

MUSC NetID MedMentor – SCCP Application Guidelines

Eligibility for access to MUSC Online Library Resources Policy: Due to licensure and contract-related constraints between the universities' library systems and subscription content vendors, eligibility for access to MUSC Online Library Resources will be determined as follows:

- Preceptors practicing within the state of South Carolina who submit availability to take at least 3 IPPE students per rotation year, 4 APPE students per year, or a combination of at least 4 IPPE and APPE students per year will be eligible to request access to MUSC Online Library Resources
 - Preceptors requesting this access for the first time will not be granted access until the start date of their first SCCP student rotation, and access will expire at the end of that rotation-year (April 30th).
 - Once access has been established, and minimum availability submission requirements continue to be met access will be available in subsequent rotation years which begin on May 1st and end on April 30th of the following year. Renewals are required annually based on availability submissions.
- Preceptors practicing outside the state of South Carolina who meet the minimum availability submission requirements described above will not be routinely granted access to MUSC Online Library Resources, but these requests may be evaluated on a case-by-case basis
- Please note that all SCCP pharmacy students have access to library resources while enrolled in the college of pharmacy

Library Use Only

Exp. Date _____

Duplicate: __ Y __ N

MUSC NetID MedMentor

Your MUSC Network Account will enable you to login into selected MUSC resources.

To obtain an account, mail this completed, signed form to:

June Taylor	Email: taylorja@musc.edu
MedMentor Request	Phone: 843-792-6427
280 Calhoun Street MSC 140	Fax: 843-792-9077
Charleston, SC 29425-1400	

It takes three working days to set up an account. When your account is ready, it will be emailed to the address indicated below. If you need help filling out this form, please call the MedMentor Request Liaison at 843-792-6427. If you have any questions about available computing resources, contact Bob Poyer boyerbk@musc.edu or 843-792-2892.

Name: __ Dr. __ Mr. __ Ms. _____
(Last) (First) (Middle)

Preferred First Name: _____ **Maiden Name:** _____

Date of Birth: _____ **Degree/Specialty:** _____

Mailing Address (Work):

Phone: (Office) _____
Phone: (Home) _____

Email Address (work if you have one): _____

MUSC Status: Preceptor Facilitator Adjunct Faculty

MUSC College with which you are affiliated:

Dental Medicine Graduate Studies Health Professions Medicine Nursing Pharmacy

Department or Teaching Program: Pharmacy Sponsor at MUSC: June Taylor

Signed Agreement Required:

I understand that my MUSC Network Account is for my individual use as a member of the University's academic community. I agree to abide by all applicable MUSC computer use policies (<http://www.musc.edu/ccit/cup/>), and to learn about and respect the local policies of any system or network, which I access from my account, both at MUSC and elsewhere.

Signature: _____ **Date:** _____

OCIO IS and Library Use Only

Received, Library _____	Authorized _____	Login _____
Libgrp _____	E-mail Address _____@musc.edu	Password _____