

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:

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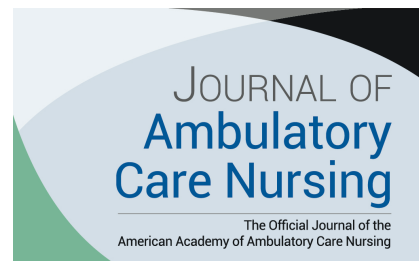
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Transfer of Copyright (continued)



Author Contribution Checklist (Mandatory for <u>each</u> 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
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	Funding
	Other (please explain in detail):

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Author Information Form

Please provide the following information exactly as you would like it to appear in *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 Chelsea Valcourt, *Journal of Ambulatory Care Nursing*, Editorial Coordinator, at chelsea.valcourt@ajj.com

Title of Educational Activity: _____ Educational Activity Date: _____

Role in Educational Activity (Check all that apply) Nurse Planner
 Faculty/Presenter/Author
 Content Expert
 Content/Manuscript Reviewer
 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.

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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
_____	_____