

CALIFORNIA DEPARTMENT OF EDUCATION
Curriculum Frameworks and Instructional Resources Division
Clearinghouse for Specialized Media and Technology (CSMT)
1430 N Street, Suite 3207, Sacramento, CA 95814
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**Instructional Materials Ordering and Distribution System (IMODS)
Member Registration Form**

Background: Through the use of IMODS, the Clearinghouse for Specialized Media and Technology (CSMT) provides eligible educational agencies with state-adopted instructional materials in accessible formats. The CSMT also distributes American Printing House for the Blind (APH) products and textbooks orders for eligible agencies.

To become an IMODS registered user, complete the form below.

(Check one box only)

STATE ADOPTIONS ONLY (Educators and support personnel employed by a California public school, unified school district or county office of education serving California public school students with print disabilities or other disabilities)

APH AND STATE ADOPTIONS (Agencies registered with the APH federal quota program)

Name of Educational Agency _____ County: _____

First Name: _____ Last Name: _____

Title: _____ E-Mail: _____

Phone: _____ FAX: _____

Shipping Address: _____

City, State, Zip _____

Restrictions:

The username and password will be e-mailed to the person registering with this form. User IDs and passwords for this service should not be shared. Downloading of files is limited exclusively to registered users. The only legal and authorized use of these files is for the production of specialized formats for qualified students with print disabilities. Registered users are responsible for the appropriate use of these files. The copyright for these files is the sole property of the original owner. The copyright notice must be output as it appears in the file. These files or their output may not be sold under any circumstances. The original transcriber credit must be output as it appears in the braille file. This notice is required for complete or partial printings. Privileges will be suspended if copyright holders' rights are violated.

I understand and agree to abide by the above restrictions.

Name of the *Account Administrator for the Local Education Agency (LEA): _____

Title: _____ Phone: _____ E-Mail: _____

Signature of Account Administrator: _____

The Account Administrator must e-mail this form to csmt@cde.ca.gov.

*The Account Administrator is the individual from your agency assigned and approved to authorize IMODS/APH orders. Each agency will have only one Account Administrator. If you do not know who your Account Administrator is, please contact Gloria Dobson by phone at 916-319-0628 or by e-mail at gdobson@cde.ca.gov.

Please keep your account information current by notifying CSMT staff immediately of any changes (i.e., change in Account Administrator, phone number, e-mail address, etc.), or you may lose access to your account.

