Professional Account Creation
1. Go to https://ce.mayo.edu/
2. Click **Login** (upper right corner)
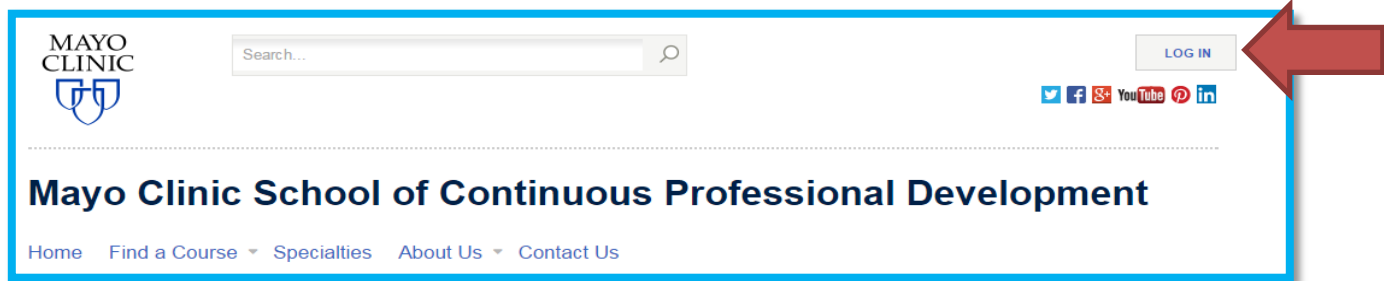
Log in using your professional account log in.   The professional account allows you to manage one username and password for business that you may do with Mayo Clinic.
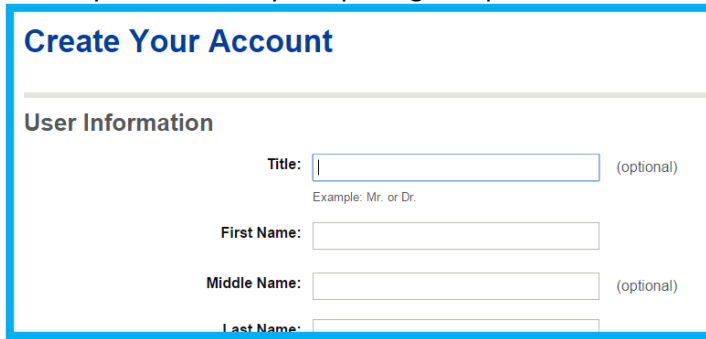
If you do not have a professional account, the first step is to create and activate a Mayo Clinic Professional account.

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

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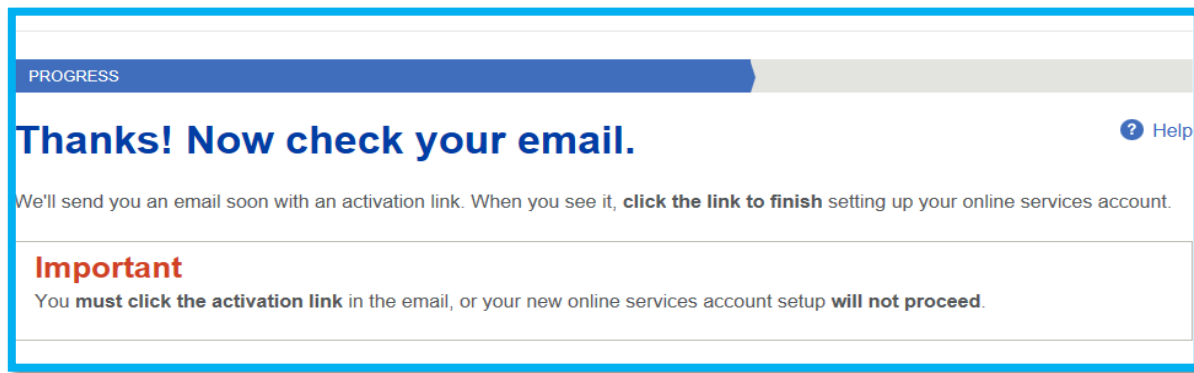

Create Your Account

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.

PROGRESS

Thanks! Now check your email.   ❓ Help

We'll send you an email soon with an activation link. When you see it, **click the link to finish** setting up your online services account.

Important
You **must click the activation link** in the email, or your new online services account setup **will not proceed**.

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. 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 ELIGIBLILTY

7. Click **Save**

Congratulations! You have completed your professional profile!