Using Ivalua: Supplier Self Registration

User Guide

Cleveland Clinic

Supplier Self Registration Ivalua

1. Utilize this link https://ccf.ivalua.com/page.aspx/en/usr/login to navigate to supplier Procurement Portal

2. Once on the Procurement Portal login page, click on '**New Supplier? Register Now**'

3. Complete the Browser Check by entering the captcha, and clicking '**Submit**'

4. Review the registration terms and click on '**Agree to Terms'.**

5. Additional fields will appear for completion.
   Important: Fields marked with a red asterisk required.
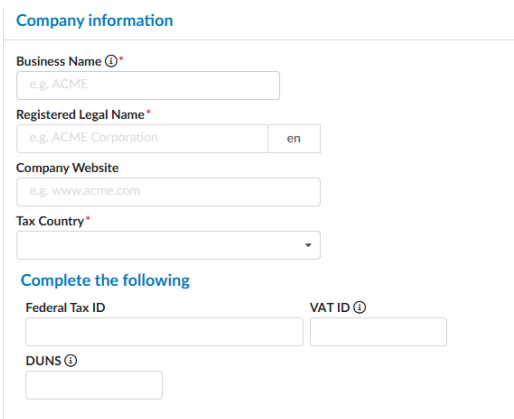
C. Captcha

Enter the characters as they appear above*

D. Company information
   i.   Business Name
   ii.   Registered Legal Name
   iii.   Tax Country
   iv.   Federal Tax ID
   v.   VAT ID: Must begin with the 2-character country code. Do not add spaces.
   vi.   DUNS: DUNS # should be either 9 or 13 digits in length

Company information

Business Name ⓘ*

e.g. ACME

Registered Legal Name*

e.g. ACME Corporation   en

Company Website

e.g. www.acme.com

Tax Country*

Complete the following

Federal Tax ID   VAT ID ⓘ

DUNS ⓘ

E. Address

Address

Address Line 1 ⓘ*

Search for an address...

Address Line 2

Zip Code*   City*

                                en

State/Province   Country*

F. **Additional Information Required:**
  i. Region(s) Serving: Select all regions in where you provide services.
  ii. UNSPSC Categories: Select all that apply.
  iii. What is the last month of your fiscal year?
  iv. Do any of your products or services provided need the ability to connect to Cleveland Clinic's networks?
  v. Does your company have any diversity certifications? If yes, you must select all applicable classifications. You will be required to provide certifications for each selected classification in a subsequent step.

Additional Information

Region(s) Serving*

search and select all that apply ▾

UNSPSC Categories ⓘ *

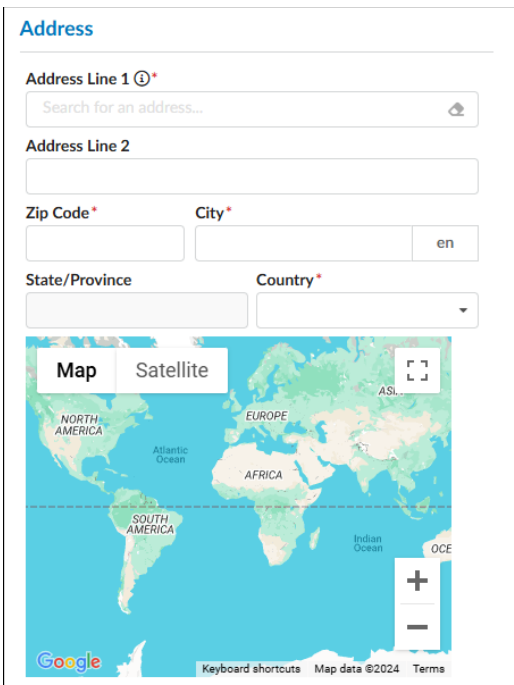Search & Select Product(s) / Service(s) ▾

What is the last month of your fiscal year?*

▾

Do any of the products or services provided need the ability to connect to Cleveland Clinic's networks?*

▾

Does your company have any diversity certifications?*

▾

Comment

en

Does your company have any diversity certifications?*

Yes ✕ ▾

Diversity Classifications (select all that apply)

☐ Lesbian-Gay-Bisexual-Transgender (LGBT)

☐ Minority-Owned (MBE)

☐ Small Business (SBE)

☑ Veteran-Owned Business (VBE)

☐ Women-Owned Business (WBE)

☐ HubZone Small Business Concern (HUBZ)

G. **Contact Information**

Contact Information

First Name*

e.g. John

Last Name*

e.g. Smith

Email*

e.g. john.smith@acme.com

Position / Job Title*

e.g. Sales Rep   en

Password*

Confirm password*

✕ Passwords should match.
✕ Password must contain at least 1 digit(s)
✕ Password must contain at least 1 special character(s)
✕ Password must contain at least 6 characters

H. Internal Caregiver Information
If you have been directed to register a Cleveland Clinic caregiver, enter their information in the section below.

Internal Caregiver Information

Internal Caregivers First Name

Internal Caregivers Last Name

Internal Caregivers Email

6. After completing all required fields on the registration page, click **'Register'** at the top of the page.

🖫 Register   **Cancel**
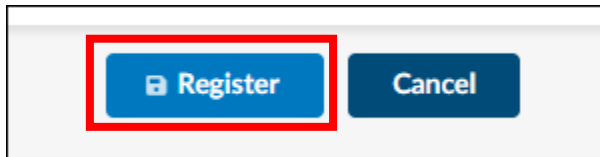
IMPORTANT: Your supplier registration is not yet complete, ensure you proceed to the next step.
If your registration is flagged as a potential duplicate, you will receive an email notification indicating that your request is under duplicate review. You will be notified once it has been cleared.

7. Click '**Go back to login page**'

Supplier registration

✅

We thank you for your visit.
Your request for registration has been taken into account. You will receive soon an e-mail from us with the next steps.

↩ Go back to login page
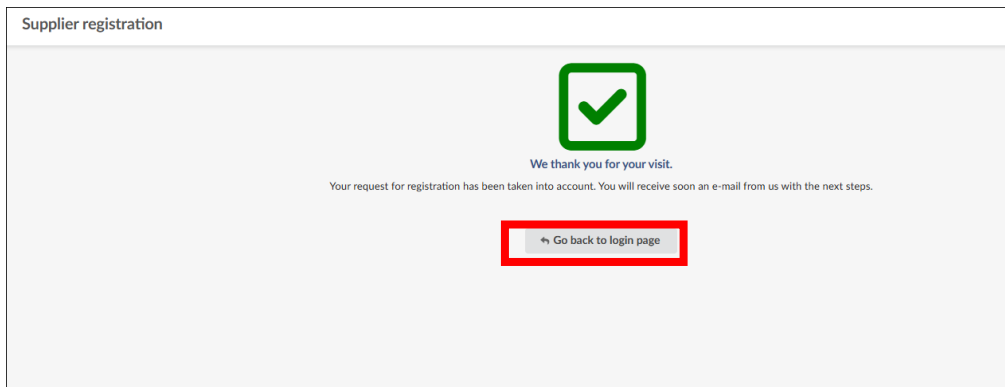
8. Enter the **'login and password'** you created in the previous steps, then and click **'Login'**

Login

Welcome to the Procurement portal

Welcome to the Group Purchasing Portal.

As part of optimizing purchasing processes and supply chain management, our group offers a dedicated tool for collaborative management of your purchases.

As the main tool for exchange between buyer and suppliers, the portal gives you the ability to access the life cycle of e-procurement, from the consultation phase (RFx) through the management of orders and deliveries, to the payment of invoices. It also allows suppliers to update their profile, catalogs and respond online to requests for proposal.

With this portal you will save time, have greater visibility and increase efficiency for the whole organization.

The Purchasing Department

IDENTIFICATION

Login*

Password*

[Login]

Lost your password?

New Supplier? Register Now

9. Review the **General Term of Use** and each attestation link. **Accept** the terms and conditions and click **'Acknowledge'.**

General Terms of Use

By accessing the Portal you understand that you may be waiving rights with respect to claims that are at this time unknown or unsuspected, and in accordance with such waiver, you acknowledge that you have read and understand, and hereby expressly waive the protections of the statute of any state or jurisdiction in which you may use the Portal, relating to the waiver of unknown claims.
GOVERNING LAW / JURISDICTION
The Agreement shall be governed by the laws of the State of Ohio without regard to choice or conflicts of law principles. You agree to the jurisdiction of the Northern District of Ohio or the state courts located in Cleveland, Ohio to resolve any dispute, claim, or controversy that relates to or arises in connection with the Agreement. You agree further that no action, regardless of form, arising out of or relating to the Agreement may be brought by you more than one (1) year after the cause of action has arisen.

