

Using Ivalua: Supplier Self Registration

User Guide



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'

Cleveland Clinic

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

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

Browser check

Please solve this captcha in order to continue.

34HZ

Enter the characters as they appear above*

Submit

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

New Supplier? Register Now

Register Cancel

Registration Terms

Cleveland Clinic has a long-standing commitment to serving local needs by attracting, supporting and partnering with diverse business enterprises. Our supplier diversity program and procurement process supports this commitment by identifying and working with qualified diverse suppliers to increase their participation in Cleveland Clinic's procurement opportunities.

To facilitate this process, our online supplier registration tool will identify and register potential suppliers. This tool enables Cleveland Clinic to establish new supplier relationships and identify potential suppliers for specific procurement requirements.

You will be automatically notified via e-mail upon successful completion of the registration process. Since Cleveland Clinic buyers will have the ability to review and evaluate your company for potential business opportunities, it is important to include all of your company's capabilities and certifications. An incomplete profile may hinder capability searches. Once you have registered, you can access the portal at any time to update your profile. Note that a company will be contacted only if its capability profile matches a current procurement need.

Registering as a supplier does not automatically place your company on a "bidder's list", constitute approval of your firm as a Cleveland Clinic supplier, or obligate Cleveland Clinic to solicit a request for quotation. It does, however, allow us to better understand your firm's capabilities and experience.

By registering, you are putting your business in a position to be found by our users.

Agree to Terms*

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

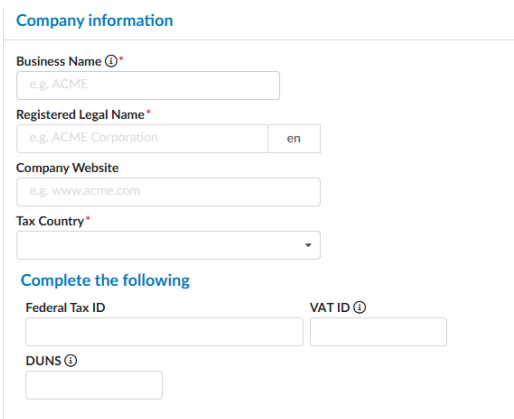
C. Captcha



517P
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

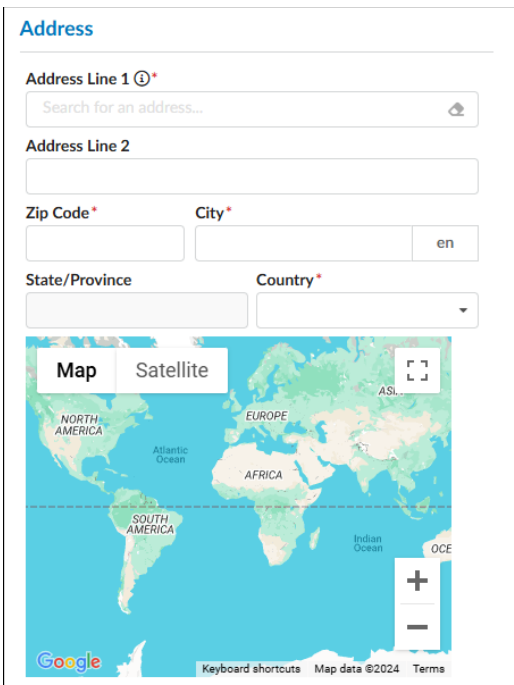
Tax Country*

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*

Map Satellite

NORTH AMERICA SOUTH AMERICA EUROPE AFRICA ASIA OCEANIA

Atlantic Ocean Indian Ocean

Google Keyboard shortcuts Map data ©2024 Terms

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* <input type="text" value="search and select all that apply"/>	
UNSPSC Categories ⓘ* <input type="text" value="Search & Select Product(s) / Service(s)"/>	
What is the last month of your fiscal year? * <input type="text"/>	
Do any of the products or services provided need the ability to connect to Cleveland Clinic's networks? * <input type="text"/>	
Does your company have any diversity certifications? *	Comment <input type="text" value="en"/>

