

Author Statements and Copyright Assignment



Manuscript title: _____

Corresponding Author: _____

Before your manuscript (the “Work”) can be considered for publication in *FPM*, each author must attest to his or her authorship of the Work, transfer his or her rights in the Work to the American Academy of Family Physicians (“AAFP”), and provide financial disclosure.

Corresponding author’s statement

The following is a complete list of authors of the Work:

Printed names

Printed names

All other individuals who have made substantial contributions to the Work, including those who provided editing and writing assistance but who are not authors, are named in the Acknowledgment section of the Work and have given their written permission to be named. If the Work does not include an Acknowledgment section, it is because the authors have not received substantial contributions from individuals not listed as authors. Please print and sign your name below:

Printed name

Signature

Date

Authorship and copyright statements (all authors *including* corresponding author)

Each author should complete (a) or (b) below.

(a) Copyright assignment. I have participated sufficiently in the development and creation of the content and form of the Work and the writing of the Work to take public responsibility for it. I represent and warrant that (i) my contribution is original; (ii) I am the sole owner of my contribution; (iii) my contribution does not infringe or otherwise violate any proprietary or personal rights of others (including, without limitation, copyrights, trademarks or privacy rights); and (iv) I have full power and authority to make the following grant:

Upon the AAFP’s e-mail acceptance of the Work, I hereby automatically and irrevocably assign, transfer, and convey to the AAFP all rights, title and interest in the Work and all rights in and to the copyright throughout the world — including all renewals and extensions thereof; including any and all derivations, modifications, changes, translations, revisions, elaborations, adaptations or transformations of the Work. This assignment is made in consideration of the editorial and publication expenses and the professional benefits of publication. I understand that permission for reprinting in other publications must be obtained in writing from the AAFP.

I further represent and warrant that all third party content included, in whole or in part, within the Work is identified in the Intellectual Property Form attached hereto. I have fully and accurately completed the Intellectual Property Form. I agree to provide the AAFP any additional information regarding third party content as requested by the AAFP and otherwise provide assistance in obtaining any necessary permissions. Neither the Work nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as may be described in an attachment to this statement.

Printed name	Signature	Date	Attachment appended?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

(b) Statement of federal employment. I have participated sufficiently in the development and creation of the content and form of the Work and the writing of the Work to take public responsibility for it. I represent and warrant that (i) my contribution is original; and (ii) my contribution does not infringe or otherwise violate any proprietary or personal rights of others (including, without limitation, copyrights, trademarks or privacy rights). Neither the Work nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as may be described in an attachment to this statement.

I was an employee of the U.S. federal government when I developed and created my contribution to the Work for preparation for publication. Therefore my contribution is not protected by the Copyright Act, and there is no copyright of which I can transfer ownership.

Printed name	Signature	Date	Attachment appended?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Each author must also complete a separate CME conflict of interest disclosure form (attached).

Email completed forms to *FPM* Editorial at fpmedit@aafp, or fax to 913-906-6010.

Questions? Call *FPM* at 913-906-6000, ext. 5119.



Full Disclosure for AAFP CME Activities: FPM Authors

Name: _____ Date: _____
Address: _____ Phone: _____
E-mail: _____

Working title:

Author names:

Disclosure of financial relationships within 36 months of the date of this form and within the foreseeable future:

A. Neither I nor any immediate family member (parent, sibling, spouse or child) has a financial relationship with or interest in any commercial interest that may have a direct interest in the subject matter of this article. (A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.) This includes serving on a speakers' bureau or advisory board, as well as receiving honoraria from a medical education company for CME presentations.

B. I have or an immediate family member (parent, sibling, spouse or child) has a financial relationship or interest with a commercial interest that may have a direct interest in the subject matter of this article. (A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.) Please check all the types of relationship that apply:

- | | |
|--|---|
| <input type="checkbox"/> Consultant or Advisory Board | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Receipt of equipment or supplies |
| <input type="checkbox"/> Honorarium | <input type="checkbox"/> Research Grants or support |
| <input type="checkbox"/> Manuscript Preparation Assistance | <input type="checkbox"/> Speakers' Bureaus |
| <input type="checkbox"/> Other financial support (please list) | <input type="checkbox"/> Stock/Bond Holdings (excluding mutual funds) |
| <input type="checkbox"/> Ownership | |
| <input type="checkbox"/> Other personal or professional relationships (please list:) | _____ |

If you checked statement B above, please indicate the names of the organizations with which you have financial relationships or interests, and the specific topic areas that correspond to each relationship. Use a separate piece of paper if you need more space.

