

AUTHOR PACKET

Checklist of items to return to the *Journal of Ambulatory Care Nursing* National Office:

- _____ Transfer of Copyright (Pages 2-3)
- _____ Author Information Form (Page 4)
- _____ *Journal of Ambulatory Care Nursing* Author Disclosure Form (Pages 5-7)

Please submit forms to:

Rebecca Klavens
Editorial Coordinator
rebecca.klavens@ajj.com
Journal of Ambulatory Care Nursing
Box 56
Pitman, NJ 08071

Transfer of Copyright

To comply with U.S. copyright law, **each** author of a submitted manuscript must complete and sign this form. Your signature on this form expressly transfers copyright of the manuscript and its contents (tables, figures, photos, etc.) to ***Journal of Ambulatory Care Nursing*** if published in media now and hereafter invented. Failure to sign will necessitate the withdrawal of your manuscript. If your manuscript is not published or is withdrawn by the author(s) with written notice prior to acceptance, we relinquish copyright to you.

In consideration of ***Journal of Ambulatory Care Nursing*** taking action in reviewing and editing my manuscript, the author undersigned hereby transfers, assigns, or otherwise conveys all copyright ownership to ***Journal of Ambulatory Care Nursing*** in the event that such work is published in media now and hereafter invented. The author further acknowledges that the material is original and not previously published or under consideration for publication elsewhere nor will be, either in whole or partially, except in abstract form until a decision is made by the ***Journal of Ambulatory Care Nursing***. The author also assumes responsibility for obtaining the necessary permission when using previously published materials such as tables or figures.

The author certifies that any affiliations with or involvement in any organization or entity with a direct financial interest in the subject matter or materials discussed in the manuscript (e.g., employment, consultancies, stock ownership, honoraria, expert testimony) are disclosed in a separate descriptive paragraph attached to this form.

The author also certifies, if applicable, adherence to the definition of Informed Consent and Human and Animal Rights as set forth by the International Committee of Medical Journal Editors (2006), "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." See journal [Author Guidelines](#) for details.

Disclosure of Financial and Non-Financial Relationships and Activities

Public trust in the scientific process and the credibility of published articles depend in part on the transparency of the author's relationships and activities as they relate (directly or indirectly) to the scientific work, and how they are handled during the planning, implementation, writing, peer review, editing, and publication of scientific work.

- I do not have any financial relationships to disclose.

- I have one or more relationships to disclose.

Please list those financial disclosures below:

Please continue to the next page of the Transfer of Copyright form.

Transfer of Copyright (continued)

Author Contribution Checklist (Mandatory for each author to complete before publication.)	
Indicate below all that apply (✓)	
	Original idea, planning, and input of the manuscript
	Data collection
	Analysis and interpretation of data
	Writing the manuscript
	Reading/commenting/editing of manuscript
	Critical revision of the manuscript
	Administrative, technical, or material support
	Supervision of the study/manuscript
	Training/education of authors
	Mentoring of 1 st author
	Statistical Expertise
	Funding
	Other (please explain in detail):

Title of Manuscript
Primary Author of Manuscript
Leadership Position Currently Held (if any)

NOTE: Any request to reprint this article, in whole or part, mechanical or electronic, requires the permission of **Jannetti Publications, Inc.**

Date	Institute/Organization
Print Name	Representative Signature

Date	Print Name	Signature

Author Information Form

Please provide the following information exactly as you would like it to appear in the *Journal of Ambulatory Care Nursing* if your article is approved for publication.