SEVERABILITY AND WAIVER
Unless otherwise stated in the Agreement, should any provision of the Agreement be held invalid or unenforceable for any reason or to any extent, such invalidity or enforceability shall not in any manner affect or render invalid or unenforceable the remaining provisions of the Agreement, and the application of that provision shall be enforced to the extent permitted by law.
ASSIGNMENT
You may not assign the Agreement, or transfer or sub-license your rights under the Agreement, to any third party. Any purported assignment by you of this Agreement is void.
ENTIRE AGREEMENT
Other than as stated in this section or as explicitly agreed upon in writing between you and us, the Agreement constitutes all the terms and conditions agreed upon between you and us and supersedes any prior agreements in relation to the subject matter of this Agreement, whether written or oral. For the avoidance of doubt, this Agreement does not supersede or form part of any agreement you may enter into with us related to a Procurement Request.
By acknowledging and agreeing to this Agreement, you represent and warrant that you have the authority to agree to and bind your company to the Agreement.

ATTESTATION
Please follow the links for the attestation documents:
https://my.clevelandclinic.org/-/scassets/files/org/supply-chain/vendor-information/vendor-handbook-2024.pdf?la=en
https://my.clevelandclinic.org/-/scassets/files/org/supply-chain/non-employee-visitation-onboarding-sop.pdf?la=en
https://my.clevelandclinic.org/-/scassets/files/org/supply-chain/vendor-information/2-terms-an-conditions.pdf?la=en
https://my.clevelandclinic.org/-/scassets/files/org/about/who-we-are/cleveland-clinic-code-of-conduct.pdf

Last Updated: November 1, 2024

☐ I accept the terms and conditions

[Acknowledge] [Print]

10. Complete all sections of the Company Tab
    C. **Company:**
        i.   Business Name
        ii.   Website
        iii. # of employees
        iv.   Year founded
        v.   SIC/NAICS Code
        vi.   Primary Nature of Business: The primary goods or services being provided
        vii. Parent Organization: If applicable enter Parent Organization
        viii. Construction Supplier: If you select "Yes", additional fields will populate in which you are required to complete.
              a) Safety Rating (EMR/TRIR)
              b) Headquartered Locally? (Ohio/Florida)
              c) Union Strategy
              d) Customer References
        ix.   Supplier Accelerator Participant (A current cohort member or program Alumni of the Ohio DEI Supplier Accelerator or the Cleveland Clinic Florida Supplier Accelerator Cohort Programs).
        x.   Current Mentor / Protégé Member
        xi.   Any other name in which you conduct business or have conducted business.
        xii. Do you have a business resiliency program that meets ISO 22301 Standards or similar requirements.
        xiii. Do you have a business disaster recovery program that meets ISO 27301 Standards or similar requirements.
        xiv. Do you have a formal ethics and compliance program?

D. **Corporate, Gov, 3RD Party Information**:
   i. Registered Legal Name
   ii. Tax Country
   iii. Tax Organization Type
   iv. Gov't ID # or Company Registration Number
      a) Gov't ID # (EIN or SSN)
         1) Format required for United States and Puerto Rico:
            EIN: _ _ - _ _ _ _ _ _ _ _ (only numbers)
            SSN: _ _ _ - _ _ - _ _ _ _ (only numbers)
      b) Company Registration Number: Company House Registration or National Insurance Number
   v. Vat ID: Must begin with the 2-character country code. Do not add spaces
   vi. DUNS: should be either 9 or 13 digits in length

Note: The selection of Tax Country and Tax Organization will prompt the additional required information

