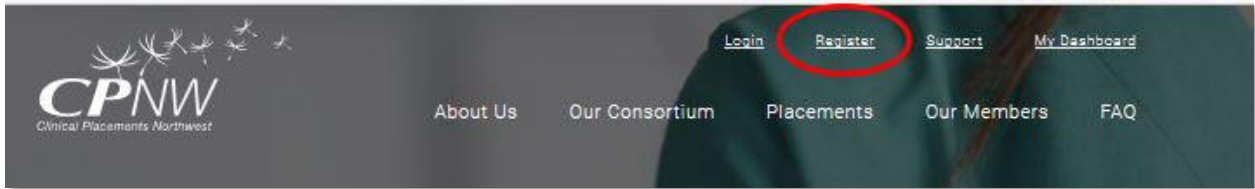

CPNW Account Creation Instructions

1. Go to www.cpnw.org and click on the *register* link. We recommend you use a desktop or laptop for registration. Older phones and tablets may cause errors.



2. Enter the access code provided by your organization. Enter it exactly. The code connects you with your program of study and school.

Register

Enter Access Code

Access Code *

3. The email address you enter here will be your account username. Once confirmed it **cannot** be changed.

Email Address

Email *

4. Create and confirm your password.

*Your password **MUST** be in the following format: Minimum of 10 characters, using lower case and upper case letters; at least one **CAPITAL LETTER**, one **NUMBER**, and one **SPECIAL CHARACTER**.*

Example. Mypassword12!1

Password

Create Password *

Confirm Password

Confirm Password *

5. Every log in requires two step authentication. Select how you would like to receive your verification code.

Authentication Code Delivery Preference

Please Select

Your Cellular Provider

-No Cell Phone-

Text-enabled Phone

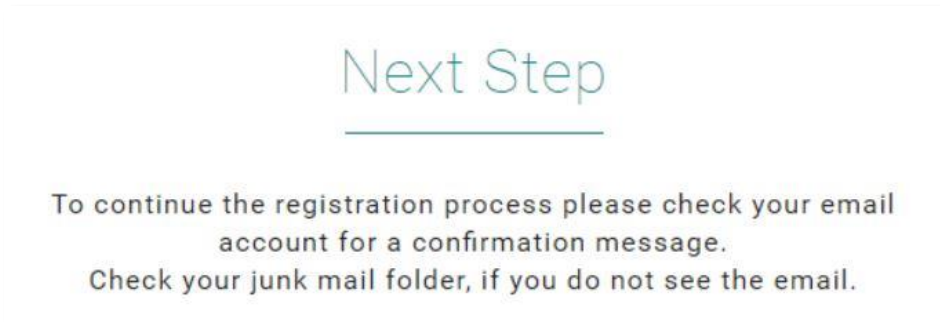
Text Phone (xxx)xxx-xxxx *

If you choose to receive by cell phone you must enter your cell carrier and your 10-digit phone number 000-000-0000. Do not include a country code at the beginning.

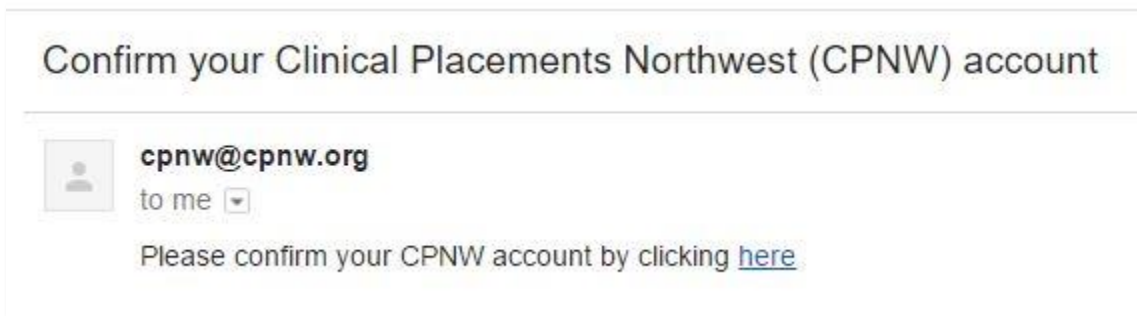
By clicking Create Account you indicate you have read and agree to the CPNW Terms of Use and Privacy Policy.

CREATE ACCOUNT

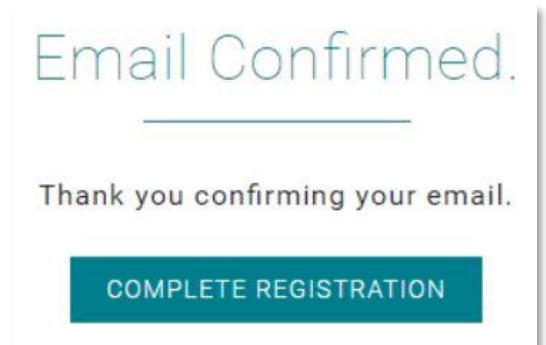
6. After completing the form, you will see this message.



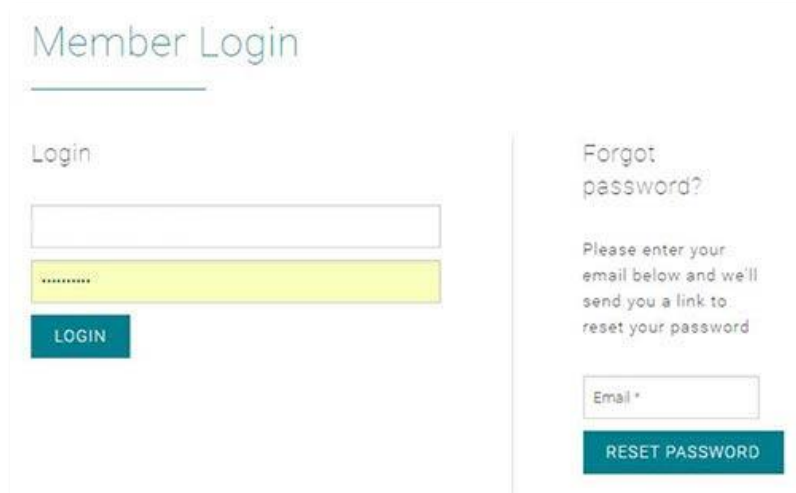
7. Go to your email and select the confirmation link.



8. The confirmation link will take you back to the website when your email is confirmed. Then click on the “Complete Registration” link. It will take you to the login page.

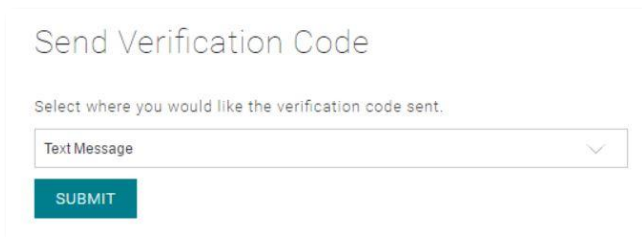


9. Log in with the new username and password you just created.

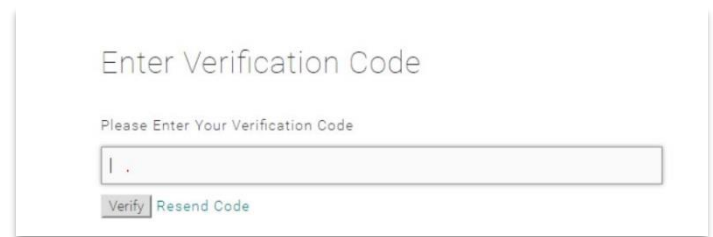


The image shows a 'Member Login' form. On the left, there is a 'Login' section with a text input field for the username, a password input field with a yellow background and masked characters, and a teal 'LOGIN' button. On the right, there is a 'Forgot password?' section with the text 'Please enter your email below and we'll send you a link to reset your password', an 'Email *' input field, and a teal 'RESET PASSWORD' button.

10. Next you have to get a verification code sent to you and enter it.



The image shows a 'Send Verification Code' form. It has the title 'Send Verification Code' and the instruction 'Select where you would like the verification code sent.' Below this is a dropdown menu with 'Text Message' selected and a teal 'SUBMIT' button.



The image shows an 'Enter Verification Code' form. It has the title 'Enter Verification Code' and the instruction 'Please Enter Your Verification Code'. Below this is a text input field with a cursor and a teal 'Verify' button. To the right of the 'Verify' button is a link that says 'Resend Code'.

- Choose how you want to receive your verification code. If you did not submit a text phone number in your registration you will need to choose “email.”
- When you receive the verification code enter it in the box and click verify.
- This is added security to protect everyone’s personal information. You will need to get a new code every time you log in.
- Every log in is a two-step process.
 1. You enter your username and password;
 2. You request a verification code and input that code.

