

BOTSFORD LIBRARY REGISTRATION

Name: _____ Dept: _____

Physician Resident Intern Student
 Nurse Manager Other (specify) _____

Final Date of Rotation at BGH (if applicable): _____

Street Address: _____

Phone: _____ Fax: _____

Email: _____

Birth (MM/DD): _____

You will be issued a barcode that you can use to check materials out at our library. You may also use your library barcode to access databases and electronic resources from the Library website: www.botsfordlibrary.org

Only a few users can be logged into any electronic database or resource at one time, so please **LOGOFF** when you are finished searching in order to free up the database for other users.

Resources are licensed for Botsford Health Care Continuum physicians and personnel only. I understand that I must keep my barcode confidential.

Signature: _____ Date: _____

Bring this completed form with your Botsford identification to the Library to receive your barcode. Call (248) 471-8434 if you have any questions.

LIBRARY USE ONLY

Library Barcode: _____

Library Staff: _____ Date: _____