



## Potential conflict of interest disclosure form

This form allows us to provide readers with information about any potential conflict of interest that may influence how they perceive your work. A conflict may occur when an author has a financial relationship with a commercial entity that provides patient-related products or services that are relevant to the subject matter about which the author is writing.

Each author should complete a separate form. The information provided should be based only on the past 36 months.

Date: \_\_\_\_\_

Name (first and last): \_\_\_\_\_

Manuscript title: \_\_\_\_\_

Is there a perceived conflict of interest related to a commercial entity (check one)?\*

☐ Yes

☐ No

\*If you are unsure if there is a commercial interest, refer to the explanation from the Accreditation Council for Continuing Medical Education at <http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest> or contact Cynthia Saver, MS, RN, editorial director for *American Nurse Journal*, at [csaver@healthcommedia.com](mailto:csaver@healthcommedia.com).

If yes, please check the relevant financial relationships and provide a brief description:

☐ Salary \_\_\_\_\_

☐ Royalty \_\_\_\_\_

☐ Stock \_\_\_\_\_

☐ Speakers bureau \_\_\_\_\_

☐ Consultant \_\_\_\_\_

☐ Other (describe) \_\_\_\_\_

Note: Do NOT list specific monetary amounts.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(If you are unable to sign electronically, simply place an X and provide your name and credentials directly below.)

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

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

## ASSIGNMENT OF COPYRIGHT AGREEMENT

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3. **WARRANTY:** The Assignor represents and warrants that to the best of his/her knowledge: (a) the Work is original

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**IN WITNESS WHEREOF** the parties hereto have signed this agreement the day and year first above written.

ASSIGNOR:

HEALTHCOM MEDIA:

By Gregory P. Osborne, Publisher

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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