11. Read and accept the informed consent. To accept you must check the box and click the button.

Release

Consent for Disclosure of Personally Identifiable Information

I/We have read and understand this Consent. I/We authorize Clinical Placement Organizations of the Clinical Placement Organizations (CPOs) to disclose and provide my personally identifiable information as provided in this Authorization. The personally identifiable information subject to this authorization (PII) includes any and all personally identifiable information I have provided or updated to CPOs' Services. My personally identifiable information may include my contact, identification and demographic information, my educational information, including but not limited to the educational institutions, verification of work/officers, copies of documentation relating to the immunizations, history of infectious diseases, test results, background checks, personal identity, including social security number, current and check off date, results of health history modules or such topics as compliance requirements, patient confidentiality, HIV/AIDS, and personal infectious disease exposures, and other records and documentation which may include other personally identifiable, sensitive information I have provided or updated to CPOs' Services. I authorize CPOs to disclose this personally identifiable information used required to:

- The healthcare educational institution with which I am associated for purposes of the Services (CPOs); for access to and/or use of the PII and
- The healthcare organization which has an agreement with CPOs authorizing them to obtain such information for clinical placement purposes (Affiliated Organizations), for clinical placement purposes.

I understand I have the right to revoke this authorization by electronic request to CPOs at www.cpo.org. I understand the recipient will not have the information that has already been released in response to this authorization.

I further understand that since the PII I have authorized to be disclosed reaches the recipient, that person or organization may use or be disclosed it, and that CPOs has no control over or responsibility for such use or disclosure.

By completing the following information and submitting this form to CPOs (acknowledging that I have been informed of and consent to the terms and conditions of this Authorization, and that CPOs will use this Authorization in disclosing the PII.

Clinical Placement Organizations (CPOs) is a collaboration among education and healthcare organizations to advance professional and develop systems to facilitate student clinical placement.

The goal of CPOs is to develop the curriculum for each student's health, safety, and legal requirements which are a condition of participation in a clinical learning experience within member organizations.

For this reason we need to request your informed consent to release your records.

Informed Consent

By checking the box below and clicking "Agree" I consent to Clinical Placement Organizations sharing with clinical placement organizations my records, items that they do not share outside scope of documentation relating to the immunizations, history of infectious diseases, test results, background checks, personal identity, including student ID number, nursing skills check off form, and results of on-line learning modules, compliance assessments of such items as immunization requirements, patient confidentiality, HIV/AIDS, and personal infectious disease protection.

BY CHECKING
 Agree (Consent)

12. Complete all required fields on the profile page. All of this information will be encrypted when it is stored in the database.

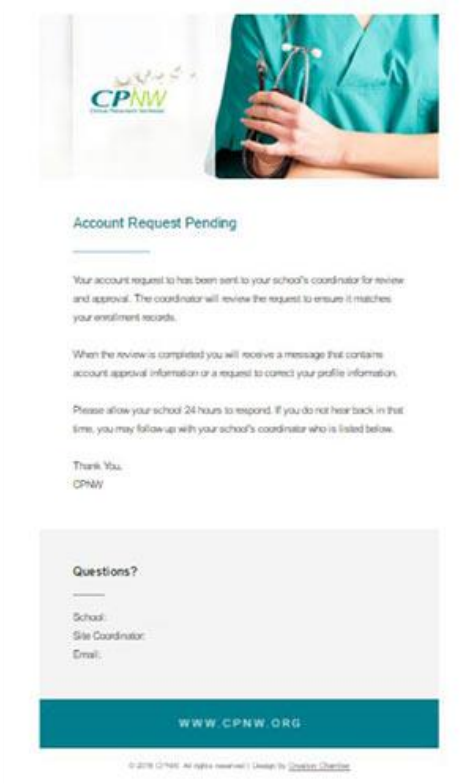
My Profile

Clinical Placement Organizations depend on the information below to meet legal and regulatory requirements during the course of your clinical learning experience. A failure to provide true, accurate or complete information, or a false confirmation of information, may be considered a fraud in the clinical placement process, and result in loss of a placement or other negative consequences. Access to this information is strictly controlled as described in CPOs Privacy and Terms of Use policies.

