

# VIDEO SITE LICENSE

## Letter of Agreement

Assessing Signs and Symptoms Using the Finnegan Scoring Tool, An Inter-Observer Reliability Program

This letter summarizes the agreement between \_\_\_\_\_, Karen D'Apolito, PhD., NNP-BC, FAAN and Loretta Finnegan, MD for the electronic video use and installation of the inter-observer reliability program called: Assessing Signs and Symptoms Using the Finnegan Scoring Tool, An Inter-Observer Reliability Program. By signing this letter I agree to the following terms and conditions:

- 1) I agree to pay a onetime fee of \$1000.00 for a non-exclusive electronic video copy of the Inter-Observer Reliability Program. The fee of \$1000.00 US dollars allows me to download the program onto one computer system in one institution. If the institution wishes to download the video onto other computers in other affiliated institutions, I agree to pay a total of \$2,000.00 US dollars for this multiple site agreement.
- 2) I agree to use the following copyright and source information when displaying the program on the hospital server: D'Apolito, F., & Finnegan, L., Assessing Signs & Symptoms of Neonatal Abstinence Using the Finnegan Scoring Tool, An Inter-Observer Reliability Program, Neo Advances, 2010.
- 3) I agree that the Inter-Observer Reliability Program that is placed on the hospital server will be used for the education of healthcare professionals to enhance the administration and inter-observer reliability of the Finnegan Scoring Tool in the clinical area.
- 4) I agree that all rights, title and ownership of the Reliability Program remains with Dr. D'Apolito and Dr. Finnegan and the program and scoring tool cannot be changed in any way.
- 5) I agree that before the electronic copy of the reliability program video is provided I must sign this agreement and pay the fee. Upon arrival of the necessary funds I will receive a website link from Durik Advertising, Inc. within 3 business days that will allow me to download the video to my server. Printed programs will be mailed.

I have read and accept the terms and conditions of this agreement.

Company/Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate whether you are agreeing to a single-site agreement (\$1000.00) or multiple-site agreement (\$2000.00). Please check appropriate box:

Single site  Multiple-Site

Email to: [CSR@durikadvertising.com](mailto:CSR@durikadvertising.com) or Fax to: 615-794-4133.