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Conditions attached to these privileges are:

1. Passwords are to be used for teaching responsibilities only.
2. There must be absolutely no commercial use of the information obtained from the databases.
3. Passwords are non-distributable and reasonable precautions must be taken to preserve password security at all times.
4. Use of passwords is contingent upon your *continuous* participation as a preceptor for Mercer University.

Failure to adhere to these conditions may result in the immediate termination of access to these passwords and all library resources.

I have read and agree to abide by the terms of this agreement.

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Were you ever previously affiliated with Mercer University?

Yes

No

If yes, under what name? _____

Please submit signed form to your program's Director of Experiential Education or Preceptor Coordinator for their approval.

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(please refer to <https://helpx.adobe.com/reader/using/sign-pdfs.html> for help with digitally signing this form.)

Internal Use Only:

Program: Pharmacy Physician Assistant Physical Therapy Athletic Training Nursing

Approved: _____

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Director, Office of Experiential Education or Preceptor Coordinator

Preceptor Start Date: _____

Upon completion of this form by the department, please email an electronic copy to the Mercer University Libraries:
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