* required

<input type="text" value="First Name *"/>	<input type="text" value="Last Name *"/>	<input type="text" value="Middle Initial"/>	
<input type="text" value="Email/Username"/>		<input type="text" value="Alternate Email"/>	
<input type="text" value="Primary Phone *"/>	<input type="text" value="Student/Faculty ID *"/>	<input type="text" value="School"/>	
		<input type="text" value="Program"/>	
<input type="text" value="Emergency Contact Name *"/>		<input type="text" value="Emergency Contact Phone *"/>	
<hr/>			
<input type="text" value="Permanent Address *"/>	<input type="text" value="City *"/>	<input type="text" value="State *"/>	<input type="text" value="Zipcode *"/>
<input type="text" value="Birthdate *"/>	<input type="text" value="Social Security *"/>	Previous Name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	+ Add Previous Name
<hr/>			
<input type="button" value="UPDATE PROFILE"/>			

13. When your application is successfully submitted you will be shown the confirmation page on the right. You will also receive a confirmation email similar to the one below.



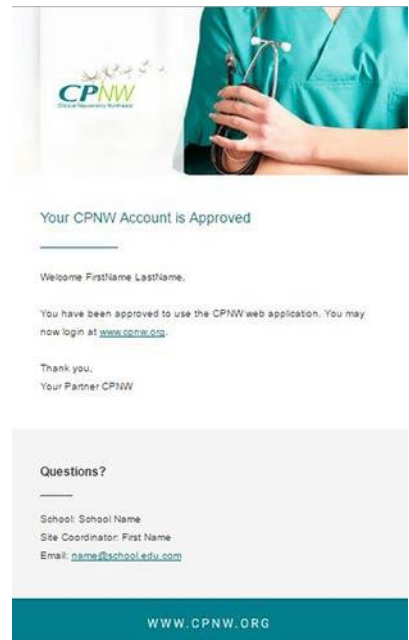
Registration Complete

Your account request to has been sent to your school's coordinator for review and approval. The coordinator will review the request to ensure it matches your enrollment records. Please allow 24 hours for you school to respond.

Check your email for further status updates.

- Your account request has now gone to the CPNW Coordinator for your school for approval.
- Your enrollment or employment status will be verified, as well as your school ID (student/faculty/employee) and name.
- Do not expect an instant response. Allow 24 hours for you school to respond.

14. When your account is approved you will receive an email similar to the one on the right.



15. If corrections are needed in your account, you will receive an email from your schools CPNW Coordinator with correction instructions. It will look similar to the image below.



Account Revision Request

Your account request has been reviewed and your site coordinator is requesting some revisions. Please review the request below and update your account information.

Reason for Rejection:

Reason

Questions?

School: CLINICAL PLACEMENTS NORTHWEST
Site Coordinator: Admin Support
Email: admin@cpnw.org

Correction Steps

- Go into your account profile and make the corrections requested.
- Update the profile and it will automatically be returned to the CPNW Coordinator at your school for review.
- Again, give your coordinator a full 24 hours to complete your account set-up.
- There shouldn't be a need to contact them directly unless you are unclear on what they want corrected in your application.

16. It is possible for your account request to be declined. If you use the wrong registration code or have not followed instructions specific to your school, the site coordinator can reject your request.

- When an account is rejected the user will have to start an entirely new request with the correct information.
- Again, you will receive an email message, similar the one on the right, explaining why your request has been declined.



Account Request Denied

Your account request to CLINICAL PLACEMENTS NORTHWEST has been reviewed and declined. The declination reason can be found below.

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum ex diam, ullamcorper ac ornare a, finibus at sem.

Questions?

School: CLINICAL PLACEMENTS NORTHWEST
Site Coordinator: Admin Support
Email: admin@cpnw.org

17. If you have technical difficulties [use the support link](#) on the top bar on the website at www.cpnw.org. Or email support at support@cpnw.org. Do NOT use the “*Get in Touch*” form on the home page.

18. [Again, give your school 24 hours to process your account request.](#) Do not contact your school’s CPNW Coordinator unless you are unclear about a message from them. In that instance, use the email address on the bottom of the message you received to communicate with them. Do not call them.

19. **DO NOT USE REPLY ON THE CPNW.ORG EMAILS YOU RECEIVE. THEY COME FROM A NO-REPLY ADDRESS THAT DOESN’T ACCEPT RETURN EMAILS.**

Troubleshooting Tips

1. You will be locked out of the application for 5 minutes after 5 failed login attempts.
2. If you have confirmed you email and login and your connection is lost, use the login link at the top of the page and login again. The application will take you to the point you left off.