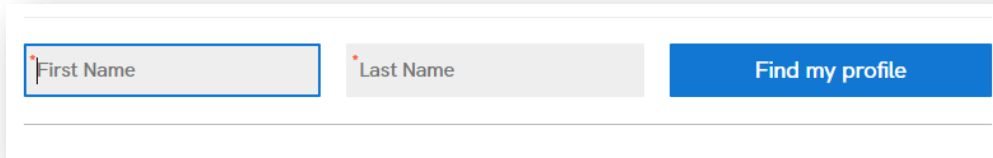


# Doximity Initial Configuration

## Doximity Access

1. Login to the Doximity website at [www.doximity.com](http://www.doximity.com) by entering your *First Name*, *Last Name*, and clicking **Find my profile**.

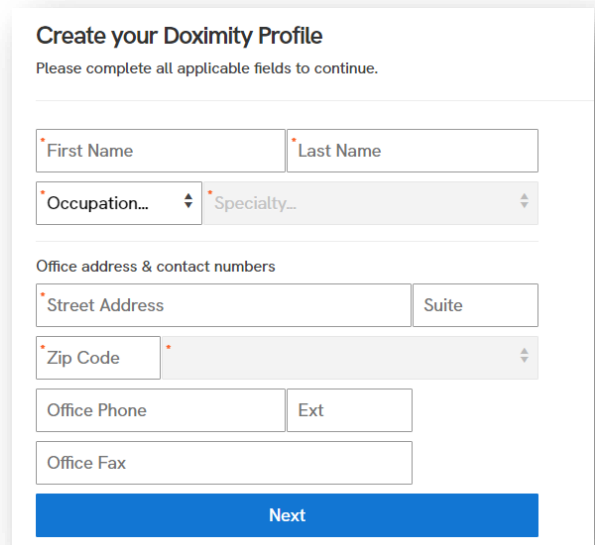


A screenshot of the Doximity login form. It features two input fields: "First Name" and "Last Name", both with red asterisks indicating they are required. To the right of these fields is a blue button labeled "Find my profile".

## Create your Doximity Profile

2. Complete all **\*required** fields and click **Next**.  
Required fields include:

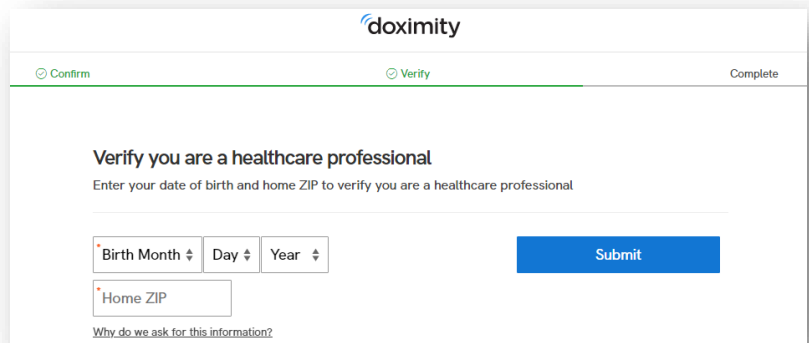
- ✓ First Name
- ✓ Last Name
- ✓ Occupation
- ✓ Specialty
- ✓ **Office Street Address**
- ✓ **Office Zip Code**
- ✓ *City will default*



A screenshot of the "Create your Doximity Profile" form. The title is "Create your Doximity Profile" and the instruction is "Please complete all applicable fields to continue." The form includes several fields: "First Name" and "Last Name" (both required), "Occupation..." and "Specialty..." (both dropdown menus), "Office address & contact numbers" section with "Street Address" and "Suite" (both required), "Zip Code" (required), "Office Phone" and "Ext" (both optional), and "Office Fax" (optional). A blue "Next" button is at the bottom.

## Verify your Identity (Part 1)

3. Enter your **Date of Birth** using the specified dropdowns.
4. Enter your *HOME* zip code in the **Home ZIP** field.
5. Click **Submit**.



A screenshot of the "Verify you are a healthcare professional" form. The title is "Verify you are a healthcare professional" and the instruction is "Enter your date of birth and home ZIP to verify you are a healthcare professional". The form includes "Birth Month", "Day", and "Year" (all dropdown menus), and "Home ZIP" (input field). A blue "Submit" button is on the right. At the bottom, there is a link: "Why do we ask for this information?".

# SHARP Healthcare Job Aid: Doximity Initial Configuration

## Verify your Identity *(Part 2)*

6. Answer the three (3) identity verification questions to verify your identity and click **Finish Verification**.

**Professional verification for**  
Please answer the following questions to confirm your identity.

Which number goes with your address on ST?  
 19850  
 673  
 3003  
 None of the above

Which number goes with your address on ST?  
 42477  
 12129  
 13841  
 None of the above

During 1995, in which State did you live?  
 PENNSYLVANIA  
 CALIFORNIA  
 VIRGINIA  
 None of the above

Already a member? [Sign In](#)

**Finish Verification**

## Finish Profile

7. Enter your **SHARP** email and create a **Password**.

**NOTE:** You should use your Sharp email **ONLY** and passwords should be a minimum of eight (8) characters, including numbers and letters.

8. Click **Complete Registration**.

Confirm Verify Complete

**You're almost done!**  
You must use a professional medical email address in order to register. This will help to expedite the verification process.

ex: name@hospital.edu

Password **SHOW**

Keep me signed in on this device

**Complete Registration**

Must be 8-60 characters

## Additional Set-up *(Optional)*

Users can add a profile picture and personal work experience, along with connecting to other providers. These can be skipped by clicking the **Skip** and **Next** options.