Institute *for* Healthcare Improvement

Registration Instructions

Link to Registration Page: http://bit.ly/2sW9grf

CONTACT INFORMATION	DEMOGRAPHIC INFORMATION

Signed up already? Sign In

*First name

*Last name

Credentials

Job Title

*Organization   *Enter an organization*

*Email

Phone

*Country   United States

*Address

For Address, enter Loyola's Maywood Campus Address:

2160 S. 1st Avenue

Maywood, IL 60153-5500

**You do not need to provide a phone number.

*City

*State   (None)

*Postal code

Username (Email Address)

*Password

*Confirm password
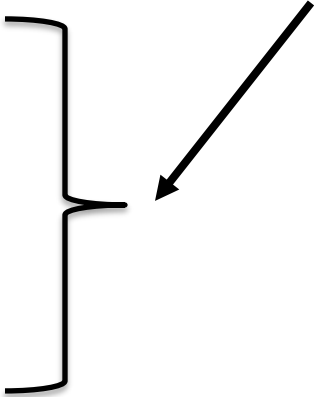
The password must be between 9 and 12 characters long and contain at least one letter and one number.

Next

CONTACT INFORMATION   DEMOGRAPHIC INFORMATION

Signed up already? Sign In

*First name [   ]

*Last name [   ]

Credentials [A   ]

Job Title [   ]

*Organization [Loyola University - New]

Loyola University - New
Orleans, LA

*Email

Loyola University -
Chicago, IL

Phone

*Country

Loyola University -
School of Law - Chicago,
IL

*Address

Loyola University
Chicago - Chiacgo, IL

Loyola University
Chicago Stritch School
of Medicine - Maywood,
IL

*City

Loyola University Health
System - Maywood, IL

*State

Loyola University Health
Systems - Maywood, IL

*Postal code

Username (Email
Address)

Loyola University
Maryland - Baltimore,
MD

*Password

*Confirm password

The password must be   ng and contain at least one letter and one number.

Loyola University
Medical Center -
Maywood, IL

Loyola University New
Orleans - City not
selected, LA

▾ Items **1-10** out of **13**

YOU MUST SELECT
"Loyola University Medical
Center" as your
Organization in order for
us to track your progress.

Next

Your name, organization, and   ble to the public if you participate in certain site features like commenting on blogs or
contributing content.

Contact information will be used for enrollments in IHI programs and other interactions with IHI. If you use certain features of ihi.org, IHI may

Graduate Medical Education 08/01/2022

Role Information

* My Primary Role   Resident / Intern

* My Organization's Type   Hospital

* Education Type   Physician (Have a MD, MB ChB or similar)

Student Information

Students may be eligible for special programming and discounts.

Student or Resident?   Resident

* School E-Mail Address   LUHS-GME@lumc.edu

* Year of Graduation   (None)

Enter Demographic Information exactly as shown.

Enter the year you are scheduled to complete your

Communication Preferences

Sign up to to receive IHI communications, including newsletters, publications, tools, and other event and education related information from IHI. You may update your preferences at any time.