Organization with Which Relationship Exists	Topic Area(s) Involved
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

If you checked "Speakers' Bureaus" under statement B, please answer the following questions:

- Did you participate in company-provided speaker training? Yes No
- Did you travel to participate in this training? Yes No
- Did the company provide you with slides of a presentation in which you were trained as a speaker? Yes No
- Did the company pay the travel/lodging/other expenses? Yes No
- Did you receive an honorarium or consulting fee for participating in this training? Yes No
- Have you received any other type of compensation from the company? Please specify: Yes No

If you checked "Manuscript Preparation Assistance" under statement B, please answer the following questions:

- Was any assistance provided by a medical communications company or professional writer or editor? Yes No
- If so, who provided this assistance and who paid for it? _____

Full Disclosure for CME Activities
FPM authors

Continued

All respondents, please answer the following questions:

1. Did a pharmaceutical company, public relations firm or any commercial entity sponsor the substance or creation of your article directly or indirectly? Yes No
2. Was the topic of your article suggested by a medical communications company or a commercial entity producing health care goods or services? Yes No
3. Was the topic of your article suggested by an advisory panel that receives support (for example, educational grants) from a commercial entity? Yes No
4. Does your article incorporate, or is any part of it based on, slides or other materials provided by a commercial entity? Yes No
5. Does your article incorporate information or data obtained from commercial speaker training? Yes No

Note: *FPM* adheres to the AAFP CME Policy and Procedures for Full Disclosure and Identification and Resolution of Conflicts of Interest (see the following pages).

I have read the AAFP policy on full disclosure, below. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether this relationship precludes my participation, and that I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will disqualify me from participating in this activity. I understand that it is necessary to update disclosure information should my status change prior to publication. I will contact the editorial office to inform the editors of any changes. Changes might preclude my paper from publication. I represent and warrant that the information provided by me in this form is complete, true and accurate.

Signature _____

Date: _____

CME Policy and Procedures for Full Disclosure and Identification and Resolution of Conflicts of Interest

The following policy governs all American Academy of Family Physicians (AAFP)-produced CME activities of all types, including live, performance improvement in practice, point of care, enduring materials, medical journals.

1. Disclosure of Financial Relationships

The existence of any financial relationship or interest an individual in a position to control content currently has, or has had, within the previous 12 months, and 12 months into the foreseeable future, must be disclosed in writing to the AAFP prior to confirmation of the individual's participation. NOTE: *FPM JOURNAL AUTHORS MUST DISCLOSE RELATIONSHIPS IN EXISTENCE WITHIN THE PREVIOUS 36 MONTHS AND INTO THE FORESEEABLE FUTURE.* Any conflicts of interest must be identified and resolved prior to the individual's confirmation as an activity planner, faculty, author, or other content controlling role. It is necessary to update disclosure information should the status change during the course of the CME activity.

The intent of this policy is not to prevent individuals from participating, but rather is to identify and resolve any conflicts of interest. Should resolution be impossible, a replacement for the individual must be chosen.

Because the review, identification, and resolution process must take place prior to the activity, all individuals in a position to control content must return the disclosure information by the due date. Additional clarification is asked of those who participate in speakers' bureaus to assist the AAFP reviewers in understanding the nature of the speakers' bureau relationship (a list of recommended speakers acting independently of any guidance or direction from a commercial interest versus a list of speakers who are acting as agents, or who are contractually bound as agents of the commercial interest) in order to assure that participation will not be in conflict with previous commitments. Additional clarification is asked about manuscript preparation to clarify the role of the author and any others who participated in creation of a manuscript for print or other enduring educational materials.

The disclosure information will be reviewed and, should a potential conflict be identified, additional information or dialogue may be required. Failure to disclose within the necessary timeframe will result in withdrawal of the invitation to participate.

Acknowledgement of all relevant disclosures as determined by the AAFP - including nothing to disclose or existence of affiliation(s), and/or financial relationship(s) or interest(s) - for every individual who serves in a position to control content of the educational activity must be presented in writing to the learners prior to presentation or publication.

2. Disclosure of Unlabeled/Investigational Uses of Products

AAFP believes that it is important for faculty and authors to clarify for learners when an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose, is discussed within an educational activity. Faculty and authors should disclose that the product is not labeled for the use under discussion or that the product is still investigational.

