

Using Ivalua: Supplier Self Registration

Effective 02/19/2025

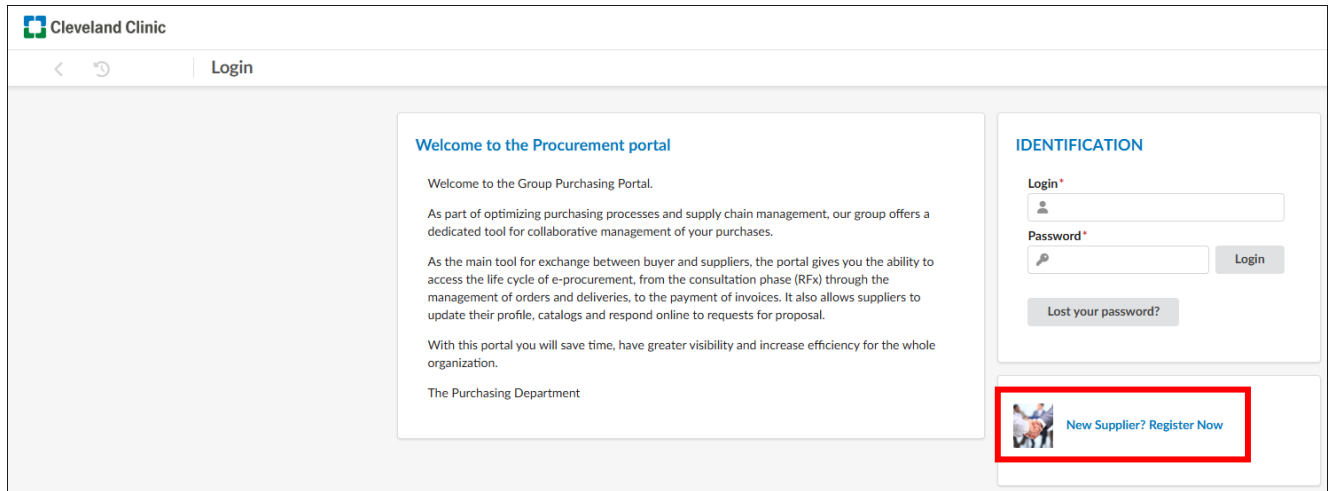
User Guide



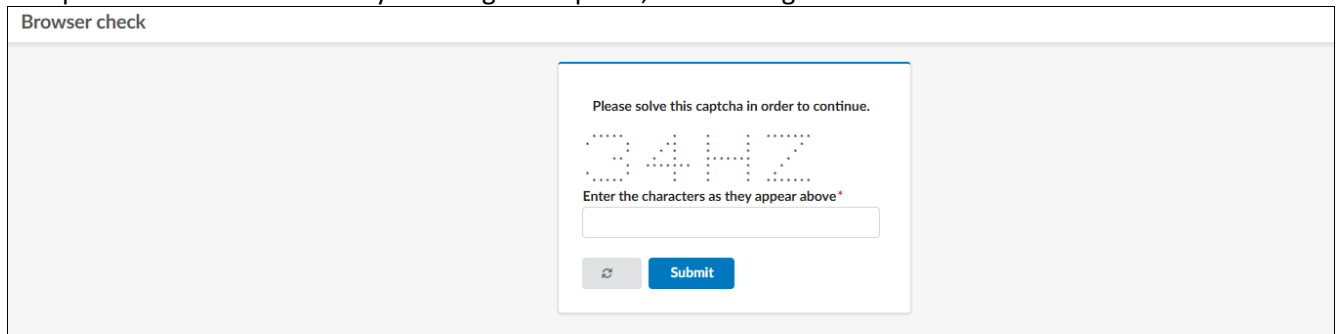
Cleveland Clinic

Supplier Self Registration Ivalua

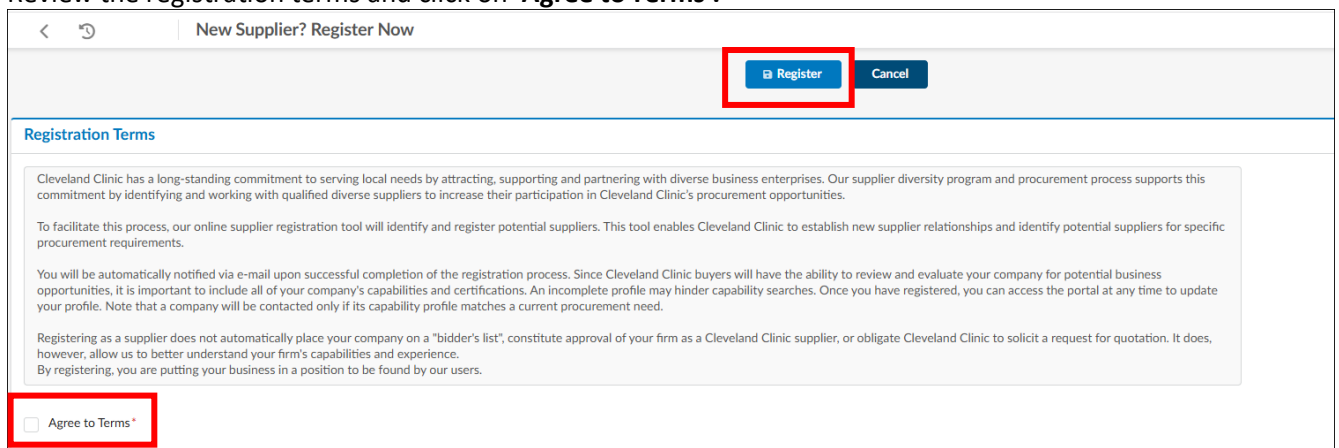
1. Utilize this link <https://ccf.ivalua.com/page.aspx/en/usr/login> to navigate to supplier Procurement Portal
2. Once on the Procurement Portal login page, click on 'New Supplier? Register Now'



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.

A. Captcha



Enter the characters as they appear above*

B. 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 ⓘ

C. Address


Address

Address Line 1 ⓘ*
Search for an address... ↗

Address Line 2

Zip Code* City*
en

State/Province Country*
▼



D. 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?

Additional Information

Region(s) Serving*

UNSPSC Categories ⓘ*

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?*

Comment

en

E. Contact Information

Contact Information

First Name*

Last Name*

Email*

Position / Job Title*

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

F. 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

A. 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?

Company Info

Company

Business Name*
CCF Example Supplier

Website
[Link icon]

of Employees*
[Dropdown menu]

Year Founded*
[Text input]

SIC/NAICS Code ⓘ
[Text input]

Primary Nature of Business ⓘ*
[Text input]

Parent Organization
[Text input]

Construction Supplier?*
[Dropdown menu]

Current Mentor/ Protégé Member? *
☐ Yes ☐ No

Any other name in which you conduct business or have conducted business
[Text input]

Do you have a business resiliency program that meets ISO 22301 Standards or similar Requirements? *
[Dropdown menu]

Do you have a business disaster recovery program that meets ISO27301 standards or similar requirements? *
[Dropdown menu]

Do you have a formal ethics and compliance program? *
[Dropdown menu]

Address Line 1 ⓘ*
35804 Detroit Rd

Address Line 2
[Text input]

City*
Avon

Zip Code*
44011

Country*
UNITED STATES

State*
Ohio

Map Satellite
[Map of Avon, Ohio showing locations like Avon Commons Shopping Center, Wyndham Avon, Hecks Of Avon, North Ridge, and Midwestern Dr.]

Save Close Reject Supplier Submit

B. 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) ⓘ *	<input type="radio"/> EIN <input type="radio"/> 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 ⓘ	

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

<div>Save Close Reject Supplier Submit</div>	
<div><<</div> <div>Company Info</div> <div>Contacts</div> <div>Documents & Certs.</div> <div>P2P Information</div> <div>Qualifications</div>	

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.

Note: You can assign multiple roles to one contact

- A. Select **'+ Add a New Contact'**
- B. Enter First Name, Last Name, Email and Phone. Select **'Save & Close'**

The screenshot shows the 'Supplier Contact' form. At the top, there are three buttons: 'Save', 'Save & Close', and 'Close'. The 'Save' button is highlighted with a red box. Below the buttons, the form is divided into sections. The 'Identity' section is highlighted with a red box and contains fields for 'First Name*', 'Last Name*', 'Email*', and 'Job Title'. The 'Phone' section is also highlighted with a red box and contains fields for 'Country Code', 'Area Code', 'Phone', and 'Ext'. There are also dropdown menus for 'text_selCodeCodeCell' and 'text_selCodeCodeFax'. A 'Photo' section on the right has a button that says 'Click or Drag to add a picture'.

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

The screenshot shows the 'Supplier Contacts' table. At the top, there are two buttons: '+ Add a New Contact' and 'Select an Existing Contact'. The table has columns: 'Name', 'Username', 'Job Title', 'Role(s)', and 'Contact status'. There are two rows of contacts. The first row is 'Example CCF' with username 'CCF@ex.com' and job title 'Admin'. The 'Role(s)' column for this row is highlighted with a red box, showing a dropdown menu with a plus icon. The second row is 'Supplier Example' with a user icon and is also 'Active'.

Name	Username	Job Title	Role(s)	Contact status
Example CCF	CCF@ex.com	Admin	<div>+</div>	Active
Supplier Example			<div>+</div>	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.

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


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

<<

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

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:
- select the '+' on the pre-identified document type line.

Legal Documents							
Add Legal Documents							
Att.	Document Type	Document Name	Owner	Effective Date	Expiration Date	Approval Status	
	W9 Form *						
1 Record(s)							

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)

- C. 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 Effective Date*

Document* Expiration Date
Click or Drag to add a file

Link to external document

Document's owner Date Status
PAD Mouse

Follow up

Notification Date

Date Archived

Request Date

Comments

Add a comment here

D. **Certifications:** If applicable, add Certificate of Insurance or ISO Certification.

i. Issuance or ISO Certification – Select '**Add Certifications**'

Certifications

Add Certifications

0 Record(s)

ii. Select the Document type, attach the document and enter the document **Effective Date** and **Expiration Date**. Click '**Save & Close**'

Edit document : Certifications

Save Save & Close Close Archive

Description

Document Type* Approval Status
Draft

Document Name Effective Date*

Document* Expiration Date
Click or Drag to add a file

Link to external document

Document's owner Date Status
PAD Mouse

Follow up

Notification Date

Date Archived

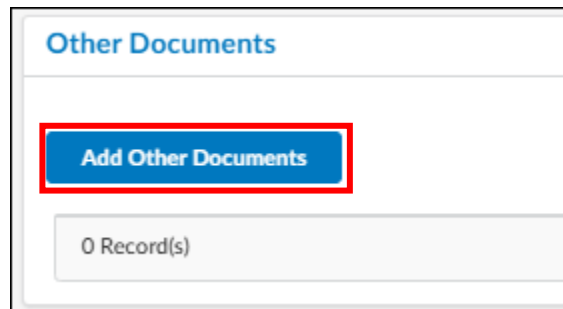
Request Date

Comments

Add a comment here

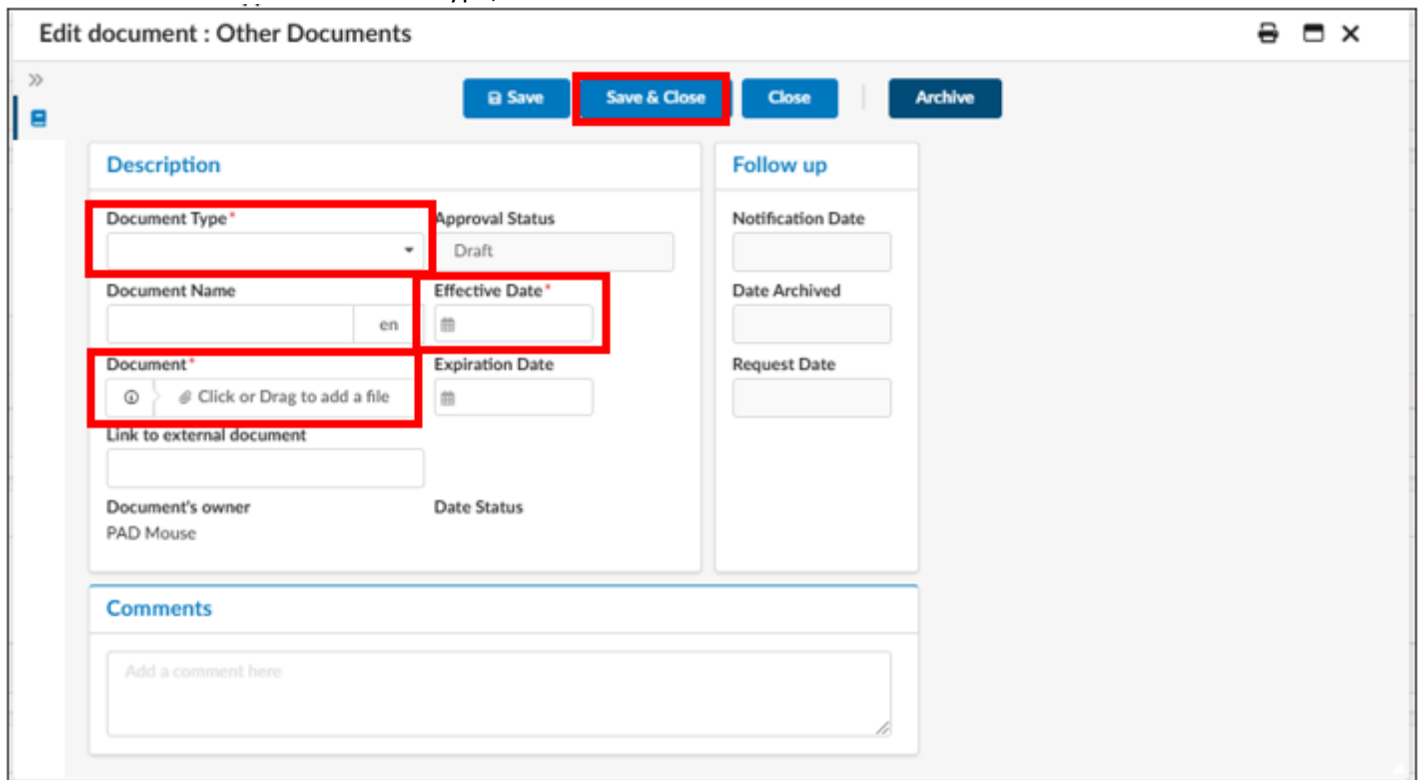
E. **Other Documents:** Upload other documents here in the below section (i.e., quote or contract)

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



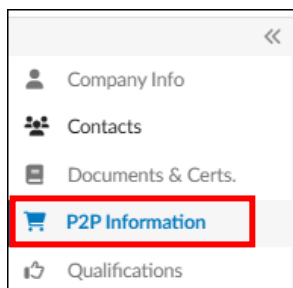
The screenshot shows a section titled "Other Documents" with a blue header. Below the header is a blue button labeled "Add Other Documents" which is highlighted with a red rectangular box. Underneath the button, it says "0 Record(s)".

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



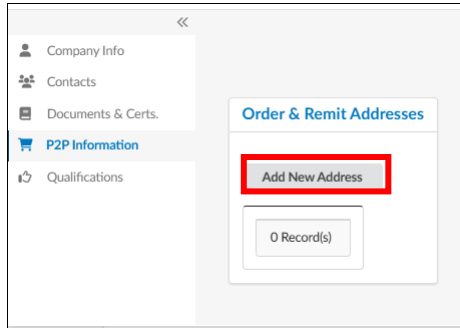
The screenshot shows the "Edit document : Other Documents" form. At the top, there are buttons for "Save", "Save & Close" (highlighted with a red box), "Close", and "Archive". The form is divided into several sections: "Description" (containing "Document Type*" with a dropdown, "Document Name", "Document*" with a file upload icon and text "Click or Drag to add a file" (highlighted with a red box), "Link to external document", "Document's owner" (PAD Mouse), "Approval Status" (Draft), "Effective Date*" (highlighted with a red box), "Expiration Date", and "Date Status"); "Follow up" (containing "Notification Date", "Date Archived", and "Request Date"); and "Comments" (with a text area labeled "Add a comment here").

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

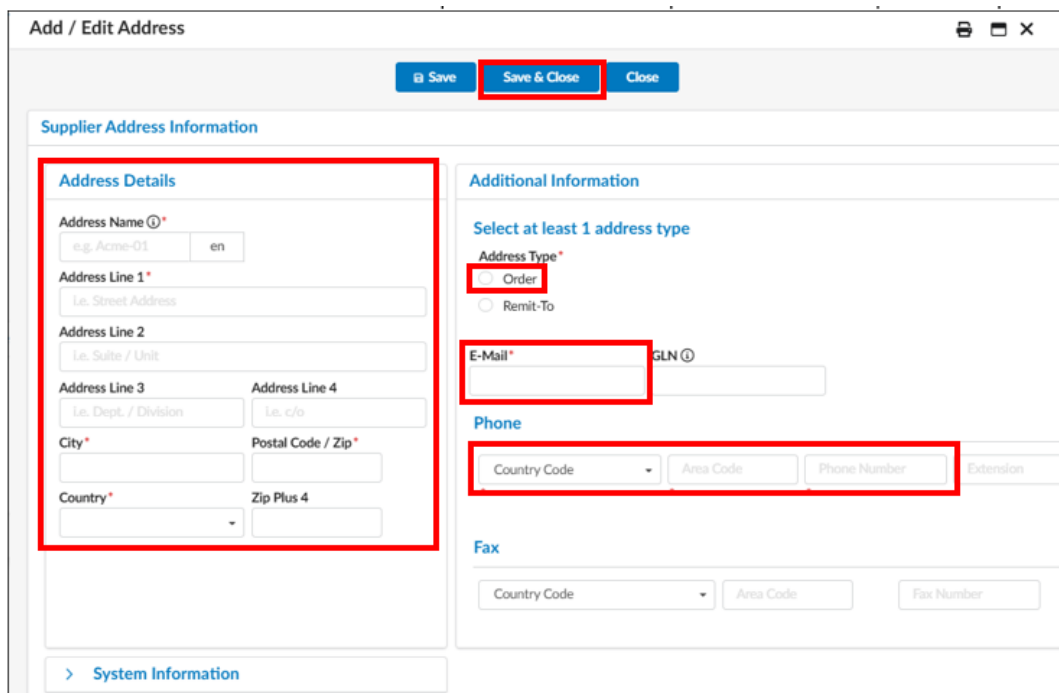


The screenshot shows a navigation menu with five items: "Company Info", "Contacts", "Documents & Certs.", "P2P Information" (highlighted with a red box), and "Qualifications". Each item has a corresponding icon to its left.

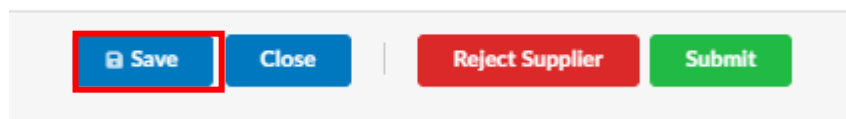
- G. Add order address
- Select **'Add New Address'**



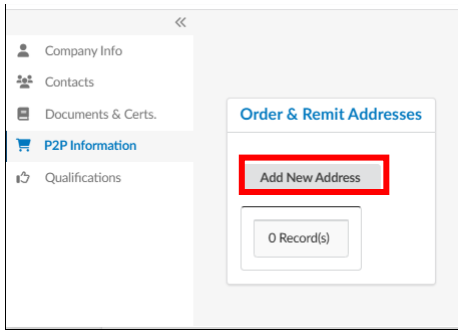
- H. Enter Order address information and select **'Save & Close'**. This is the supplier address that will appear on the purchase order.
- Address Name (see info icon for format)
 - Address
 - Address Type = Order
 - Email = email address where purchase orders should be sent
 - Phone Number = customer service phone number to call in purchase orders or inquire status updates



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



- I. Add remit-to address.
- Select **'Add New Address'**



- J. Enter Remit-To address information and select **'Save & Close'**. This is the address referenced on the invoice in where payment will be sent.
- Address Name (see info icon for format)
 - Address
 - Address Type = Remit-To
 - Email = email address for questions regarding invoices
 - Phone Number = phone number for questions regarding invoices

Add / Edit Address

Save Save & Close Close

Supplier Address Information

Address Details

Address Name ⓘ*
e.g. Acme-01 en

Address Line 1*
I.e. Street Address

Address Line 2
I.e. Suite / Unit

Address Line 3 Address Line 4
I.e. Dept. / Division I.e. c/o

City* Postal Code / Zip*
Country* Zip Plus 4

Additional Information

Select at least 1 address type

Address Type*
☐ Order
☒ Remit-To

E-Mail* GLN ⓘ
Country Code Area Code Phone Number Extension

Phone
Country Code Area Code Phone Number Extension

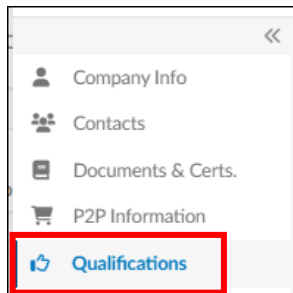
Fax
Country Code Area Code Fax Number

> System Information

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

Save Close Reject Supplier Submit

K. Navigate to the Qualifications tab.



i. Ensure information is accurate and update as needed.

A screenshot of a form titled 'Additional Information'. It contains several fields: 'Region(s) Serving*' with a dropdown menu showing 'United States'; 'UNSPSC Categories*' with a dropdown menu showing '42000000 - Medical Equipment and Accessories and Supplies'; 'What is the last month of your fiscal year?*' with a dropdown menu showing 'December'; 'Do any of the products or services provided need the ability to connect to Cleveland Clinic's networks?*' with a dropdown menu showing 'No'; and a 'Supplier Comment' text area with a language selector set to 'en'.

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



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