CORPORATE, GOV, 3RD PARTY INFORMATION

Registered Legal Name *
CCF Example Supplier   en

Tax Country *
UNITED STATES   ✕ ▾

Tax Organization Type *
                              ▾

Gov't I.D.# (EIN, SSN) ⓘ *   ○ EIN
                                  ○ SSN
                                     *

VAT ID ⓘ

DUNS ⓘ

CORPORATE, GOV, 3RD PARTY INFORMATION

Registered Legal Name *
CCF Example Supplier   en

Tax Country *
UNITED KINGDOM   ✕ ▾

Tax Organization Type *
                              ▾

Company Registration Number ⓘ

VAT Number ⓘ

DUNS ⓘ

E. **Diversity Information:** If answered yes, select all applicable diversity classifications

Diversity Information

Does your company have any diversity certifications? *
No   ✕ ▾

Diversity Information

Does your company have any diversity certifications? *

Yes

˅ Diversity Classifications (select all that apply)

☐ Lesbian-Gay-Bisexual-Transgender (LGBT)

☐ Minority-Owned (MBE)

☐ Small Business (SBE)

☑ Veteran-Owned Business (VBE)

☐ Women-Owned Business (WBE)

☐ HubZone Small Business Concern (HUBZ)

11. Select **'Save'** at the top of the screen, then navigate to the Contacts tab.

- 🖫 Save
- Close
- Reject Supplier
- Submit

- 👤 Company Info
- 👥 **Contacts**
- 📖 Documents & Certs.
- 🛒 P2P Information
- 👍 Qualifications

12. Complete the contacts tab by adding the required contacts and assigning roles.
    Required Contacts: Supplier Admin, A/R Rep, Customer Service Rep and Sales Rep. A diversity contact is required if the supplier is classified as diverse.

    Note: You can assign multiple roles to one contact

    A. Select **'+ Add a New Contact'**

Supplier Contacts

+ Add a New Contact	Select an Existing Contact				
Name	ⓘ Username ⓘ	Job Title	Role(s) *		Contact status
✏ 🗑 Example CCF	✉ CCF@ex.com	Admin		⊗ ▾	Active

B. Enter First Name, Last Name, Email and Phone. Select '**Save & Close'**

C. Assign roles by clicking the dropdown menu and selecting all roles that apply to the contact.

D. Contacts with a username have portal access. To initiate portal access for a contact, select the envelope icon, and a portal access request will be initiated. The contact will receive an email to complete the account set up.
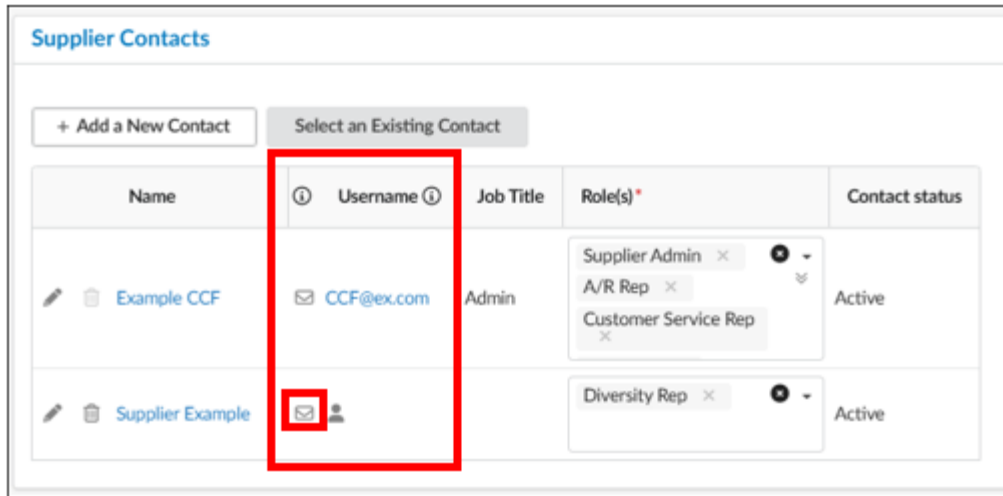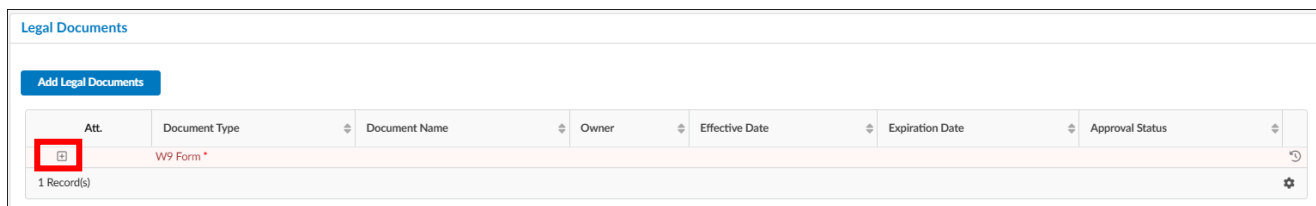

13. Navigate to the Documents & Certs Tab to upload required document.
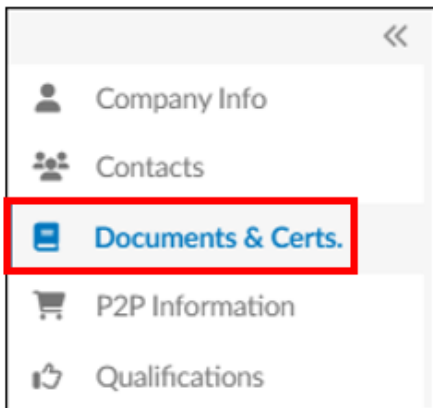
Legal Documents: The information provided under Corporate, Gov, 3rd Party Information on the Company Info tab will determine the type of legal document required.
A. To add a pre-identified legal document:
   a) select the '**+**' on the pre-identified document type line.

   b) Attach the document and enter the document effective date. Select '**Save & Close'**

B. To add non-pre-identified document/s
    a) Select Add Legal Documents

    b) Select the Document Type, attach the document, and enter the document effective date. Click '**Save & Close**'
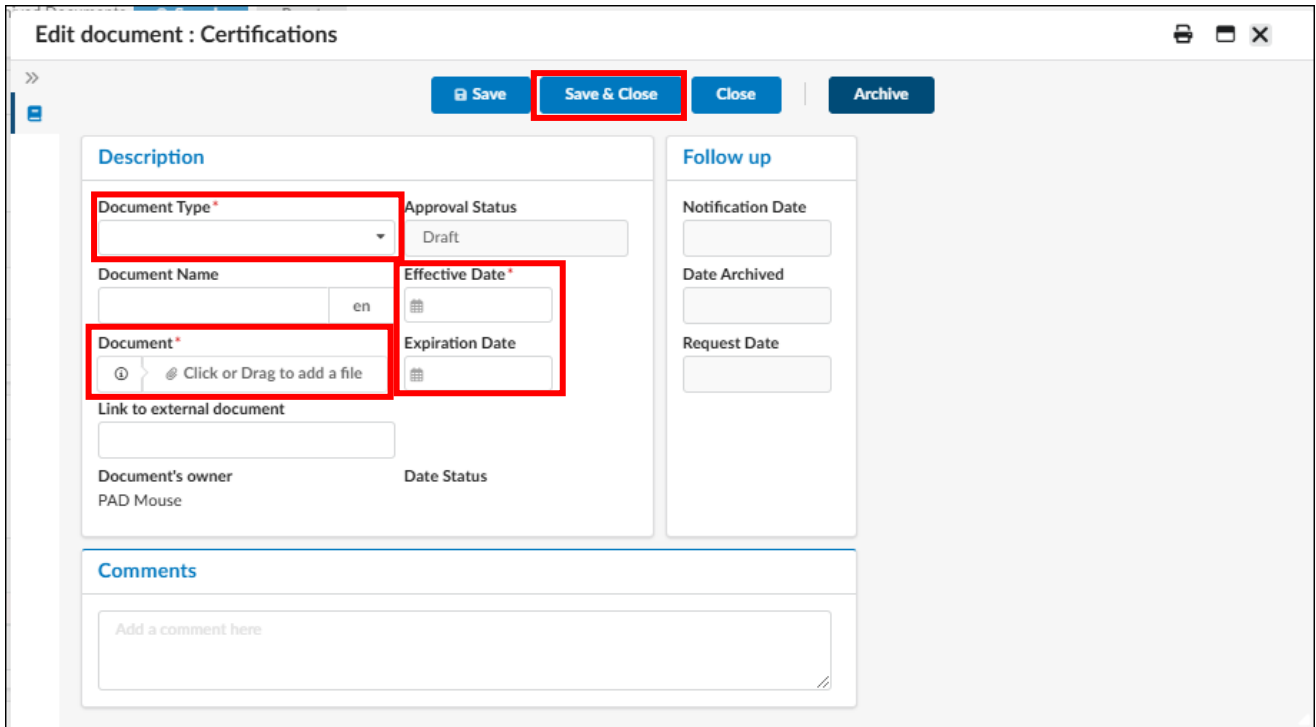
C. **Certifications**: If applicable, add Certificate of Insurance, ISO Certification, and/or Diversity certifications.
   i. Issuance or ISO Certification – Select '**Add Certifications**'