For live activities, should an unplanned discussion of unlabeled or investigational uses of a product occur (usually in the course of a question and answer session), faculty should clarify for the learners that the use under

question/discussion is unlabeled or investigational prior to answering the question or responding to the discussion point.

Acknowledgement of planned discussion of unapproved or investigational uses of products should be presented in writing to the learners prior to the start of the activity, or (for enduring materials/medical journals) at the point that first mention is made of the unapproved/investigational use in the activity.

3. **Failure or Refusal to Disclose/False Disclosure**

Failure or refusal to disclose, false disclosure, or inability to work with the AAFP to resolve an identified conflict of interest will result in withdrawal of the invitation to participate and replacement of the individual.

4. **Identification and Resolution of Conflicts of Interest**

- a. The AAFP will inform all individuals who are invited to serve in roles that can control the content of an educational activity (faculty, planners, authors, editors, staff, etc.) of the AAFP Policy on Full Disclosure. Confirmation of service is contingent upon provision of disclosure by the date requested, and review of disclosure information and resolution of any conflicts of interest.
- b. Each individual nominated for a content-controlling role must complete his/her disclosure online. NOTE: AT THIS TIME, *FPM* JOURNAL AUTHORS COMPLETE DISCLOSURE FORMS ON PAPER. That individual is the only person who will be given the entry passcode to his/her individual disclosure record and who will be authorized to enter and update information on their disclosure form. The AAFP will have read-only access, will proceed through a review of the submitted information and, should any of the disclosed information trigger a concern regarding a possible conflict of interest, may seek input from the candidate and/or other individuals prior to confirming the candidate's service.
- c. Should no conflicts of interest be identified, the individual may be confirmed in his or her role in the activity.
- d. Should a potential conflict of interest be identified, the individual will be contacted and asked for clarification or additional information. Upon receipt and review of this additional information, methods of resolution will be identified and discussed with the individual. Resolution methods may include, but not be limited to, one or more of the following:
 - i. Peer review of content prior to the activity to ensure evidence-based content using best available, highest strength of evidence. The activity faculty or authors must be responsive to revision requirements
 - ii. Assigning a different topic for the individual
 - iii. Assigning a different faculty/author for a topic
 - iv. Cancellation of the faculty/author
- e. The resolution process and outcome will be documented in the activity file, with a copy forwarded to the AAFP CME Credit Systems and Compliance Department for tracking and reporting purposes.
- f. On-site and post-activity audits will be conducted at random to ensure that AAFP CME activities are unbiased and reflect fair balance.

Intellectual Property Form – CORRESPONDING AUTHOR ONLY

PLEASE NOTE: ALL IMAGES, PHOTOS, PICTURES, TABLES, GRAPHS, ETC. USED IN YOUR WORK THAT ARE BORROWED FROM ANOTHER SOURCE MUST NOT BE PUBLISHED WITHOUT PERMISSION FROM THE COPYRIGHT HOLDER. MANY PUBLISHERS REQUIRE 6-8 WEEKS IN ORDER TO PROCESS PERMISSION REQUESTS, AND THE AAFP WILL TRY TO RUSH REQUESTS THROUGH AS QUICKLY AS POSSIBLE. IF PERMISSION IS NOT OBTAINED FOR A PARTICULAR ITEM, IT WILL BE DELETED FROM YOUR WORK. IN SOME CASES, THE AAFP'S DECISION ABOUT WHETHER TO ACCEPT OR PUBLISH YOUR WORK MIGHT BE AFFECTED.

Name: _____

Manuscript Title: _____

Third Party Content:

Third party content includes, but is not limited to: **graphs, charts, tables, algorithms, graphics, photographs, text and data.**

I have third party content included in my Work: Yes No

If yes, please list below all third party content which is included, in whole or in part.

The third party content has been (circle the applicable choice): Adapted Reprinted Excerpted

Original Publication Title: _____

Original Article Title: _____

Date Published/Volume Number: _____

Page Number or URL: _____

Author(s): _____

Publisher and Contact Information: _____

Comments: _____

Have you requested or obtained permission to use this third party content? Yes No

If yes, attach copies of any requests and/or permissions.

(Copy this sheet as needed to list any additional third party content.)

Please note:

- **The AAFP will seek permission for any third party content; do not request yourself. For the AAFP to seek such permissions:**
 - **You will need to supply an original copy of the entire article or chapter from which you are borrowing information, and a copy of your version of the material you are requesting. If using an item from the Internet, you must submit the exact URL where that item can be found.**