows the hStream logo at the top. Below it is the heading 'Create your hStream ID'. The form contains input fields for 'First Name', 'Last Name', 'Email', 'Password', and 'Confirm Password'. Each password field has an eye icon for visibility. At the bottom, there is a checkbox for 'I agree with the terms of use.', a blue 'Continue' button, and a link that says 'Already have an hStream ID? Sign In'.

Step 3: Enter your information and check the Terms of Use (link to review) checkbox at the bottom. All fields are required.

Click the **Continue** button.

This is a duplicate of the form shown in Step 2, but with a red rectangular box highlighting the blue 'Continue' button. The rest of the form elements, including the hStream logo, input fields, and checkboxes, are identical to the previous screenshot.

NOTE: The email and password you use when logging into a computer will be the same when logging into the CloudCME® mobile app.

Step 4: You will be asked to authenticate your email. Retrieve the verification code from the email address you entered previously. Press continue.



Verify your hStream ID

A verification code has been sent to L*****3@redcross.org, if the email exists.

Verification Code

Continue

Need a new code? Resend to your [Email](#)

Already verified? [Sign In](#)

Note: A welcome email will be sent to you at the email address you provided.

Step 4: You will be asked to authenticate your account with the same email address. You must use your email, *not mobile number*. Follow the prompts and enter the new verification code from your email as instructed. If you do not see the new code in your email, you may have forgotten to hit Continue like in the image above.



Verify your hStream ID

Success! You have registered.

You can sign in on the next screen.

Continue

Step 5: You will be asked to enter your Mobile number for a recovery method in the event you forget your password. Click “Send verification code.”



Enter a mobile number for Account Recovery

Your phone number will be used for password recovery and will not be used for any other purposes without your consent.

Mobile Number

Required

Confirm Mobile Number

Required

Send Verification Code

Step 6: Enter the verification code sent to your mobile device and “Continue.”

Step 7: You will automatically be brought to the Profile screen. Complete all required fields.

NOTE: Fields marked with an asterisk are required. You must select your Degree and Profession to receive credit upon activity completion. If you do not see a profession that is applicable, please check “Content Developer.”

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](#)

Basic Information

Salutation	First *	MI	Last *	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	You can't leave this empty: First		You can't leave this empty: Last	

Degree *

You can't leave this empty: Degree

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

Please Enter Your Primary Address

Address 1 *	City *	
<input type="text"/>	<input type="text"/>	
You can't leave this empty: Address 1	You can't leave this empty: City	
Address 2	State *	Zip/City Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 3	Country *	
<input type="text"/>	<input type="text"/>	
	You can't leave this empty: Country	

Phone and Fax

Intl Code	Phone *	Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>
	You can't leave this empty: Phone	

Profession *

<input type="checkbox"/> Allied Dental Profession	<input type="checkbox"/> Allied Health Professional	<input type="checkbox"/> Athletic Trainer
<input type="checkbox"/> Cardiovascular Technician	<input type="checkbox"/> Certified First Responder	<input type="checkbox"/> Certified Nurse Midwife
<input type="checkbox"/> Certified Registered Nurse Anesthetist	<input type="checkbox"/> Dentist	<input type="checkbox"/> Dietician
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> EMT	<input type="checkbox"/> Laboratory Technician
<input type="checkbox"/> Occupational Therapist	<input checked="" type="checkbox"/> Nurse	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physician
<input type="checkbox"/> Respiratory Therapist	<input type="checkbox"/> Psychological Therapist	<input type="checkbox"/> Radiology Technician
<input type="checkbox"/> Speech-Language Pathologist	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Sonographer
<input type="checkbox"/>	<input type="checkbox"/> Student	

Invalid value

Please change your Degree or Profession. If you are a Physician, please select Physician as your profession, otherwise, please select another profession.

Title First Name on Badge

Department Organization/Company

Medical School Birth Month Birth Day

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 marketing emails.

Administrative Assistant Information

Assistant Name Assistant Email Assistant Phone

Title First Name on Badge

Department Organization/Company *

You can't leave this empty: Organization/Company

Medical School Birth Month Birth Day

Maintenance of Certification (MOC)

Will you be claiming MOC points?

Yes
 No

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

Specialty and Subspecialty

Specialties

Specialty

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.

Please review your responses above to make sure all required fields (*) indicates required) are completed and there are no error messages displaying before continuing.

Step 6: When all information has been entered, click the **Submit** button at the bottom of the screen. Your CloudCME® account has been created.