Does your company have any diversity certifications? *

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* <input type="text" value="e.g. John"/>	
Last Name* <input type="text" value="e.g. Smith"/>	
Email* <input type="text" value="e.g. john.smith@acme.com"/>	
Position / Job Title*	<input type="text" value="e.g. Sales Rep"/> en
Password* <input type="password"/>	
Confirm password* <input type="password"/>	
<p>✗ Passwords should match.</p> <p>✗ Password must contain at least 1 digit(s)</p> <p>✗ Password must contain at least 1 special character(s)</p> <p>✗ Password must contain at least 6 characters</p>	

H. Internal Caregiver Information

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

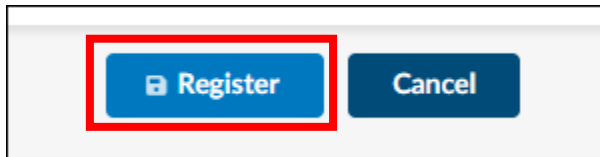
Internal Caregiver Information

Internal Caregivers First Name

Internal Caregivers Last Name

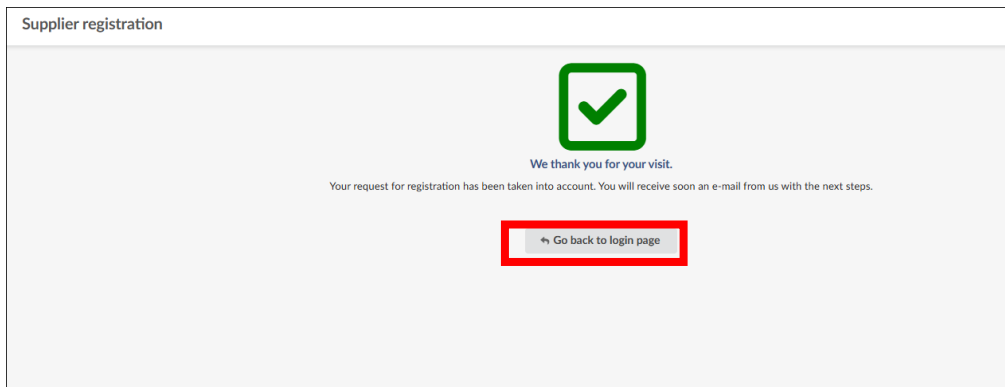
Internal Caregivers Email

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



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'**



8. Enter the 'login and password' you created in the previous steps, then and click 'Login'

Login

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The Purchasing Department

IDENTIFICATION

Login*

Password*

[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

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?

The screenshot shows a web application interface for 'Company Info'. On the left is a sidebar with navigation options: 'Company Info', 'Contacts', 'Documents & Certs.', 'P2P Information', and 'Qualifications'. The main content area is titled 'Company' and contains several input fields: 'Business Name*' (with 'CCF Example Supplier' entered), 'Website', '# of Employees*', 'Year Founded*', 'SIC/NAICS Code', 'Primary Nature of Business', 'Parent Organization', and 'Construction Supplier?'. Below these are radio button options for 'Supplier Accelerator Participant?' and 'Current Mentor/ Protégé Member?'. A map on the right shows the location '35804 Detroit Rd' in Avon, Ohio. At the bottom, there are four more questions with dropdown menus: 'Any other name in which you conduct business or have conducted business', 'Do you have a business resiliency program that meets ISO 22301 Standards or similar Requirements?', 'Do you have a business disaster recovery program that meets ISO27301 standards or similar requirements?', and 'Do you have a formal ethics and compliance program?'. At the top right of the form are buttons for 'Save', 'Close', 'Reject Supplier', and 'Submit'.

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	CORPORATE, GOV, 3RD PARTY INFORMATION
Registered Legal Name* CCF Example Supplier en	Registered Legal Name* CCF Example Supplier en
Tax Country* UNITED STATES	Tax Country* UNITED KINGDOM
Tax Organization Type*	Tax Organization Type*
Gov't I.D.# (EIN, SSN) ⓘ* <input type="radio"/> EIN <input type="radio"/> SSN	Company Registration Number ⓘ
VAT ID ⓘ	VAT Number ⓘ
DUNS ⓘ	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'

Save Close Reject Supplier Submit

Company Info

Contacts

Documents & Certs.

