Medical University of South Carolina Library  
MedMentor Program

The MedMentor Program enables health professionals who precept students enrolled at the Medical University of South Carolina to obtain MUSC Library privileges, an MUSC Network Account (NetID), and access to other electronic information resources.

By applying for an MUSC NetID, you will be able to access the following electronic resources from your home or office desktop computer:

- PubMed
- Ovid MEDLINE
- CINAHL
- PsycINFO
- DynaMed
- MD Consult
- AccessMedicine
- Cochrane Library
- MicroMedex
- eJournals (19,000 +)

Other electronic resources including bibliographic databases and full text books and are also accessible through the MUSC Library Web at http://www.library.musc.edu.

For help accessing the MUSC Library’s electronic resources or to apply for an MUSC Network Account, please contact Bob Poyer, MedMentor Faculty Liaison, at 843.792.2892 or poyerrk@musc.edu. The MedMentor Faculty Liaison will provide informational services, direction, and guidance related to Library and Informatics resources available to Medical University of South Carolina preceptors.
MUSC NetID
MedMentor

Your MUSC NetID will enable you to login to one or more host computers and servers on MUSC’s campus-wide network which provide a variety of academic and research computing services. Most of these services are available to all MUSC faculty, students, and staff, as well as preceptors supervising MUSC students. They include such services as electronic mail, telnet, ftp, the Library’s powerful MUSCLS system, and other Internet resources.

To obtain an account mail, e-mail, or fax this completed form to:
Sonia Liwag Castellano  E-mail: castells@musc.edu
MedMentor Faculty Liaison  Phone: 843-792-2381
MUSC Library, Suite 300  Fax: 843-792-3534
MSC 403
Charleston, SC 29425

It takes three working days to set up your account. When your account is ready, it will be e-mailed to the address indicated below. If you have any questions about available computing resources, or you need help filling out this form, please call the MedMentor Faculty Liaison at 843-792-2381.

Name:  __Dr.  __Mr.  __Ms.  ____________________________________________________________________
       (Last)    (First)        (Middle)
Preferred “First” Name  ____________________________________________________________________ Date of Birth: __________  Degree/Specialty: __________

Mailing Address (work):
_________________________________________________________________________ Phone # (office) __________
_________________________________________________________________________ Phone # (home)
Email Address: ____________________________________________________________________

MUSC Status:  __Faculty    __Clinical Faculty    __Preceptor    __Facilitator

MUSC College with which you are affiliated:
__Dental Medicine   __Graduate Studies   __Health Professions   __Medicine   __Nursing   __Pharmacy

Department or Teaching Program:

Physical Therapy  Sponsor at MUSC  Sour Mel Brown
Occupational Therapy  Sponsor at MUSC  Hazel Breland
Physician Assistant  Sponsor at MUSC  Shenikqu Simmons
Cardiovascular Perfusion  Sponsor at MUSC  David Fitzgerald
Anesthesia for Nurses  Sponsor at MUSC  Candace Jaruzel

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: __________