

REGISTRATION for REMOTE ACCESS to Ovid or MDConsult

Last name: _____ First name: _____

Department: _____ Position or specialty: _____

Interoffice zip code: _____ Daytime phone # _____

E-mail address (*required*): _____ Graduation date (if applicable) _____

Address (if no interoffice zip): _____

Institutional Affiliation: *(check one)* ANW United Mercy Unity PEI ChildrensMpls Corporate
 Regional Hospital _____ AMC Clinic _____ Other Allina _____

I want to register for (check all that apply):

OVID OVID Password:
 Assign me a password My preferred password : _____ (6-8 characters)

MDConsult (ID/password will be assigned)

ACCESS USE POLICY

Access to this system is dependent upon direct affiliation or employment with Allina Hospitals and Clinics and will be terminated if/when that affiliation or employment ends. The databases are to be used only for internal or personal research or education. IDs and passwords are not to be shared or posted in areas where individuals, other than the ID owner, can gain access to the system.

I hereby agree to the terms of this policy.

Signature: _____ Date: _____

Return To: Jim Bulger or Pam Barnard
 Allina Health System - Library Services - 14001
 800 E. 28th St.
 Minneapolis, MN 55407-3799

QUESTIONS: call (612) 863-4312
 FAX: (612) 863-5695

OFFICE USE ONLY

Processed by:	OVID	MDConsult
Date:	ID:	ID:
<i>Removed:</i>	Password:	Password: