

BUMC MEDLINE Plus Login and Password Request Form

To obtain a Login Name and Password for the **BUMC MEDLINE Plus** System, please complete the information below. Incomplete information will delay processing of a Login Name and Password. All persons applying for access to **BUMC MEDLINE Plus** must present a valid ID card to a staff member at the Circulation Desk, mail a photocopy of your current ID with this form to the **Alumni Medical Library L-12 Attn: MEDLINE Access**, or fax the same to (617)638-4478. All ID cards will be checked to verify current affiliation. The Alumni Medical Library offers workshops and training sessions free of charge. Please call the Reference Desk (617) 638-4228, or e-mail refquest@medlib.bu.edu for further information or to sign up for a training session. A Login Name and Password will normally be issued to eligible users within two weeks after the Library receives this request form.

Name: _____

BMC/BU ID: _____

Department: _____

Department Chairperson: _____

Office or Home Address: _____

Office or Home Telephone: _____

E-Mail Address: _____

Passwords are e-mailed to the address provided.

Affiliation

Status

- _____ BMC-Harrison Ave. Campus
- _____ BMC-East Newton St. Campus
- _____ School of Dental Medicine
- _____ School of Public Health
- _____ Graduate Medical Sciences
- _____ Other _____

- _____ Physician
- _____ House Staff (interns, residents and fellows.)
- _____ Nurse
- _____ Faculty
- _____ Staff
- _____ Administration
- _____ Other Professional _____

I am requesting a Login Name and Password which allow me access to the **BUMC MEDLINE Plus** System. In my use of the MEDLINE Plus System I agree to use the system only for purposes related to patient care, research, education or administration activities. **I agree not to use the system for personal gain or profit or let others use my password.** I assume full responsibility for use of my Login Name and Password, and I will abide by the University computer code of ethics. I understand that noncompliance with these terms will result in the immediate termination of my Login Name and Password.

Signature: _____ Date: _____

**The Web version of BUMC MEDLINE Plus is available from any computer worldwide at:
[http: medlib.bu.edu](http://medlib.bu.edu)
Login Names and Passwords are required for remote access.**

For office use ONLY:

				Date Received
ID Verified:	_____ ID Checked	_____ Staff initials	_____ Date	
Eligibility:	_____ Eligible	_____ Staff initials	_____ Date	
	_____ Password issued	_____ Staff initials	_____ Date	
	_____ Password sent	_____ Staff initials	_____ Date	