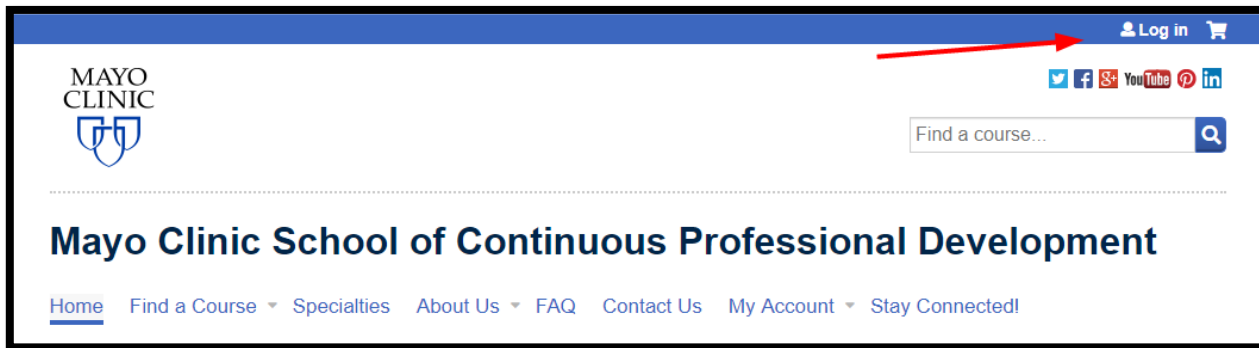


### Professional Account Creation

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.



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

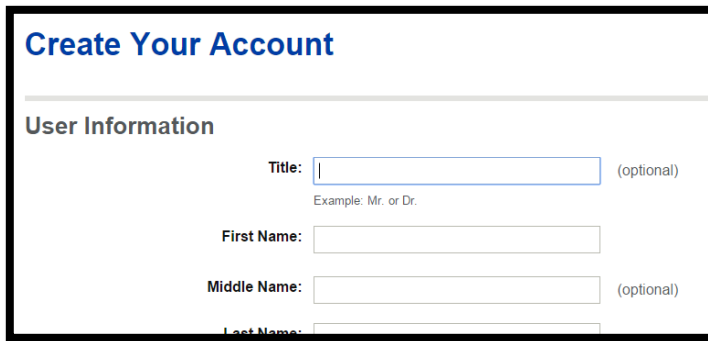
**NOTE:** Remember your username and password as they are required to access your account

A screenshot of the login page for Mayo Clinic Professional services. The page title is "One account for all Mayo Clinic services" and the subtitle is "Sign in to Continuous Professional Development". The login form includes a "Professional Username" section with a "Username" input field, a "Password" section with a "Password" input field, and a blue "Sign in" button. Below the "Sign in" button, there is a "Create Your Account" link highlighted with a red box, and a "Need help logging in?" link. At the bottom, there is a "Mayo Clinic Staff Log In" button.

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**

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



**Create Your Account**

**User Information**

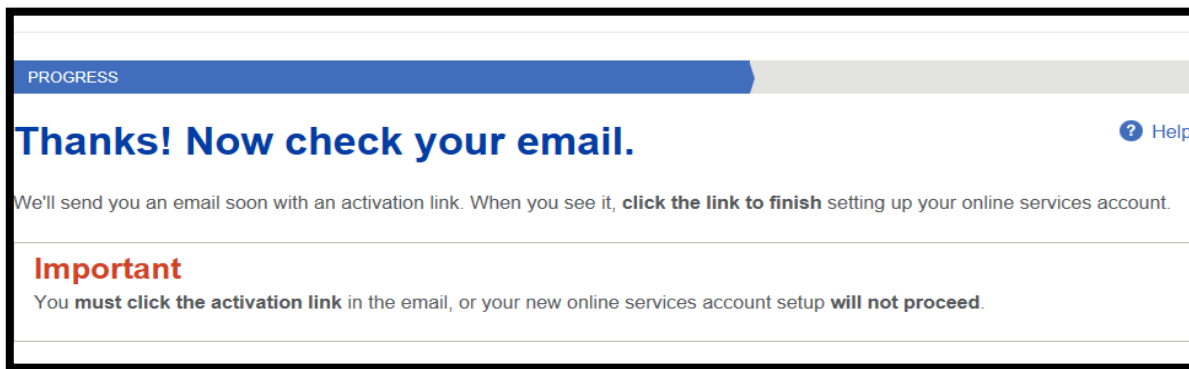
Title:  (optional)  
Example: Mr. or Dr.