Select your communication preferences:
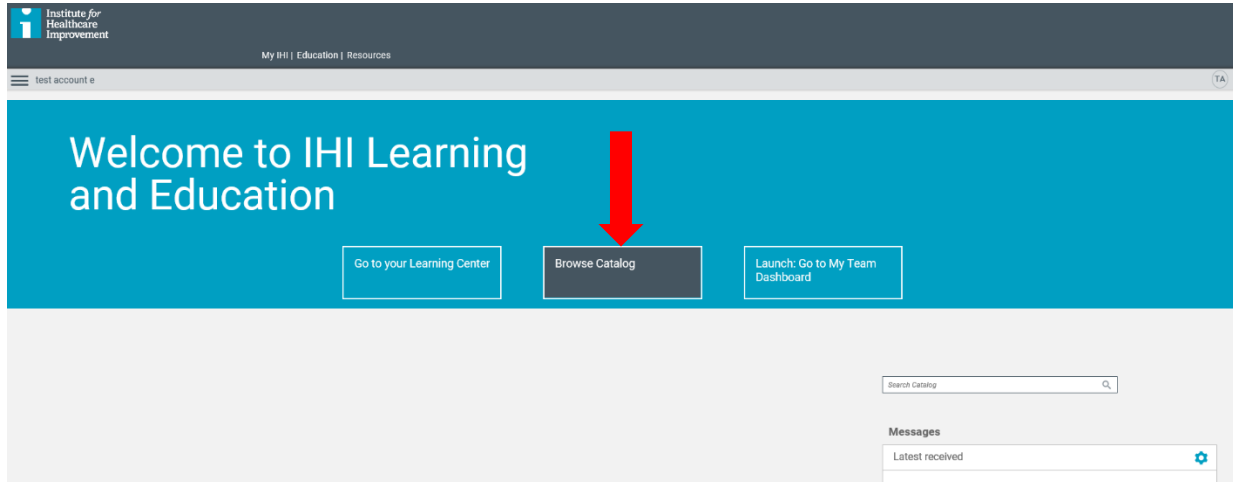
Email ☑

Physical Mail ☐

Phone ☐

Previous   Finish

Where do I put my access code to enroll in courses through my organizations Open School Subscription?

1.) Go to https://education.ihi.org and log in
2.) Once you are logged in, go to "Browse Catalog"

3.) On the top of the page there will be a spot to enter your access code. Once you see a green bar on the top of the screen acknowledging your successful input of a valid code, all the open school courses available to you will say "enroll."
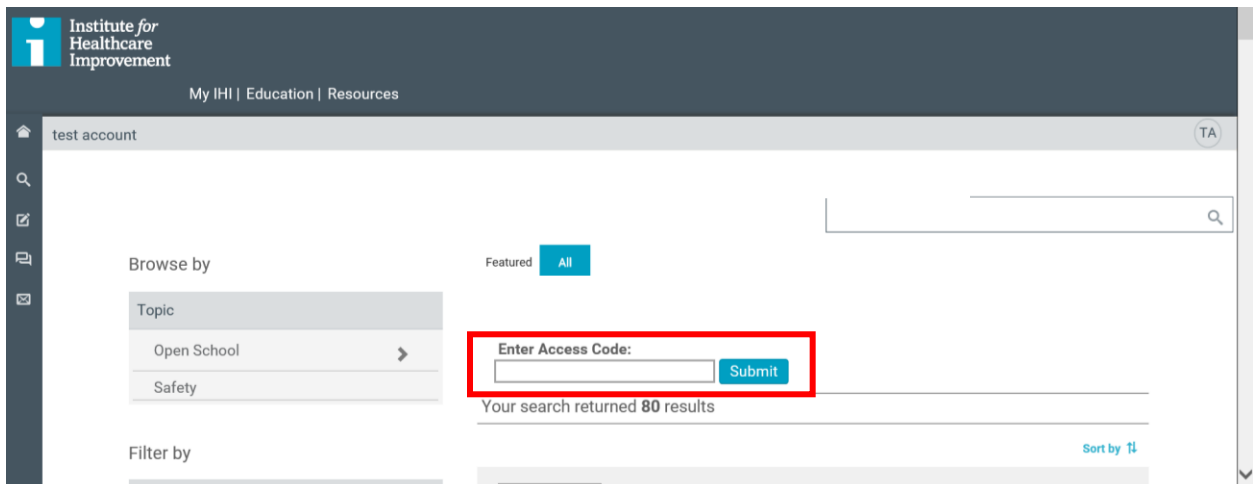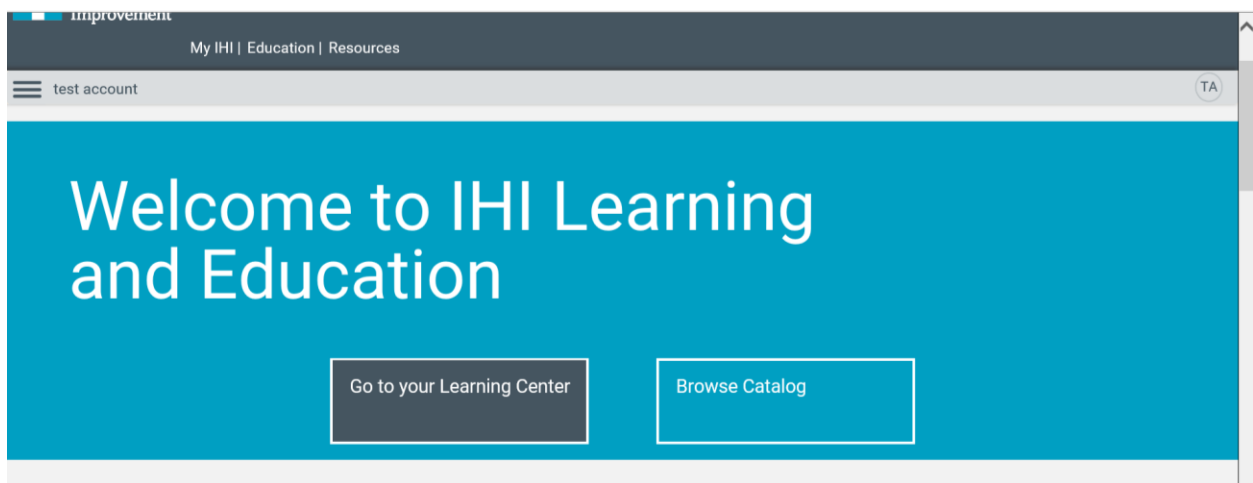

