

## 1. Go to the website www.highmarksce.com/nyumc

- If you have a Kerberos (NYULMC) ID, please sign in using the first option, "NYU Langone Health User Community Login". If you do not have a Kerberos ID but have logged into the system before, please use the second option, "Non-NYU Langone Health Login". Otherwise, you must select the last option, "Create New Account", before you can submit an application.
- **3.** Once you have signed in, select the "My Applications" tab and click the button at the bottom of the page that reads "CREATE NEW APPLICATION"



- **4.** Choose the appropriate Application Type. A description of all the application types can be found in the link by this question. The workflow you are guided through will be dependent on the type of application you choose. Please Note: it cannot be changed after submission.
- 5. Complete each section of the application by filling out all of the information in each numbered tab. You will need:
  - The names of all of the Course Directors, Content Planners and the Independent Reviewer.
     Note: If they are not NYU Langone staff, they will need to register in the system prior to assigning them.
  - At least two PDFs of journal articles, evaluation summaries, etc. that support your needs assessment

Note: Instructions for completing the Closing the Practice Gap Section are available via an embedded link above the tables.

New Application	Suzette Machado
	My Account
Use the form below to submit your application for a CME activity. Required items are noted with an asterisk (*). You must complete the required steps before you are able to submit your application. Once you have completed a step, click Save before moving on to another step. After completing the title step, followed by the planning team step, you may complete the other steps in any order.	My Activity Center
	Required Forms
	My Applications
Click save before moving to a new tab or closing the page. Any unsaved data will be lost. Click on any tab below to continue the application process.	Sign Off
Title    *2. Planning Team    *3. Additional Details    4. Supporting Documentation    5. Preview       Schmit	>
Please provide the title of your activity below.	
Check Spelling Characters Lett 300	
Joint Provider Name	
Joint Provider: Providership of a CME activity by two institutions or organizations when only one of the institutions or organizations is accredited.	
Check Spelling Characters Left: 3500	

- **6.** You can save at any time by clicking the "SAVE" button at the bottom of the page, and come back to the application later. As you continue through the application, please be sure to click save at the bottom of every page.
- **7.** All disclosure forms for Course Directors, Planners, and Independent Reviewers will need to be completed online by the individual assigned to that role prior to submitting the Application.
  - Course Directors, Planners and Independent Reviewers will receive instructions on how to log-in and complete their disclosure via automatic email; it should be found under Assigned Applications tab.

My Applications	Reed Morgan
	My Account
Use this section to submit one or more applications for consideration.	Required Forms
Application Submissions	My Applications
Your applications are listed below. Once an application is submitted , you will only be able to view it.	Assigned Applications
1. 118 - Testing 12 Application Type: Regularly Scheduled Series	Sign Off
Submission Status: Submitted Acceptance Status: Pending ViewPrint   Delete	
CREATE NEW APPLICATION	

- 8. After submitting your application, you will receive a confirmation email.
  - Please note: Course Directors and/or Planners that you assigned to the application, will be able to view, but not edit, submitted applications by logging into their profiles and selecting the "Assigned Applications" Tab.
  - The Senior Accreditation Coordinator will review your application and send feedback and/or approval within two weeks of a completed application.