

The Marshall University School of Pharmacy Student iPad Agreement

The Marshall University School of Pharmacy will provide iPads to all first, second and third year pharmacy students. Prior to receiving an iPad, all students are required to sign this Agreement outlining the responsibilities and guidelines for use.

- The iPads are Marshall University School of Pharmacy property, and are made available for use by pharmacy students.
- The iPads will be managed centrally by a mobile device management system that includes password protection, remote wiping capabilities, and encryption.
- Students are free to use these devices to store personal content (e.g. songs, personal email) but should have no expectation of privacy regarding the device or its contents.
- Students must:
 - Use this device in a responsible manner, including abiding by all University policies (e.g. information security policy, code of conduct, mobile device use and theft, social media). Policies may be found at <http://www.marshall.edu/student-affairs/files/2013/09/Student-Handbook-2012-2013-MU.pdf>.
 - Take appropriate steps to protect the iPad and data against loss or theft.
 - Immediately report loss, damage, or theft of the iPad to the Marshall University SOP/JCESOM IT Division by calling (304)-696-MUIT (6848) or emailing SOPAcademicIT@marshall.edu.
 - Accept financial responsibility for loss, damage, or theft of the iPad, as well as any damage resulting from disclosure of information on the device.
 - Abide by all policies and procedures when using the iPad in clinical settings.
- Students must not:
 - Loan the iPad, even temporarily, to anyone else.
 - Save any individually identifiable patient health information on their iPads or on commercial data storage services (e.g. iCloud, Dropbox, Google Drive).
 - Remove (“jailbreak”) the mobile device management software.
 - Disable passcodes.
- Upon successful completion of the didactic curriculum, students will be required to return the iPad to the Marshall University SOP/JCESOM IT support services.
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I agree to the terms of this agreement.

Student Printed Name:

Student Signature / Date Accepted:

Student Signature / Date Returned:

IT Signature / Date Returned:

iPad serial number:
