Professional Account Creation

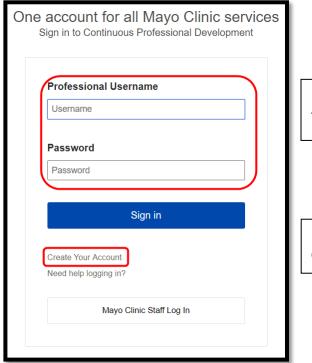
- 1. Go to https://ce.mayo.edu/
- 2. Click **Login** (upper right corner)



Log in using your professional account log in. The professional account allows you to manage one username and password for business that you may do with Mayo Clinic. For example, if you have referred a patient to Mayo Clinic, the same username and password can be used to log into this site.

If you do not have a professional account, the first step is to create and activate a Mayo Clinic Professional account.

NOTE: Remember your username and password as they are required to access your account to view the syllabus, claim credit and access your transcript.

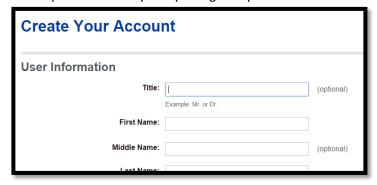


If you have already created a Mayo Clinic Professional account, enter the **User Name** and **Password** for the account and click on **Log In**.

If you are new to the Mayo Clinic Professional account, click on **Create Your Account**

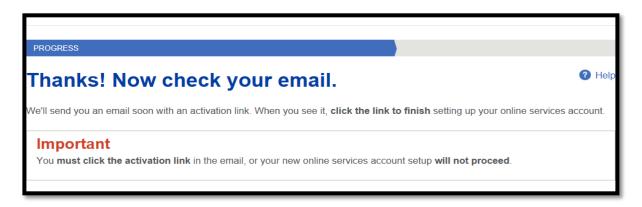
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3. Create your account by completing the questions and click on Continue



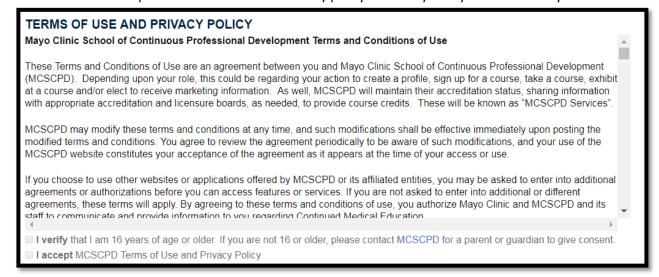
4. Once you have completed the questions you will need to activate your account. Check your email for an activation email. Open the email and click on the activation link.

Note: If you do not receive the activation email, check your spam or junk folders as security settings on email servers can cause the email to not come into your inbox.



When you activate your account you will be brought back to Mayo School of Professional Home page.

- 5. Click on log in (upper right corner)
- 6. You will need to accept the Terms of Use and Privacy policy and verify that you are over 16 years old.



7. Complete the account process by completing the required fields and clicking Save at the bottom of the screen.

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Review and update all of the fields as needed

The following fields are required to complete your profile and have not been auto populated

PREFIX (Mr. Dr. Ms. Mrs. or Miss)

ARE YOU EMPLOYED BY AN ORGANIZATION THAT IS PART OF THE MAYO CLINIC CARE NETWORK (MCCN)?

(Auto Populated with No)

ADDRESS TYPE

ADDRESS LINE 1, CITY, STATE, POSTAL CODE, COUNTRY

DATE OF BIRTH (used for reporting of MOC and/or Pharmacy credit)

SPECIAL NEEDS (Select **None** if none apply)

ENROLLMENT TYPE – select the one that is most appropriate for you

DO YOU HOLD A MEDICAL DOCTOR FLORIDA LICENSE NUMBER (Yes or No)

CREDIT ELIGIBILITY

8. Click Save

Congratulations! You have completed your professional profile!

For technical support contact Education Technology Center (ETC) priority line (507) 266-9087 or 77-6-9087.

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