

Regional CAC Only	
Please <u>Initial</u> After Verifying Contact Information	
Associate	_____
Accredited	_____

**CALiO – Child Abuse Library Online
CAC User Agreement/Registration Form**

This agreement form constitutes a working agreement between the National Children’s Advocacy Center and the CAC named in the agreement, pertaining to access and use of restricted-access resources within the digital library collections of the NCAC Research Library. ***This form must be completed and signed by the Executive Director of the CAC.*** (Please print clearly so faxed form will be legible)

Name of Child Advocacy Center: _____

Address: _____ City, State, ZIP: _____

Name of Executive Director: _____ Phone: _____

Email of Executive Director: _____

TERMS OF AGREEMENT: EXECUTIVE DIRECTOR MUST INITIAL EACH OF THE STATEMENTS TO INDICATE THAT THE CAC AGREES TO THE FOLLOWING TERMS:

____ One Username and Password will be provided for use by the CAC. ***The CAC agrees not to give out the Username and Password beyond the professional staff of the organization and MDT Members.*** The Username and Password are not to be distributed to other CACs, or to other organizations or individuals.

____ You may designate any members of your multidisciplinary team or CAC professional staff for access to the system. There is no limit to the number of individuals within your organization who can access the system. However, volunteers, temporary staff, and positions with high turnover should not be given the Username and Password. ***The CAC agrees to inform every person to whom the Username and Password are given about the importance of observing guidelines for sharing documents and protecting your Username and Password.***

____ Restricted-access documents (like journal articles in PDF or HTML form) are subject to U.S. copyright laws. Electronic distribution of these documents beyond the organization via e-mail or posting on Web sites can violate copyright laws. ***The CAC agrees to observe these guidelines for sharing published documents beyond the CAC organization members: a copy may be sent only by printing out a document and mailing the paper copy.***

How many individuals in your organization do you anticipate will be given access? _____

Violation of the terms of this agreement can result in termination of access to the digital resources that are granted under these terms.

Signature: _____ Date: _____

Signature of CAC Executive Director

ATTENTION: THIS FORM MUST BE SUBMITTED DIRECTLY TO YOUR CORRESPONDING REGIONAL CAC

Western Regional
AK AZ CA CO HI ID MT NV NM
OR UT WA WY
Brenda George
Fax: 406-248-1534
bgeorge@safepassagecac.org

Midwest Regional
IL IN IA KS MI MN MO NE ND
OH SD WI
Kim Martinez
Fax: 651-686-0243
kim.martinez@childrensmn.org

Northeast Regional
CT ME MA NH NJ NY PA RI VT
Ellen Smith
Fax: 215-860-3112
e.smith3@verizon.net

Southern Regional
AL AR DC DE FL GA KY LA MD
MS NC OK SC TN TX VA WV
Yvette Kubik
Fax: 256-327-3859
ykubik@nationalcac.org