

UNIVERSITY OF CENTRAL ARKANSAS

REQUEST FOR UCA LIBRARY DATABASE ACCESS (for use by UCA Physical Therapy Clinical Instructors)
Date of Request:
Last Name, First Name, Middle Initial:
Social Security Number:
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Phone, Home:
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1. To access databases, go to Library.uca.edu
2. Create a Library PIN Number (required for off campus database access):
 1. Go to Library.uca.edu
 2. Follow directions under the link "Create a Library PIN."
3. Are you interested in requesting book checkout privileges? _____

Required Signatures:

_____ Date: _____
Clinical Instructor

_____ Date: _____
Misty Booth, PT, DPT, PCS; Director of Clinical Education ,
Department of Physical Therapy, UCA.

_____ Date: _____
Art Lichtenstein, Library Director (or designee).

Please allow two weeks from date of request for processing.