P2P Information

Qualifications

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'

The screenshot shows the 'Supplier Contact' form with the following fields and sections:

- Buttons:** Save, Save & Close, Close
- Identity Section (highlighted):**
 - First Name*
 - Last Name*
 - Email*
 - Job Title ⓘ
 - Language: English
- Supplier:** CCF Example Supplier
- Phone Section (highlighted):**
 - Country Code
 - Area Code
 - Phone
 - Ext
- Photo Section:** Click or Drag to add a picture

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

Supplier Contacts

+ Add a New Contact Select an Existing Contact

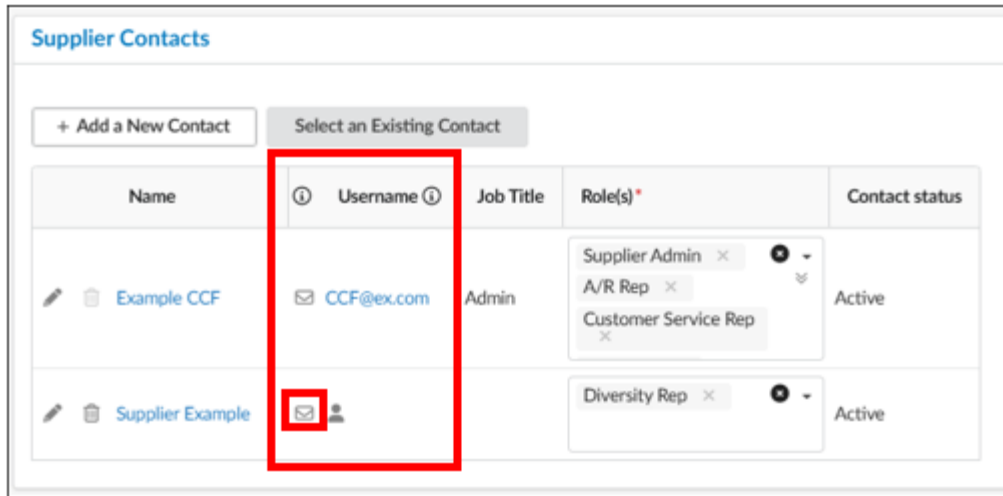
Name	Username ⓘ	Job Title	Role(s) *	Contact status
Example CCF	CCF@ex.com	Admin	<input type="checkbox"/>	Active
Supplier Example			<input type="checkbox"/>	Active

Supplier Contacts

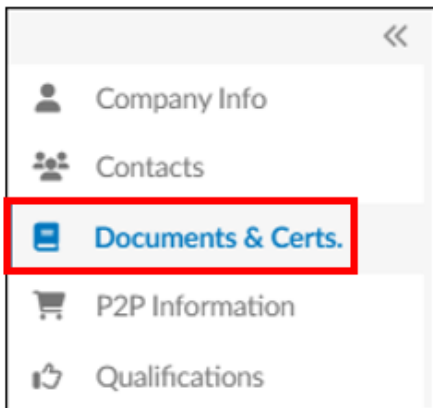
+ Add a New Contact Select an Existing Contact

Name	Username ⓘ	Job Title	Role(s) *	Contact status
Example CCF	CCF@ex.com	Admin	Supplier Admin × A/R Rep × Customer Service Rep ×	Active
Supplier Example			Diversity Rep ×	Active

- 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.

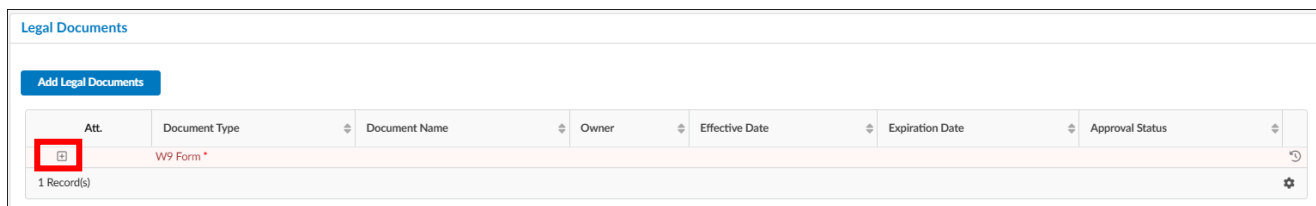


- 13. Navigate to the Documents & Certs Tab to upload required document.



