

Student Registration and Payment

Before proceeding with the steps provided in this document, please confirm with your Academic Coordinator that students will be responsible for the subscription fee of their own myClinicalExchange account. If your Coordinator states that another party will be responsible for the fee, do not follow the steps in this document. Instead, please encourage your Coordinator to contact mcesupport@healthstream.com for additional guidance.

1. Please navigate to <https://www.myclinicalexchange.com/MainPage.aspx> by either following this link or copy/pasting it into your web browser. **This must be done from your computer and not from a cell phone.**
2. In the upper right corner of the homepage, click the **Student** button, and select **Registration** from the drop-down menu.



3. Click on the **New Registration** option.
4. Enter the State, School, and Program
5. Enter your school-issued email.
 - a. You must use a proper e-mail address as the system will send you a validation code in the next step. You may use a personal e-mail address if your University does not issue University-based e-mail addresses however many hospitals will not accept students with a personal e-mail address. Your e-mail address will become your login ID.
6. Enter the security code numbers in the blank box.
7. Click **Continue**.
8. A validation code will be sent to your email from do-not-reply@myclinicalexchange.com. Please check your inbox for that validation code. If you do not see your validation code in your email, please click on **Resend Validation code**.
9. Enter the validation code (blue box below).

10. Enter the security code (red box below).

Step 2 of 3

A validation code was sent to your email. Enter the validation code to continue or resend validation code.

Email
ladoro5921@weishu8.com

Enter Validation Code
C281FE4B

Enter Security Code
8 9 1 6 c

8916c

For security, please enter the numbers from the image above.

< Back Continue

11. Click on **Continue**. You will be directed to where you input your demographic information.

12. The following information is required on this page:

- a. **First Name:** Your legal first name.
- b. **Last Name:** Your legal last name.
- c. **Date of Birth:** Your date of birth (no one under the age of 13 is allowed to register)
- d. **SSN:** Your full social security number with no dashes.
- e. **Address:** Your physical place of residence.
- f. **City:** The city in which you reside.
- g. **State:** The state in which you reside.
- h. **Zip:** Enter the zip code associated to your address.
- i. **Mobile:** The best contact number you can be reached at.

13. School Enrollment Details:

- a. **School State:** Please select the state your Academic Institution is located in. This is not a required area. However, it does assist in the data filtering process.

- b. **School:** Select the name of your Academic Institution.
- c. **Program:** Select the program you are enrolled under at your Academic Institution. Please confirm with you're academic coordinator on which program you should enroll into.

14. Emergency Contact Person:

- a. **Name:** Enter your Emergency Contact's first and last name.
- b. **Relationship:** Enter their relationship to you.
- c. **Phone:** The best contact number they can be reached at.

15. Login Details:

- a. **Login ID:** The email you entered at the beginning of this process will populate in this area.
- b. **Password:** Enter in your password. Note that the password requirements are a minimum of 6 characters, at least one letter, number, special character, upper & lower case. **Special characters are those characters above the numbers on your keyboard.**
- c. **Confirm Password:** Re-enter your password.
- d. **Terms of Service:** You must agree to the terms of service to proceed and complete your registration.

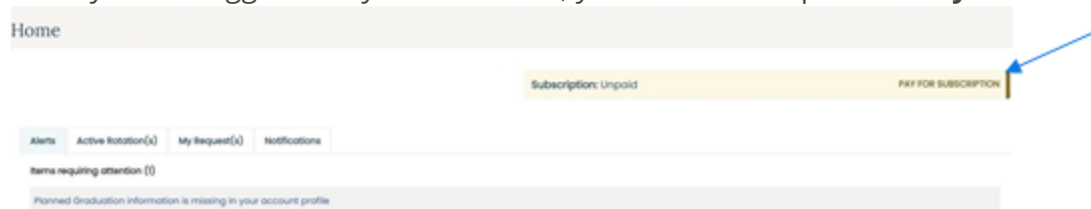
16. Click **Complete** to be navigated to the Student Login Page.

17. Your Registration is now complete. Click on the **Continue to Home** to proceed to your login.

18. MyClinicalExchange will prompt you for your login ID which is the e-mail address you were registered with in the previous step.

19. Your password was created in the previous step as well and you may enter it here.

20. Once you are logged into your account, you will see an option to **Pay for Subscription.**



21. Choose the subscription term and enter your payment information.

22. You will be sent a receipt from PayPal. Please keep this for your records.
23. At this point, your account is paid and you can let your coordinator know that you are ready to be scheduled to your rotation.
24. If you experience any issues, you can e-mail mcesupport@healthstream.com. Please provide your name, the University you attend, and a brief description of the issue you're experiencing.