Name and Credentials:

Title/Position:

Place of Employment:

City and State (where you are employed):

CONTACT INFORMATION:

Preferred Mailing Address (Includes City, State, and Zip Code)

Preferred Email Address

Preferred Telephone Number

If any of the above information changes before publication, please immediately contact Rebecca Klavens, *Journal of Ambulatory Care Nursing*, Editorial Coordinator, at rebecca.klavens@ajj.com

THE JOURNAL OF AMBULATORY CARE NURSING

Jannetti Publications, Inc.
FORMS #1: DISCLOSURE FORM

Title of Educational Activity: _____	Educational Activity Date: _____
Role in Educational Activity (Check all that apply)	<input type="checkbox"/> Nurse Planner <input type="checkbox"/> Faculty/Presenter/Author <input type="checkbox"/> Content Expert <input type="checkbox"/> Content/Manuscript Reviewer <input type="checkbox"/> Other – Describe

Section 1: Demographic Information

Name and Credentials	
Name with Credentials/Degrees _____	
If RN, Nursing Degree(s) _____ AD _____ Diploma _____ BSN _____ Masters _____ Doctorate	
Address Information	
Preferred Mailing Address	<input type="checkbox"/> Home OR <input type="checkbox"/> Work
Company (if using work address) _____	
Department (if using work address) _____	
Street _____	
City _____	State _____ Zip _____
Work Phone Number _____	
Home Phone Number _____	Cell Phone Number (required) _____
Email Address _____	
Current Employer and Position/Title _____	
Employer City/State _____	

Section 2: Expertise - Planning Committee

If a planning committee member, select your role specific to the educational activity listed above:

- _____ Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)
_____ Content Expert
_____ Other

Please describe expertise and years of training specific to the educational activity listed above. _____

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

_____ An "X" on this line identifies the expertise information is the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. _____

As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, effective patient care.

Section 4: Identification of Relevant Financial Relationships

The American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA) adopted the *Standards for Integrity and Independence in Accredited Continuing Education** and acknowledges that many healthcare professionals have financial relationships with ineligible companies. **ANCC defines ineligible organizations** as those whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients. These relationships must not be allowed to influence accredited continuing education.

[*Standards for Integrity and Independence in Accredited Continuing Education | ACCME](#)

Before the planning for the education begins, the accredited provider must collect Information from all individuals associated with the planning and implementation of an educational activity, including, but not limited to, the planning committee, faculty, presenters, authors, content experts and content reviewers, to provide information about **all** their financial relationships with ineligible companies within the prior **24** months. This disclosure must include: the name of the ineligible company, the nature of the financial relationship.

Examples of financial relationships include employees, researcher, consultant, advisor, speaker, independent contractor, royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Owners or employees of ineligible companies must be excluded from controlling content or participating as planners or faculty in accredited education, *unless*:

- A. the content is not related to the business line or product.
- B. the content is limited to basic science research, and they do not make care recommendations.
- C. they are participating as technicians to teach safe and proper use of medical devices and do not recommend whether or when a device is used.

Please disclose ALL financial relationships that you have had in the past 24 months with ineligible companies. For each relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; please disclose ALL relationships, regardless of the amount.

I have no financial relationships with an ineligible company for the last 24 months.

Name of Ineligible Company	Nature of Financial Relationship	Has the relationship ended? If the relationship existed during the last 24 months, but has now ended, please check the box.
Example: ABC Company	Consultant	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Section 5: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Disclosure and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name & Credentials (Required)	Date
_____	_____

Section 6: Mitigation of Relevant Financial Relationships (skip if no relevant financial relationships)

- Strategies used to mitigate relevant financial relationships:
- _____ Divest the financial relationship (Planner/Faculty/Other)
 - _____ Recuse from controlling aspects of planning and content with which there is a financial relationship (Planner)
 - _____ Peer review of planning decisions by person(s) without relevant financial relationships (Planner)
 - _____ Peer review of content by person(s) without relevant financial relationships (Faculty/Other)
 - _____ Attest that clinical recommendations are evidence-based and free of commercial bias [e.g., peer-reviewed literature, adhering to evidence-based practice guidelines] (Faculty/Other)
 - _____ Not awarding contact hours for a portion or all of the educational activity
 - _____ Other Method – Describe: _____

Nurse Planner Signature (*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Disclosure Form.

Typed or Electronic Signature: Name & Credentials (Required)	Date
_____	_____