



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

**Annals of Internal Medicine Back Files
Perpetual Access License Application**

The Authorized Signatory whose name appears below hereby requests that the institution named below be designated as an *Annals of Internal Medicine* Back Files Perpetual Access Licensee of the American College of Physicians, Inc. for (**please select one**):

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Application Date: _____

Institution name: _____

Authorized Signature: _____

Print name: _____

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Contact Information

The following person is appointed as ACP's key contact person for this institution:

Name: _____

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Postal address: _____

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Authorized Sites		Please list below the locations and IP addresses of this institution (to list more locations, contact sitelicense@acponline.org):	
City, State (Province)	Country	IP Address (separate levels by periods)	Is proxy access permitted to this IP address?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please send your completed, signed application as an email attachment to sitelicense@acponline.org or as a fax to 01-215-351-2438.

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