   ii. Select the Document type, attach the document and enter the document effective date and expiration. Click **'Save & Close'**

C. Diversity Certificates:
   a) Select the **+** on the pre-identified certificate line
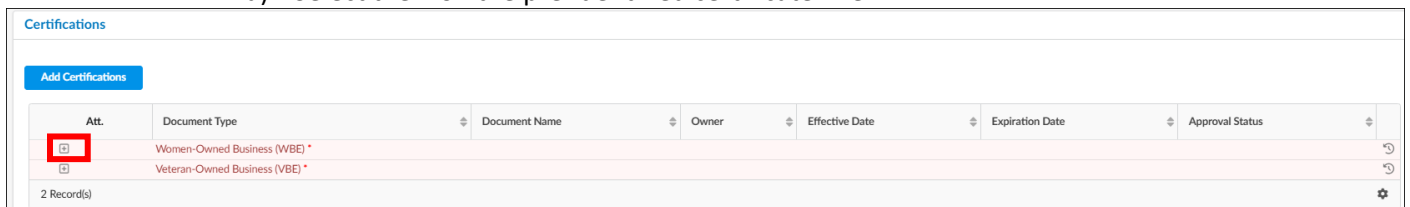
   b) Enter the Certifying Organization, attach the document, enter the Effective and Expiration Date. Click **'Save & Close'**

D. Other Documents: Upload other documents here in the below section (i.e., quote or contract)

    i. Select '**Add Other Documents'.**

    ii. Enter Document type, Effective date and attach document. Select '**Save & Close'**
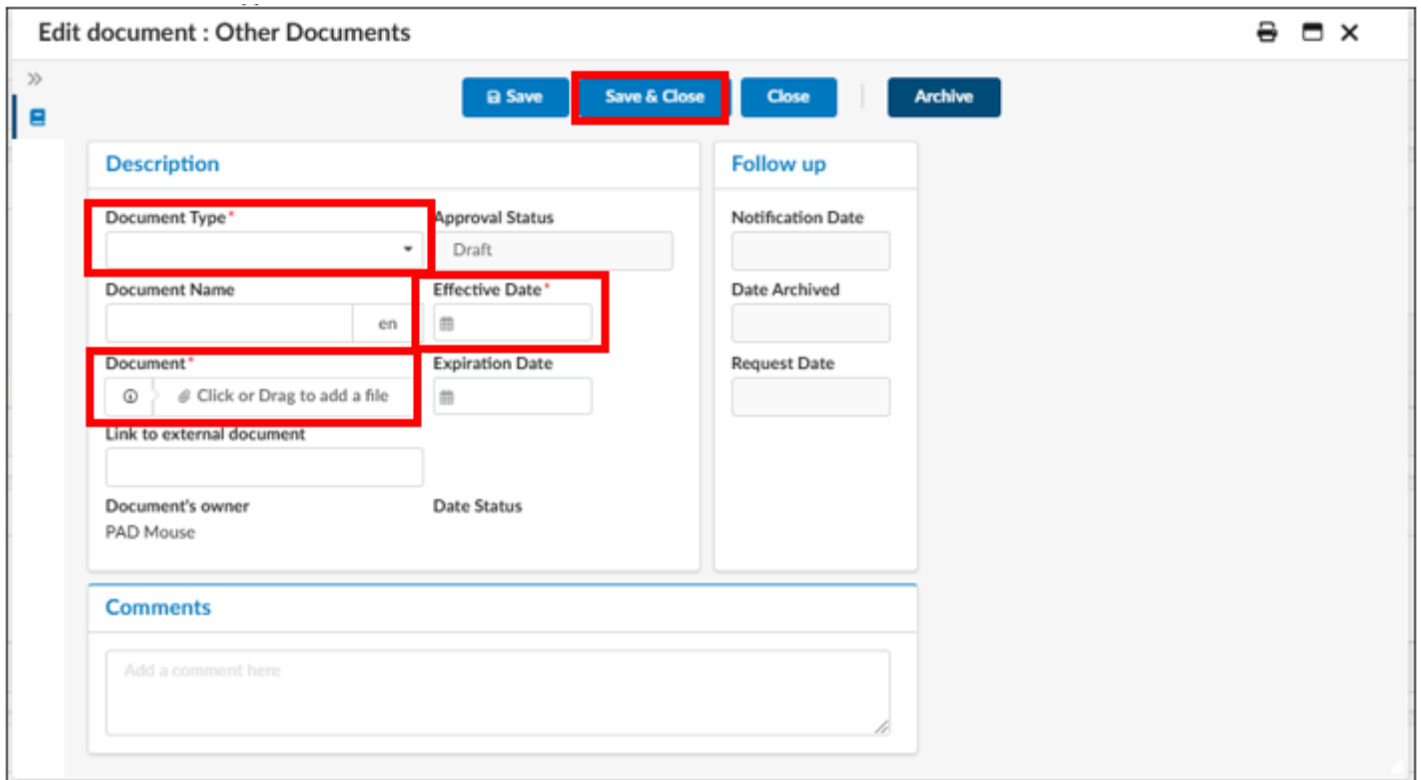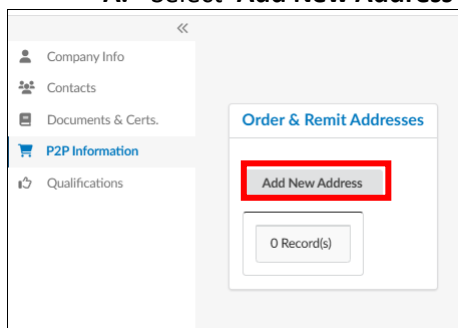
14. Navigate to the **P2P Information** tab and add the Order & Remit Addresses
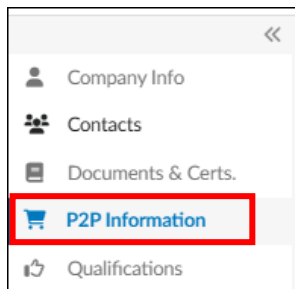
    A. Add order address
        A. Select **'Add New Address'**
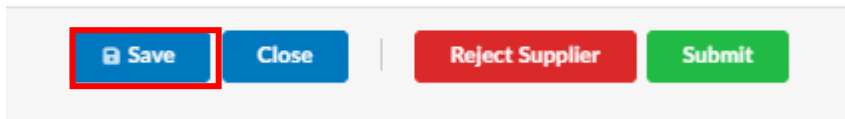

        B. Enter Order address information and select **'Save & Close'**. This is the supplier address that will appear on the purchase order.
            i. Address Name (see info icon for format)
           ii. Address
                a) Address Type = Order

iii.   Email = email address where purchase orders should be sent
iv.   Phone Number = customer service phone number to call in purchase orders or inquire status updates

v.   Select '**Save**' at the top of the screen.

C.   Add remit-to address.

   i.   Select '**Add New Address**'

D.   Enter Remit-To address information and select '**Save & Close**'. This is the address referenced on the invoice in where payment will be sent.

   i.   Address Name (see info icon for format)

   ii.   Address

   iii.   Address Type = Remit-To

   iv.   Email = email address for questions regarding invoices

   v.   Phone Number = phone number for questions regarding invoices

vi.   Select **'Save'** at the top of the screen.

15. Navigate to the Qualifications tab.

A. Ensure information is accurate and update as needed.

Additional Information

Region(s) Serving*

United States ✕

UNSPSC Categories*

42000000 - Medical Equipment and Accessories and Supplies ✕

What is the last month of your fiscal year?*

December

Do any of the products or services provided need the ability to connect to Cleveland Clinic's networks?*

No

Supplier Comment

en

16. Select '**Submit**' at the top of the screen to submit your request

Save   Close | Reject Supplier   Submit

17. You will receive a pop-up 'Are you sure you want to validate this activity?', select '**OK**'

Are you sure you want to validate this activity ?

OK   Cancel