



DELAY THE DISEASE™
THE #1 PARKINSON'S EXERCISE PROGRAM

DELAY THE DISEASE PARKINSON'S UPDATE EDUCATION
FOR HEALTHCARE PROFESSIONALS AND FITNESS
TRAINERS ONLINE COURSE USER GUIDE



Online Course User Guide

STEP 1: Go to - <http://healthstream.com/hlc/ohcommunity>

STEP 2: Click the link - First time students click here to register.

Sign In

User ID

Password

[Password reminder](#) [Forgot your password?](#)

[First time students click here to register.](#)

STEP 3: Select the Institution DTD – Delay the Disease

If you have already registered, please click [here](#) to login.

Organization Information

Institution:

Select an institution ▼

DTD - Delay The Disease ▼

STEP 4: Fill in the required information; please select Delay the Disease for the Department; Click Submit

Please Create an Account

If you have already registered, please click [here](#) to login.

Organization Information

Institution:

General Information

Required Fields are marked with a *.

Last Name: *

First Name: *

Middle Name:

User ID: *

Password: *

Confirm Password: *

Password Reminder:

Email: *

Time Zone: *

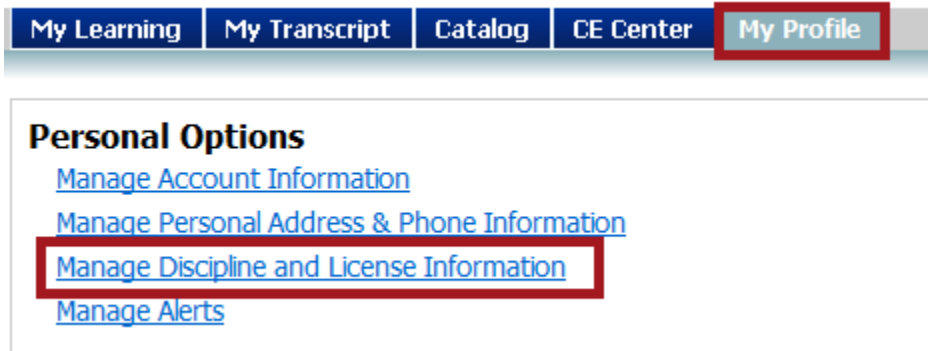
Preferred Language: *

Institution Information

Department: *

Note: If you have entered a valid email address, your user ID, password and login URL will be emailed to you shortly. Otherwise, you will need to remember your user ID and password. If you forget this information, please contact your administrator.

STEP 5: Click on the My Profile tab and select Manage Discipline and License Information. This is needed to obtain the appropriate certificate for your discipline.



STEP 6: Click Add Discipline/License



STEP 7: Fill out the required information and click Save

The 'Add Discipline/License Information' form contains the following fields and controls:

- Required *** (orange asterisk)
- For nurses licensed in **California, Florida, or Iowa**, all information (including license number and expiration date) must be entered to receive continuing education credit when applicable.
- Discipline *** (dropdown menu): Select a Discipline
- Country *** (dropdown menu): United States
- State/Province of Licensure *** (dropdown menu): Select a State/Province
- State License Number** (text input)
- State Expiration Date** (calendar icon)
- Save** (button, highlighted with a red border) and **Cancel** (button)


STEP 8: Click on the Catalog tab




STEP 9: Enter the course name and click Search

Test Test | Delay The Disease | Student Site Map Help LOG OU

[My Learning](#) [My Transcript](#) [Catalog](#) [CE Center](#) [My Profile](#)

 **Course Catalog**
Browse

Introducing: Wound Care Resource Center  [Learn More](#)


[Alphabetical](#) | [Category](#)

delay the disease

Search In Browse Category


STEP 10: Click on the course name

Name

[Delay the Disease Parkinson's Update Education for Healthcare Professionals and Fitness Trainers - EW2197](#) 




This course will help you learn the newest evidenced-based concepts for planning and implementing a Parkinson's specific community exercise class using the OhioHealth Delay the Disease Parkinson's Fitness program.




STEP 11: Click Enroll in this Course; please note the fee is listed here


 **Course Overview**
Delay the Disease Parkinson's Update Education for Healthcare Professionals and Fitness Trainers - EW2197 [Return](#)

Estimated Course Length: 195 minutes

Course Learning Activities

-  Delay the Disease Parkinson's Update Education for Healthcare Professionals and Fitness Trainers*
-  Post-assessment*
-  Delay the Disease Evaluation*

Legend:
 Online  Test  Evaluation

 [Enroll in this Course](#)

Course Fee: US \$100.00
No-Show Fee: US \$0.00
Cancellation Fee: US \$0.00

STEP12: Enter payment information and click Continue

Please enter payment information :
Required Fields are marked with a *

Cardholder's Name: *	<input type="text"/>
Card Type: *	Visa
Card Number: *	<input type="text"/>
Card Expiration Date: *	10 2015
Card Verification Code: *	<input type="text"/>
Billing Name: *	<input type="text"/>
Address1:*	<input type="text"/>
Address2:	<input type="text"/>
City:*	<input type="text"/>
State: *	Select a State...
Country:*	United States
Zip Code + Ext: *	<input type="text"/> - <input type="text"/>

Congratulations! You are now ready to begin the course.