# My Dashboard Tour

## Accessing Your Dashboard

After you log in click on the My Dashboard link at the top of the <u>www.cpnw.org</u> home page.



The link will take you to the user dashboard area which holds requirements and your account information. Visit each of your navigation links to familiarize yourself with the area.

Clin	ical Prerequisites
H	ealth + Safety
e	Learning
My	Account
Cor	npliance Records



## Clinical Prerequisites Tab

All of the clinical onboarding requirements can be found on the Health + Safety link. In the left hand column are the three steps you need to complete, plus links to download the documents you will need.



In the right hand column is a drop down box where you will need to select the clinical site you have been assigned for your learning experience. When you click on your clinical site a list of additional requirements will be displayed.

### Site Specific Requirements

Use the dropdown below to select where you will be completing your clinical education experience. If there are additional requirements they will be listed.

#### HARBORVIEW MEDICAL CENTER

Please visit our website for student onboarding requirements  $\rightarrow$ 

The eLearning Modules you are required to complete are found on the eLearning link under Health + Safety tab. Click on the module title to access each module.



Each module contains a quiz you must pass.

You must be using a current browser to play these modules. Before you start update the browser you are going to use to the most recent version.

## Compliance Records Tab

When you pass each eLearning module your scores will be recorded under the Compliance Records tab. When you have completed all 6 modules you can download your scores for your records.



## My Account Tab

Your profile and login records are found in the My Account tab.

Inside the My Profile link is the information you provided when you created your account. If this information changes you may update it here.

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* required					
First Name *		Last Name *		Middle Initial	
Admin	Admin Supp			MI	
Email/Username		Alterr	Alternate Email		
admin@cpnw.org		supp	support@cpnw.org		
Primary Phone *	ry Phone * Student/Faculty ID *		School Program		
509-599-4476	112233445566 CLINICAL PLACEMENTS N A		ADMIN		
Emergency Contact Na	ame *	Emar	nancy Contact Phr	one ^	
Karen		509-1	509-599-4476		
Permanent Address *	City *		State	* Zipcode *	
cpnw	Spokane		WA	99207	
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07/24/1990	###-##-9999	© Yes	No No		
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	Clinical Placement Org requirements during th or complete informatio clinical placement pro to this information is st * required First Name * Admin Email/Username admin@cpnw.org Primary Phone * 509-599-4476 Emergency Contact Na Karen Permanent Address * cpnw Birthdate * 07/24/1990	Clinical Placement Organizations depend on requirements during the course of your clini- or complete information, or a false confirma clinical placement process, and result in los to this information is strictly controlled as d * required First Name * Admin Email/Username admin@cpnik.org Primary Phone * Student/Faculty II 112233445566 Emergency Contact Name * Karen Permanent Address * City * Spokane Birthdate * 07/24/1990	Clinical Placement Organizations depend on the informatio requirements during the course of your clinical learning ex or complete information, or a false confirmation of informa clinical placement process, and result in loss of a placeme to this information is strictly controlled as described in CP * required First Name * Last Name * Admin Last Name * Admin Email/Username Alterr admin@cpnw.org 2007 Primary Phone * Student/Faculty ID * School 509-599-4476 112233445566 CUN Emergency Contact Name * Emer Karen 509- Permanent Address * City * cpnw Social Security * Previa 07/24/1990 Previa	Clinical Placement Organizations depend on the information below to meet I requirements during the course of your clinical learning experience. A failure or complete information, or a false confirmation of information, may be comp clinical placement process, and result in loss of a placement or other negati to this information is strictly controlled as described in CPNW Privacy and T * resulted First Name * Last Name * Admin Support Email/Username Alternate Email supportgepnworg Primary Phone * Student/Faculty ID * School 509-599-4476 T12233445566 CLINICAL PLACEMENTS N Emergency Contact Name * Emergency Contact Ph Karen 509-599-4476 Permanent Address * City * State opnw Spokane WA Birthdate * Social Security * Previous Name? 07/24/1990 #####9999 @ Yes @ No	

The My Security Settings link is where you may change your password or change your two step verification preferences. Simply input the new information and click the update button.

Clinical Prerequisites	My Security Settings	
My Account		
	* required	
My Profile	Create Password	Confirm Password
My Security Settings		
My Demographics	I prefer to receive my authentication code by:	Primary Text Phone Number
(22000))	Text Message 🗸 🗸	5095994476
Compliance Records	Select Cell Carrier	1
	Varizon	