

Attachment 4

Training and Continuing Education Online New Participant Registration Form, electronic form 36.5

TCEO New
Participant
Registration Form

2013

APPLICATION
FOR TRAINING

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1. Introduction

The purpose of this document is to specify the data elements collected online through the new participant registration form from learners who wish to obtain continuing education from the Centers for Disease Control and Prevention (CDC) accredited education activities.

The Training and Continuing Education Online System (TCEO) is a streamlined application for applicants (learners) to submit their application online and receive continuing education for identified accredited activities in which they have participated as well as track their amount of continuing education earned. TCEO is a robust flexible framework tailored for the various healthcare professions requiring continuing education for certification and licensure.

To comply with new data collection requirements imposed by accreditation organizations, CDC must collect additional profession-specific data through the Training and Continuing Education Online New Participant Registration Form. The changes to the information collection are denoted in this document with yellow highlighting.

2. Create Account

To create an account in the Training and Continuing Education Online System (TCEO) participants are required to complete the data fields shown in the Create Account Screen (Figure 1). The data element options to create an account are shown in Table 1.

Figure 1—Create Account Screen

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

TCEO Homepage About Us Search Resources Create Account Log In

Training and Continuing Education Online (TCEO)

Create Account Form Approved
* Required OMB No. 0920-0017
All information will be kept confidential. Exp. Date xx/xx/20xx

Your Profile

* First name:
Middle initial:
* Last name:
* Address:
* City:
* State/territory/province:
* Country: United States
Zip code:
* Daytime telephone:
* Education: MD/PhD, MD/JD or equivalent dual advanced degrees (specify)
* Specify:
* Work setting: Private Industry (except Healthcare)
* Employer:
* Primary profession:

Create Login

* Email (user name):
* Confirm email:
* Password:
* Confirm password:
Do you wish to be notified via email of upcoming events or other information. Yes No

Passwords must be at least 8 characters, with at least one:
• upper case letter
• number
• special character: @ # \$ % ^ & + =

Security Questions

Select and answer security questions. This will help us verify your identity if you forget your user name or password.

* Question 1: -Select-
* Your answer:
* Question 2: -Select-
* Your answer:

Email Address Verification

We've sent an email to abc1@cdc.gov to verify your address. It may take up to 10 minutes to arrive. Click the link in that email to continue.

Public Burden Statement

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC) and the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) (42 U.S.C. 9604 (j)) and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA) (ATSDR). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA(0920-0017).

[CREATE ACCOUNT](#)

[For Questions About TCEO Contact Us](#)

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Government Made Easy

Table 1—Create Account Data Elements

Display property	Column Label	Entity	Figure	List of Values
	First name:	Person	2	N/A
	Last name:	Person	2	N/A
	Middle initial:	Person	2	N/A
	Address:	Person	2	N/A
	Country:	Person	2	Country
	City:	Person	2	N/A
	State/territory/ province:	Person	2	State
	Zip/postal code:	Person	2	N/A
	Education:	Person	2	Education
<i>If Education = MD/PhD, MD/JD or equivalent dual advanced degrees (specify)</i>	Specify:	Person	2	N/A
<i>If Education = Other (specify)</i>	Specify:	Person	2	N/A
	Work setting:	Person	2	Work
<i>If Work setting = Academic / Educational Institution (specify)</i>	Specify:	Person	2a	WorkAcademic
<i>If Work setting = Public Health Agency (specify)</i>	Specify:	Person	2b	WorkPH
<i>If Work setting = Military (specify)</i>	Specify:	Person	2c	WorkMilitary
<i>If Work setting = Other Government Agency (specify)</i>	Specify:	Person	2d	N/A
<i>If Work setting = Healthcare (specify)</i>	Specify:	Person	2e	WorkHealthcare
<i>If Work setting = Healthcare (specify) / Other (specify)</i>	Specify:	Person	2e	N/A
<i>If Work setting = Non-Profit Organization (specify)</i>	Specify:	Person	2f	N/A
<i>If Work setting = Other (specify)</i>	Specify:	Person	2g	N/A
<i>If Work setting ≠ CDC/ATSDR ≠ Military</i>	Employer:	Person	2	N/A
	Daytime phone:	Person	2	N/A
	Primary profession:	Person	2	Profession
<i>If Primary profession = Allied Health Professional (specify)</i>	Specialty:	Person	2j	ProfessionAllied
<i>If Primary profession = Allied Health Professional (specify) / Other Allied Health Professional (specify)</i>	Specify:	Person	2j	N/A
<i>If Primary profession = Dental Professional (specify)</i>	Specify:	Person	2a	ProfessionDental
<i>If Primary profession = Emergency Responder (specify)</i>	Specialty:	Person	2b	ProfessionEmerg
<i>If Primary profession = Emergency Responder (specify) / Other Emergency Responders (specify)</i>	Specify:	Person	2b	N/A
<i>If Primary profession = Environmental Health Professional (specify)</i>	Specialty:	Person	2c	ProfessionEnviron
<i>If Primary profession = Environmental Health Professional (specify) / Other (specify)</i>	Specialty:	Person	2c	N/A
<i>If Primary profession = Government Official (specify)</i>		Person	2d	ProfessionGov
<i>If Primary profession = Mental and Behavioral Health Professional (specify)</i>	Specialty:	Person	2e	ProfessionMental
<i>If Primary profession = Mental and Behavioral Health Professional (specify) / Other (specify)</i>	Specify:	Person	2e	N/A
<i>If Primary profession = Nursing Professional (specify)</i>	Specialty:	Person	2f	ProfessionNurse
<i>If Primary profession = Nursing Professional (specify) / Registered Nurse (RN or RN,C) (specify)</i>	Subspecialty:	Person	2f	ProfessionRN

Display property	Column Label	Entity	Figure	List of Values
<i>If Primary profession = Nursing Professional (specify) / Advance Practice Nurse (APRN) (specify)</i>	Subspecialty:	Person	2f	ProfessionAPRN
<i>If Primary profession = Other Medical Professional (specify)</i>	Specialty:	Person		ProfMedOther
<i>If Primary profession = Pharmacy Professional (specify)</i>	Specialty:	Person	2g	ProfessionPharm
<i>If Primary profession = Physician (specify)</i>	Specialty:	Person	2h	ProfessionPhysician
<i>If Primary profession = Physician (specify) / Internal Medicine</i>	Subspecialty:	Person	2h	ProfessionInternal
<i>If Primary profession = Physician (specify) / Pediatrics (specify)</i>	Subspecialty:	Person	2h	ProfessionPediatrics
<i>If Primary profession = Physician (specify) / Other (specify)</i>	Specify:	Person	2i	N/A
<i>If Primary profession = other (specify)</i>	Specify:	Person	2	N/A
	Email (user name):	Person	2	N/A
	Confirm email:	Person	2	N/A
	Password:	Person	2	N/A
	Confirm password:	Person	2	N/A
	Do you wish to be notified via email of upcoming events or other information.	Person	2	“Yes” / “No”
	Security Question 1:	Person	2	SecurityQuestions
	Your answer:	Person	2	N/A
	Security Question 2:	Person	2	SecurityQuestions
	Your answer:	Person	2	N/A

3. Profession Specific Data

TCEO participants have the opportunity to update their account profile. The choices provided are based on the primary profession selected. The specific data for each profession type are shown below in Figures 2a through 2f. The data element options for the profession specific data are shown in Table 2.

Figure 2a - Physician

Update Your Profile
Work setting: Healthcare (specify) [v]
Specify: Hospital [v]
Daytime telephone: 515-555-5678
Education: MD [v]
Primary profession: Physician (specify) [v]
Speciality: Internal Medicine (specify) [v]
Specify: Cardiology [v]
[SAVE]

Figure 2b – Nursing Professional

Update Your Profile
Work setting: CDC / ATSDR [v]
Daytime telephone: 515-555-5678
Education: Master's (e.g., MA, MPH, or MS) [v]
Primary profession: Nursing Professional (specify) [v]
Specialty: Registered Nurse (RN or RN,C) [v]
Subspecialty: Administrator [v]
[SAVE]

Figure 2c – Health Educator, Certified Health Education Specialist

Update Your Profile
Work setting: CDC / ATSDR [v]
Daytime telephone: 515-555-5678
Education: Master's (e.g., MA, MPH, or MS) [v]
Primary profession: Health Educator [v]
CHES number: 0123456789
[SAVE]

Figure 2d – Health Educator, Master's Certified Health Education Specialist

Update Your Profile
Work setting: CDC / ATSDR [v]
Daytime telephone: 515-555-5678
Education: Master's (e.g., MA, MPH, or MS) [v]
Primary profession: Health Educator [v]
MCHES number: M0123456789
[SAVE]

Figure 2e – Pharmacist

Update Your Profile

Work setting: Military (specify) [v]

Specify: Army [v]

Daytime telephone: 515-555-5678

Education: PhD, EdD, Dr.PH, PharmD, ScD, or equivalent [v]

Primary profession: Pharmacy Professional (specify) [v]

Specialization: Pharmacist [v]

CPE ID number: 0123456789

Birthday: January [v] 19 [v]

[SAVE]

Figure 2f - Veterinarian

Update Your Profile

Work setting: CDC / ATSDR [v]

Daytime telephone: 515-555-5678

Education: DDS, DVM, DPM or equivalent [v]

Primary profession: Veterinarian [v]

License number: 0123456789 Licensure state: Georgia [v]

[Add License](#)

[SAVE]

Table 2—Profession Specific Data Elements

Display property	Column Label	Entity	Figure	List of Values
	Work setting	Person		Same as above
	Daytime phone	Person		Same as above
	Education	Person		Same as above
	Primary profession	Person		Same as above
If CEU or Audit credit type selected	N/A	N/A	4	N/A
If CME credit type selected	Specialty:	Person	4a	CMESpecialty
	Specify:	Person		N/A
If CNE credit type selected	Specialty:	Person	4b	CNESpecialty
	Subspecialty:	Person		CNESubSpecialty
If CHES credit type selected	CHES number:	Person	4c	N/A
If MCHES credit type selected	MCHES number:	Person	4d	N/A
If CPE credit type selected	Specialty:	Person	4e	CPESpecialty
	CPE ID number:	Person		N/A
	Birthday: <month> <day>	Person		Month Day
If RACE credit type selected	License number:	Person	4f	N/A
	Licensure state:	Person		State