First Name:

Middle Name:  (optional)

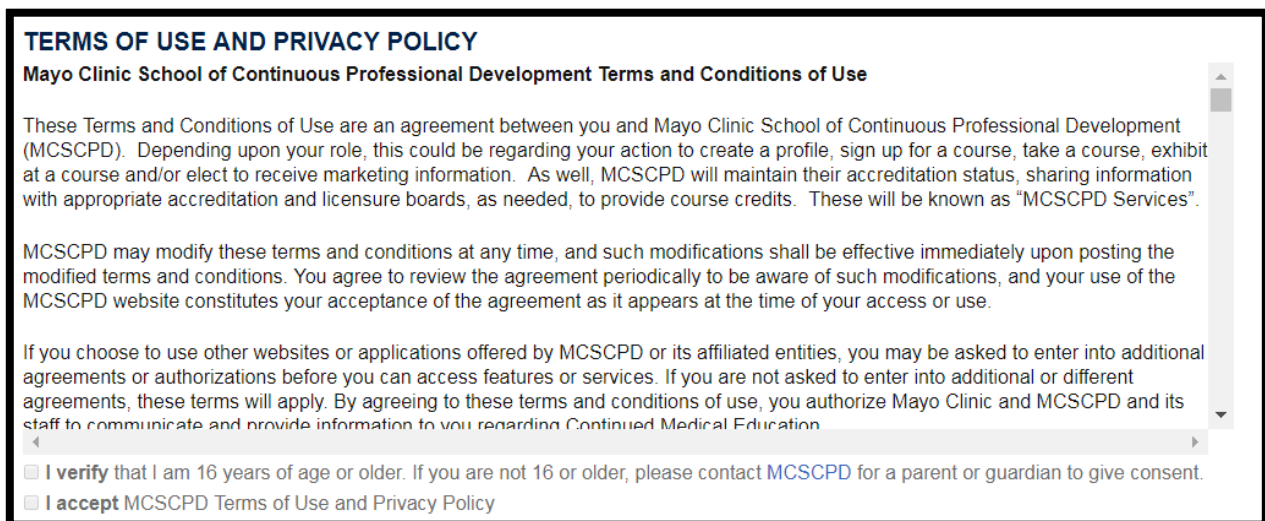
Last Name:

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.



### TERMS OF USE AND PRIVACY POLICY

**Mayo Clinic School of Continuous Professional Development Terms and Conditions of Use**

These Terms and Conditions of Use are an agreement between you and Mayo Clinic School of Continuous Professional Development (MCSCPD). Depending upon your role, this could be regarding your action to create a profile, sign up for a course, take a course, exhibit at a course and/or elect to receive marketing information. As well, MCSCPD will maintain their accreditation status, sharing information with appropriate accreditation and licensure boards, as needed, to provide course credits. These will be known as "MCSCPD Services".

MCSCPD may modify these terms and conditions at any time, and such modifications shall be effective immediately upon posting the modified terms and conditions. You agree to review the agreement periodically to be aware of such modifications, and your use of the MCSCPD website constitutes your acceptance of the agreement as it appears at the time of your access or use.

If you choose to use other websites or applications offered by MCSCPD or its affiliated entities, you may be asked to enter into additional agreements or authorizations before you can access features or services. If you are not asked to enter into additional or different agreements, these terms will apply. By agreeing to these terms and conditions of use, you authorize Mayo Clinic and MCSCPD and its staff to communicate and provide information to you regarding Continued Medical Education.

I **verify** that I am 16 years of age or older. If you are not 16 or older, please contact [MCSCPD](#) for a parent or guardian to give consent.

I **accept** MCSCPD Terms of Use and Privacy Policy

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

**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)

**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** – Choose Exhibitor

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

**CREDIT ELIGIBILITY**

8. Click **Save**

**Congratulations!** You have completed your professional profile!