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.
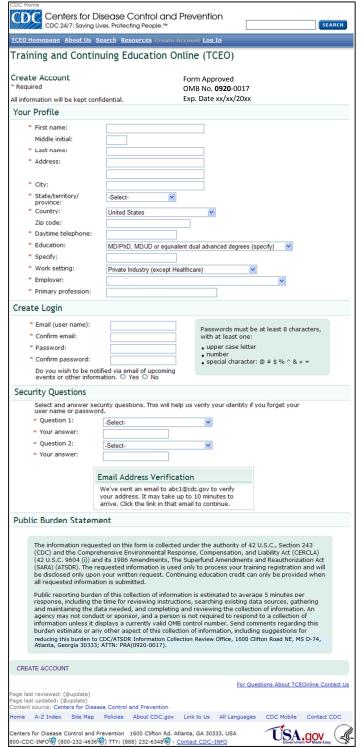
The Training and Continuing Education Online System (TCEO) is a streamlined application for applicants (learners) to submit their application online and receive continuing education for identified accredited activities in which they have participated as well as track their amount of continuing education 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

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
If Education = MD/PhD, MD/JD or equivalent dual advanced degrees (specify)	Specify:	Person	2	N/A
If Education = Other (specify)	Specify:	Person	2	N/A
	Work setting:	Person	2	Work
If Work setting = Academic / Educational Institution (specify)	Specify:	Person	2a	WorkAcademic
If Work setting = Public Health Agency (specify)	Specify:	Person	2b	WorkPH
If Work setting = Military (specify)	Specify:	Person	2c	WorkMilitary
If Work setting = Other Government Agency (specify)	Specify:	Person	2d	N/A
If Work setting = Healthcare (specify)	Specify:	Person	2e	WorkHealthcare
If Work setting = Healthcare (specify) / Other (specify)	Specify:	Person	2e	N/A
If Work setting = Non-Profit Organization (specify)	Specify:	Person	2f	N/A
If Work setting = Other (specify)	Specify:	Person	2g	N/A
If Work setting ≠ CDC/ATSDR ≠ Military	**Employer:**	Person	2	N/A
	Daytime phone:	Person	2	N/A
	Primary profession:	Person	2	Profession
If Primary profession = Allied Health Professional (specify)	Specialty:	Person	2j	ProfessionAllied
If Primary profession = Allied Health Professional (specify) / Other Allied Health Professional (specify)	Specify:	Person	2j	N/A
If Primary profession = Dental Professional (specify)	Specify:	Person	2a	ProfessionDental
If Primary profession = Emergency Responder (specify)	Specialty:	Person	2b	ProfessionEmerg
If Primary profession = Emergency Responder (specify) / Other Emergency Responders (specify)	Specify:	Person	2b	N/A
If Primary profession = Environmental Health Professional (specify)	Specialty:	Person	2c	ProfessionEnviron
If Primary profession = Environmental Health Professional (specify) / Other (specify)	Specialty:	Person	2c	N/A
If Primary profession = Government Official (specify)		Person	2d	ProfessionGov
If Primary profession = Mental and Behavioral Health Professional (specify)	Specialty:	Person	2e	ProfessionMental
If Primary profession = Mental and Behavioral Health Professional (specify) / Other (specify)	Specify:	Person	2e	N/A
If Primary profession = Nursing Professional (specify)	Specialty:	Person	2f	ProfessionNurse
If Primary profession = Nursing Professional (specify) / Registered Nurse (RN or RN,C) (specify)	Subspecialty:	Person	2f	ProfessionRN

Display property	Column Label	Entity	Figure	List of Values
If Primary profession = Nursing Professional (specify) / Advance Practice Nurse (APRN) (specify)	Subspecialty:	Person	2f	ProfessionAPRN
If Primary profession = Other Medical Professional (specify)	Specialty:	Person		ProfMedOther
If Primary profession = Pharmacy Professional (specify)	Specialty:	Person	2g	ProfessionPharm
If Primary profession = Physician (specify)	Specialty:	Person	2h	ProfessionPhysician
If Primary profession = Physician (specify) / Internal Medicine	Subspecialty:	Person	2h	ProfessionInternal
If Primary profession = Physician (specify) / Pediatrics (specify)	Subspecialty:	Person	2h	ProfessionPediatrics
If Primary profession = Physician (specify) / Other (specify)	Specify:	Person	2i	N/A
If Primary profession = other (specify)	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

Figure 2b – Nursing Professional

Figure 2c – Health Educator, Certified Health Education Specialist

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

Figure 2e – Pharmacist

Update Your Profile
Work setting: Military (specify)
Specify: Army
Daytime telephone: 515-555-5678
Education: PhD, EdD, Dr.PH, PharmD, ScD, or equivalent
Primary profession: Pharmacy Professional (specify)
Specialization: Pharmacist
CPE ID number: 0123456789
Birthday: January 19

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Figure 2f - Veterinarian

Update Your Profile
Work setting: CDC / ATSDR
Daytime telephone: 515-555-5678
Education: DDS, DVM, DPM or equivalent
Primary profession: Veterinarian
License number: 0123456789   Licensure state: Georgia
Add License

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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