

OVID REGISTRATION
a component of Knowledge QuestSM
Allina Health System – Library Services

Last name: _____ First name: _____
Department: _____ Position: _____
Interoffice zip code: _____ Daytime phone #: _____
Preferred mailing address: _____
Preferred E-Mail address: _____
Specialty: (for MDs) _____ Graduation Date: (for residents) _____

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

PASSWORD

Assign me a password. My preferred password is _____ (6-8 characters)

ACCESS USE POLICY

To ensure reliability and security of the system and its users, licensed IDs to access the system are provided on an individual basis. Access IDs are not to be shared or posted in areas where individuals, other than the ID owner, can gain access to the system.

I understand that my access to this system is dependent upon my direct affiliation with Allina Health System and will be terminated if/when that affiliation or employment ends. I further understand that the Ovid databases are to be used only for internal or personal research. I hereby agree not to share my password or access rights with any other individual.

Signature: _____ Date: _____

Return To: Jim Bulger or Pam Barnard Phone: 612-863-4312
Allina Health System - Library Services - 14001 FAX: 612-863-5695
800 E. 28th St.
Minneapolis, MN 55407-3799

OFFICE USE ONLY

Processed by: _____ Date: _____ ID: _____
Password: _____

Removed: Access Ovid Dir Notebook