4.) Click enroll in the courses you would like to take. Once you have enrolled in a course, it can be found in your learning center.

LUMC/MACNEAL ACCESS CODE: 55979
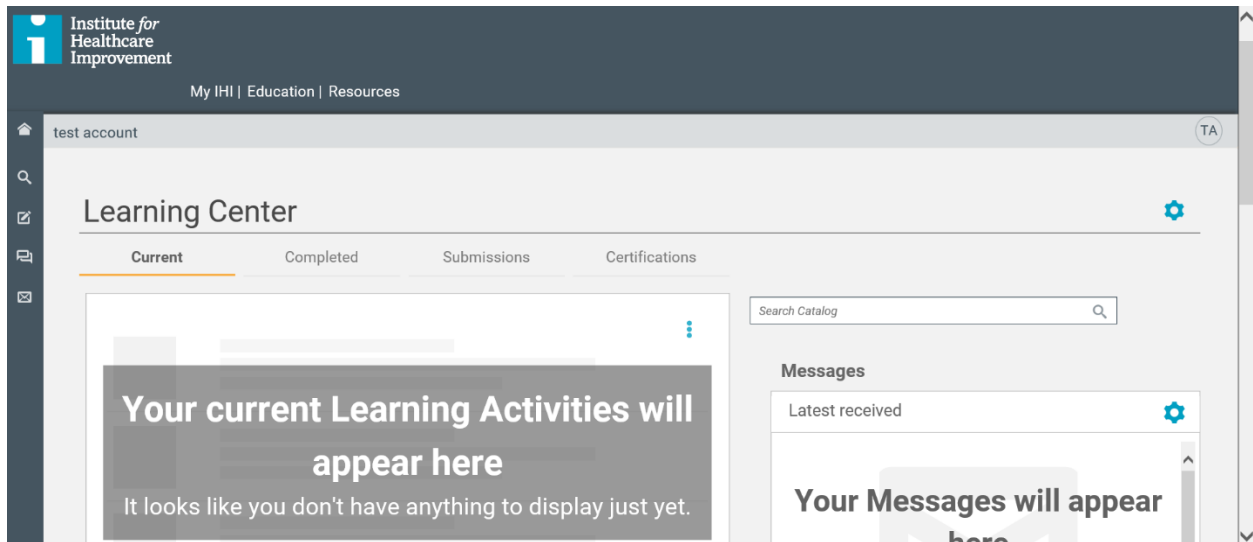
Next time you login you can go directly to your learning center and start courses where you left them.

5.) Enjoy the Open School courses!