

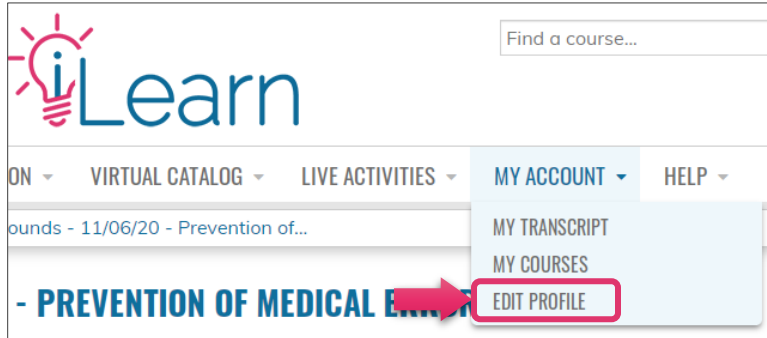
User Guide: Updating Your User Profile

For users logging in with their NCHS email (via SSO)...

This guide assumes you are already logged in to your iLearnPeds.com account. If you need assistance logging in, [click here to view our Log-in guide](#).

Accessing the Edit Profile Menu:

From the menu, **hover** over “**My Account**” and click “**Edit Profile**”



In the “**Edit Profile**” menu, complete all the required fields (denoted by an asterisk *).

Required Fields for CE Broker reporting:

At the moment, direct CE Broker reporting is only available for FL Board of Medicine licensed physicians and only for events listed as reporting directly ([click here to see which courses/sessions report to CE Broker](#))

The following profile fields are **REQUIRED** if you wish your credits to be reported directly to CE Broker.

- First Name
- Last Name
- State / Province
- Profession (*must be “Physician if reporting to CE Broker*)
- **License number** (*Enter **ONLY ONE** license number*)
- Date of birth (we only need the month and date of birth)

For the License number, the format must be as follows. (**Note:** There are no spaces and both portions of the license number are needed, alpha & numeric, for the system to accurately report to your account)

ME#####


Our CE Broker reporting system will not report credits for license numbers entered as:

- “0012345” – If numbers
- “ME_12345” – A space between the alpha and numeric characters will cause an error.
- “ME12345, DN12345” – Multiple licenses
- “OS12345” or “RN12345” – non-Medical Doctor licenses (*your credit will still be valid but must be self-reported*)


Below are the fields required for successful **CE Broker** reporting (**FL Licensed Medical Doctors ONLY**)


VIEW	EDIT	BOOKMARKS	FACULTY	MY ACTIVITIES	ORDERS	REPORTED CREDIT
Account	Bio	Profile	Disclosure	Mobile		

PREFIX
Ms. ▼

FIRST NAME *
Jane ← Required for  cebroker Reporting

MIDDLE NAME
[Empty field]


LAST NAME *
Doe ← Required for  cebroker Reporting


COUNTRY *
United States ▼ ← Required for  cebroker Reporting


STATE/PROVINCE *
Florida ▼

POSTAL CODE *
33155

HOW WOULD YOU LIKE YOUR NAME TO APPEAR ON YOUR CERTIFICATES? *
Please enter your name and degrees as you would like them to appear on your certificate (i.e. "Jane Doe, MD, PhD").
Gabriela Martinez

PROFESSION *
Please select your profession(s) from this list. (You may choose more than one option as it applies)
Other ✕ ← Required for  cebroker Reporting

LICENSE NUMBER *
Please enter your state license number. (Applies to m...)
N/A ← Required for  cebroker Reporting

DATE OF BIRTH *
Please enter your month and day of birth (no year)
MONTH * DAY *
Mar ▼ 1 ▼ ← Required for  cebroker Reporting

Your license number must be in the following format: **ME#####** (no spaces)

Required Fields for MOC reporting:

MOC Credits, when available, are reported manually to the American Board of Pediatrics (ABP) and the American Board of Medical Specialties (ABMS). The following profile fields need to be completed by users requesting MOC Credits:

(Please note multiple selections can be added. Your DOB (MM/DD) is also required for your profile.)

BOARDS [Show row weights](#)

Physicians: In order to claim Maintenance of Certification Credit (MOC) credit, your profile must include the name of your board, your unique board ID number, and your date of birth (Only MM/DD). Select each appropriate board and supply your unique ID number for each board (More than one selection is possible).

Board

⊕ **Board ID Number**

REMOVE

Board

⊕ **Board ID Number**

REMOVE

ADD ANOTHER

Other Important Fields...:

For all users, regardless of Profession or board membership, we require you complete the field **“How would you like your name to appear on your certificate”**. You can enter your name in any format you’d like, but a name is required or any certificate generated will appear blank. Some options include

“Mr. Jon Doe”
“Jane Doe, MD”
“Jill Smith, APRN, MSN CCRN”

Still need help?

Email us at cme@nicklaushealth.org if you still need assistance.