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'

Edit document : Legal Documents

Save Save & Close Close Archive

Description

Document Type* Legal Documents / W9 Form Approval Status Draft

Document Name en Effective Date*

Document* Click or Drag to add a file Expiration Date

Link to external document

Document's owner PAD Mouse Date Status

Follow up

Notification Date

Date Archived

Request Date

Comments

Add a comment here

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

Legal Documents

Add Legal Documents

0 Record(s)

- b) Select the Document Type, attach the document, and enter the document effective date. Click 'Save & Close'

Edit document : Legal Documents

Save Save & Close Close Archive

Description

Document Type* Approval Status Draft

Document Name en Effective Date*

Document* Click or Drag to add a file Expiration Date

Link to external document

Document's owner PAD Mouse Date Status

Follow up

Notification Date

Date Archived

Request Date

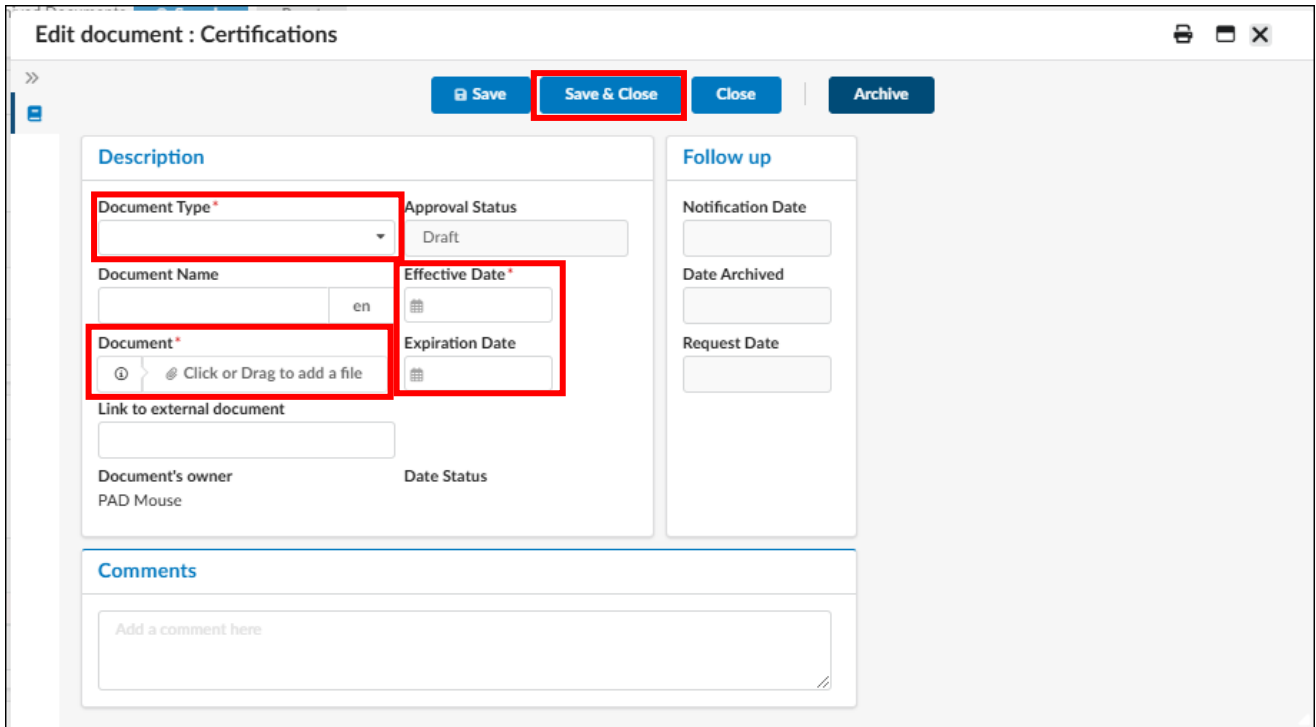
Comments

Add a comment here

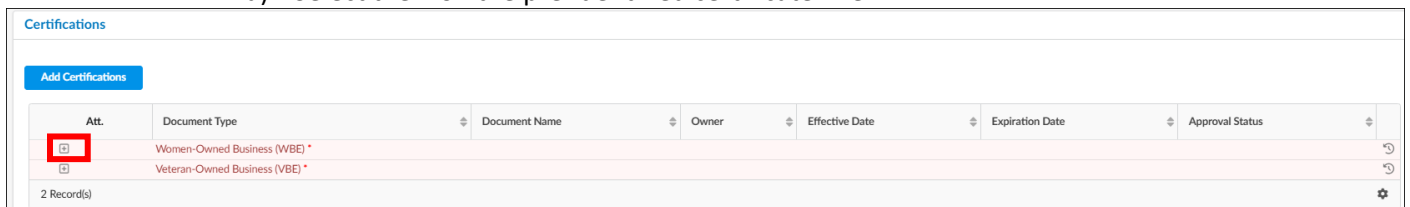
- C. **Certifications:** If applicable, add Certificate of Insurance, ISO Certification, and/or Diversity certifications.
 - i. Issuance or ISO Certification – Select **'Add Certifications'**



- 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'**

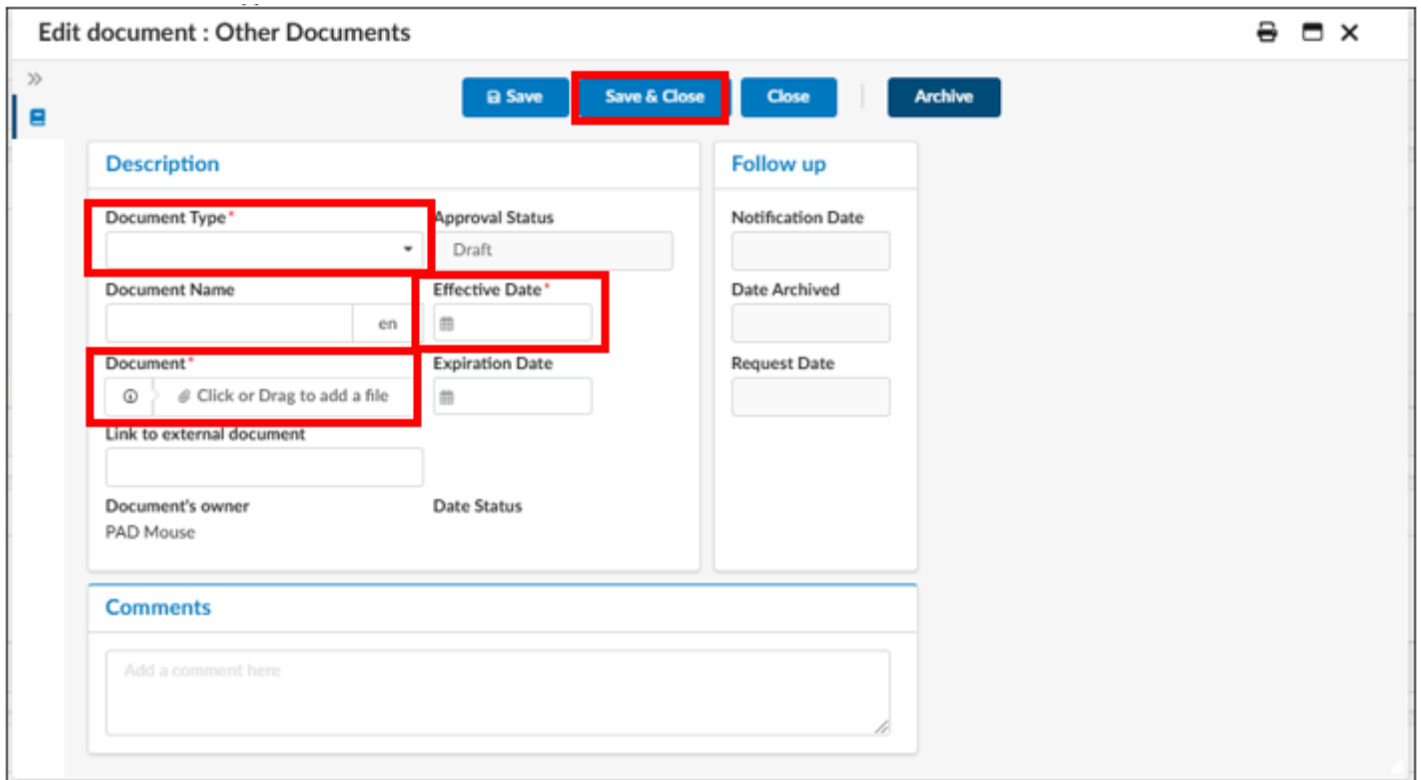
The screenshot shows a web form titled "Edit document : Certifications". At the top, there are four buttons: "Save", "Save & Close" (highlighted with a red box), "Close", and "Archive". The form is divided into several sections:

