

NAVY MEDICINE CLEARANCE OF AUTHORED WORKS FORM

Part I. AUTHORED WORKS BACKGROUND

Authors (Submitting Author First)

If additional space is needed for more authors, please add their names, rank, command/organization, email, and phone in a separate document and attach.

Authors	Rank/Civ/Ctr	Command/ Organization	Email	Phone

Title of Work:

Type:

Intended audience:

List of publication(s) or venue(s) to which you plan to submit:

Expected date of publication or presentation:

Name of conference or event and date:

Sensitive Topic(s) (please refer to BUMED Sensitive Topics listing):

Synopsis:

Title of Work:		
<u>PART II. SUBMITTING AUTHORS CHECKLIST</u> <i>(For examples please refer to BUMEDINST 5721.3D)</i>		
	Yes	No
Does your authored work (<u>AW</u>) disclose all sources of funding / sources? Work Unit Number or other funding number		
Does your AW include the required identification (name, rank, corps, and command)?		
Does your AW meet HIPAA requirements?		
Does your AW contain the required copyright statement?		
Does your AW include all the required disclaimer?		
Does your AW include the required CIP (IRB or IACUC approval) statement? CIP/IRB/ IACUC of Record: _____ Protocol Number: _____		
If using photos/illustrations are they in the public domain?		
If copyrighted, were permissions granted?		
Are all photos/illustrations properly credited?		

Submitting Author Affidavit:		
By signing this, I attest that I have followed the submission guidelines and will comply with the finalization procedures in BUMEDINST 5721.3D, Approval Process for Public Release of Information. Therefore, I will notify [PAO] when my authored work is published.		
Name	Signature	Date

Title of Work:

Part III. Authorities

Local Command (Echelon 5)
Fill this section out only as applicable. Type "N/A" if position does not exist or is not applicable. At minimum PAO will need to sign.

Authority	Name	Email	Phone	Signature	Date
Dept. Head					
Director					
OPSEC					
Cmd. Ethics Counselor					
PAO					
Commanding Officer					

Recommendations:

Local Command (Echelon 4)
Fill this section out only as applicable (e.g., MTF, NMCPHC, NMRC, NMOTC, etc.). Type N/A if position does not exist or is not applicable. At minimum PAO will need to sign.

Authority	Name	Email	Phone	Signature	Date
Dept. Head					
Director					
OPSEC					
Cmd. Ethics Counselor					
PAO					
Commanding Officer					

Recommendations:

Regional Command (NMFA, NMFP, or NMFSC)

Authority	Name	Email	Phone	Signature	Date
OPSEC					
PAO					

Recommendations:

U.S. Navy Bureau of Medicine and Surgery (BUMED)

Authority	Name	Email	Phone	Signature	Date
OPSEC					
Legal					

BUMED Comments:

Please check here if Authored Work requires additional review/clearance by other agency (e.g., CHINFO, NAVINFOEAST, DHA, etc.) Where? _____

Final Disposition | