



Weill Cornell Medical College

WEILL CORNELL MEDICAL LIBRARY

1300 York Avenue New York, NY 10065

HEALTH PROFESSIONALS ACCESS PROGRAM

Individual Health Professional Subscription Agreement

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Health Profession _____

(License or other credentials for verification) _____

Institution/Home address _____

Telephone Number(s) _____ (day) _____ (evening)

Fee Paid (\$250 per year) _____ Date _____

Payment of the \$250 yearly fee entitles the licensed/credential health professional practicing in the New York area to access the Weill Cornell Medical Library and its collection.

Before using the Library, each practitioner participating in the fee-based access program must register at the Circulation Desk, present a license or evidence of credentialing upon registration, and receive an identification card. The identification card must be presented at each library visit. It is not transferable, and will be confiscated if the bearer is not the individual named on the card.

Fee for access does not entitle the user(s) to remote access or borrowing privileges.

For a full description of the program visit: <http://library.med.cornell.edu/Unaffiliated/>. subscribers are bound by the written regulations of the Weill Cornell Medical Library and its rules for user conduct:

<http://library.med.cornell.edu/Policies/userconduct.html>. Copies of these are also available at the Circulation Desk.

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☐ I understand that the HPA program entitles me to onsite access of the Weill Cornell Medical Library only.

☐ I understand that borrowing privileges and remote access to the Library's resources are not included.

☐ I understand and agree to follow all rules for use conduct.

Signature _____

Date _____