- Description:**
 - Document Type*: Certifications / Veteran-Owned Business (VBE) (dropdown)
 - Approval Status: Draft (dropdown)
 - Certifying Organization* (dropdown, highlighted with a red box)
 - Document Name: [text input]
 - Effective Date* (calendar icon, highlighted with a red box)
 - Expiration Date* (calendar icon, highlighted with a red box)
 - Document*: [file upload icon] @ Click or Drag to add a file (highlighted with a red box)
 - Link to external document: [text input]
 - Document's owner: PAD Mouse
 - Date Status: [text input]
- Follow up:**
 - Notification Date: [text input]
 - Date Archived: [text input]
 - Request Date: [text input]
- Comments:**
 - Add a comment here: [text area]

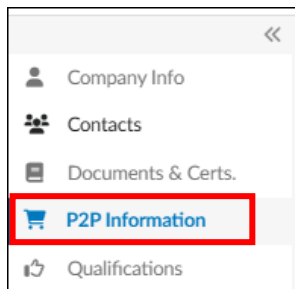
- D. Other Documents:** Upload other documents here in the below section (i.e., quote or contract)
- i. Select '**Add Other Documents**'.

The screenshot shows a section titled "Other Documents". It contains a blue button labeled "Add Other Documents" which is highlighted with a red box. Below the button, there is a grey box displaying "0 Record(s)".

- ii. Enter Document type, Effective date and attach document. Select '**Save & Close**'

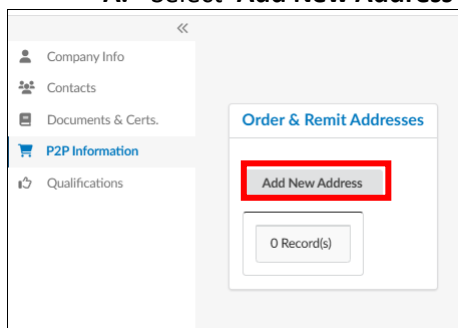


14. Navigate to the **P2P Information** tab and add the Order & Remit Addresses



A. Add order address

A. Select 'Add New Address'

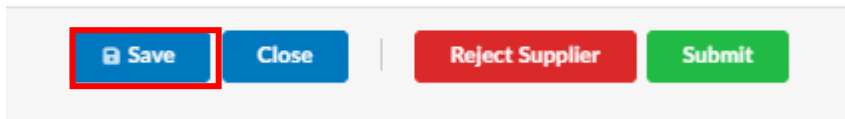


B. Enter Order address information and select 'Save & Close'. This is the supplier address that will appear on the purchase order.

- 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

Add / Edit Address

Save Save & Close Close

Supplier Address Information

Address Details

Address Name ⓘ*

Address Line 1*

Address Line 2

Address Line 3 Address Line 4

City* Postal Code / Zip*

Country* Zip Plus 4

[> System Information](#)

Additional Information

Select at least 1 address type

Address Type*
 Order
 Remit-To

E-Mail* GLN ⓘ

Phone

Country Code Area Code Phone Number Extension

Fax

Country Code Area Code Fax Number

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

Save Close | Reject Supplier Submit

15. Navigate to the Qualifications tab.

<<

- Company Info
- Contacts
- Documents & Certs.
- P2P Information
- Qualifications**

A. Ensure information is accurate and update as needed.

Additional Information

Region(s) Serving*
United States x

UNSPSC Categories*
42000000 - Medical Equipment and Accessories and Supplies x

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