

## Creating a ComplianceWire Account

**Purpose:** This document will assist you in requesting an account with ComplianceWire, one of the FDA's two learning management systems.

1. Navigate to <https://www.compliancewire.com/Secure/custom/FDAORAOTEDSelfReg.asp>
2. The following screen will appear:

**Self Registration**

**Welcome to the FDAORAOTED Self Registration Page!**

Please enter your user information, then click register at the bottom of the page.

The web based courses available through this registration portal were developed via a Cooperative Research and Development Agreement between the Food and Drug Administration (FDA) and EduNeering, Inc. of Princeton New Jersey. The agreement provides free access to these courses to FDA, state, local and tribal officials engaged in the regulation of foods and drugs. Other governmental officials, industry, academia and the general public may access these courses for a fee by contacting EduNeering.



**User Information – If you have previously created an account and do not remember your log-in information, please do not create a new Account Request – please Use the "Forgot User ID" or "Forgot Password" features.**

Enter the User information in the fields below. Required Fields are marked with a red asterisk ( \* )

**First Name:\***  **Middle Name:**  **Last Name:\***

You can create your own User ID below. Please use the format First Name.Last Name - if the system prompts you for a different User ID because the User ID is already in use, please add a number after your User ID. Ex. Ann.Smith or Ann.Smith2

**User ID:\***  **Company Code(FDAORAOTED):\***

---

**Position Title:\***

**Agency (State Local Tribal ONLY):\***

**Supervisor Name (State Local Tribal ONLY):\***

**Supervisor Job Title (State Local Tribal ONLY):\***

**Supervisor email address (State Local Tribal ONLY):\***

**Supervisor Phone (State Local Tribal ONLY):\***

**Approved/Pending (State Local Tribal ONLY):**

---

**Street:**

**City:**  **State:\***

**Country:**  **Zip/Postal Code:**

**Home Phone:**  **Work Phone:**

**Fax:**  **E-Mail:\***

(Please provide your Agency-issued Email address.If one has not yet been provided, enter your personal email address and provide an explanation in the Comments section)

**Comments:**

3. You will need to Enter the User information in the fields. Required Fields are marked with a red asterisk ( \* ).
  - a. First Name
  - b. Last Name
  - c. UserID: You can create your own User ID. Please use the format **FirstName.LastName** - if the system prompts you for a different User ID because the User ID is already in use, please add a number after your User ID. Ex. Ann.Smith or Ann.Smith2
  - d. Company Code: Use **FDAORAOTED**
  - e. Position Title: From the drop down menu, select a job title that most closely matches your own.
  - f. Agency
  - g. Supervisor Name
  - h. Supervisor Job Title
  - i. Supervisor Email Address
  - j. Supervisor Phone
  - k. Approved/Pending: This will be pre-filled.
  - l. State
  - m. Email Address.

- Click "Register" at the bottom of the form. Depending on your computer settings, you may need to scroll down to see this.
- See a sample of a completed form below:

**User Information** – If you have previously created an account and do not remember your log-in information, please do not create a new Account Request – please Use the "Forgot User ID" or "Forgot Password" features.

Enter the User information in the fields below. Required Fields are marked with a red asterisk ( \* )

First Name: \*  Middle Name:  Last Name: \*

You can create your own User ID below. Please use the format First Name.Last Name - if the system prompts you for a different User ID because the User ID is already in use, please add a number after your User ID. Ex. Ann.Smith or Ann.Smith2

User Id: \*  Company Code(FDAORAOTED): \*

Position Title: \*

Agency (State Local Tribal ONLY): \*

Supervisor Name (State Local Tribal ONLY): \*

Supervisor Job Title (State Local Tribal ONLY): \*

Supervisor email address (State Local Tribal ONLY): \*

Supervisor Phone (State Local Tribal ONLY): \*

Approved/Pending (State Local Tribal ONLY):

---

Street:

City:  State: \*

Country:  Zip/Postal Code:

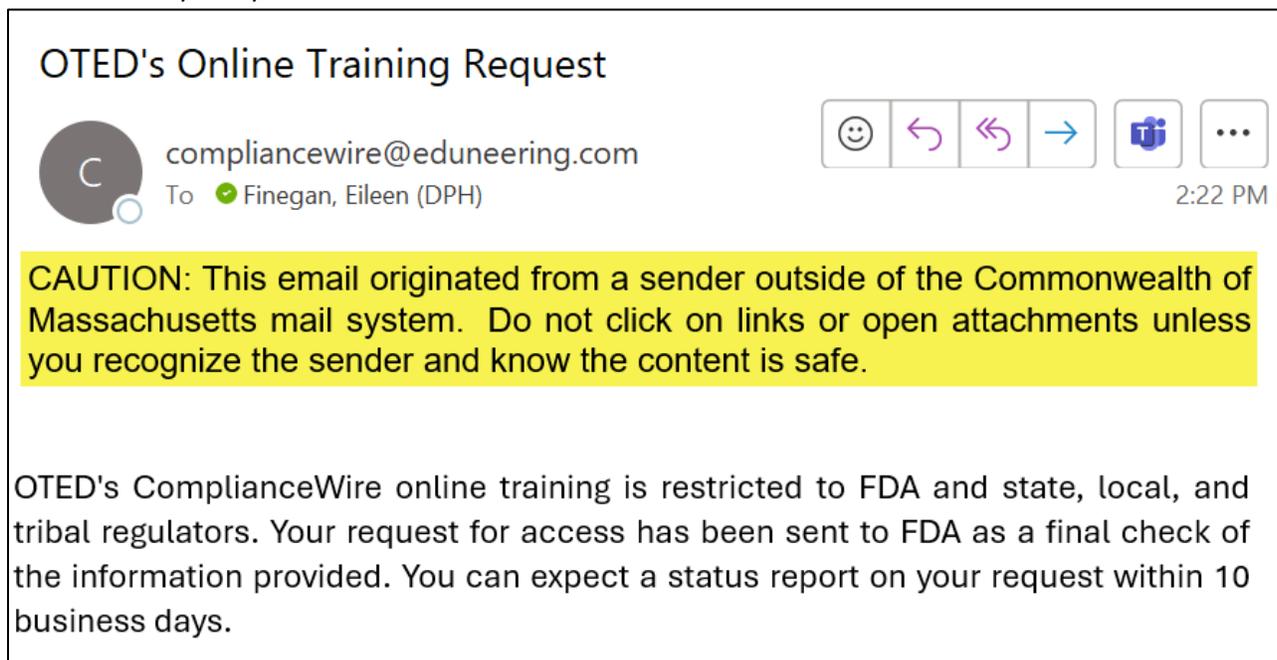
Home Phone:  Work Phone:

Fax:  E-Mail: \*

(Please provide your Agency-issued Email address.If one has not yet been provided, enter your personal email address and provide an explanation in the Comments section)

Comments:

- You will receive a confirmation email upon submitting your registration request. Please note, it could take up to 10 business days for your account to be created.



7. You will receive an email once your account has been approved. If you do not hear back within 10 business days, please reach out to the FDA help desk at [appsdesk@fda.hhs.gov](mailto:appsdesk@fda.hhs.gov)

OTED's Online Training Request

 ComplianceWire@Eduneering.com  
To  Stanziano-Saeger, Katrina (DPH)

  Reply  Reply All  Forward  

Wed 11/8/2023 10:09 AM

 Follow up. Start by Wednesday, November 15, 2023. Due by Wednesday, November 15, 2023.

**CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.**

Congratulations, FDA ORA's Office of Training, Education and Development (OTED) reviewed the information you submitted and qualified you for admittance to OTED's online courses in ComplianceWire To log on, use the user ID you submitted previously along with: Temporary Password: eaizibin Company Code: FDAORAOTED You may access training at the following address: <http://www.ComplianceWire.com/partners/fdaoraoted/> If you have any further questions, please email [APPSTdesk@fda.hhs.gov](mailto:APPSTdesk@fda.hhs.gov).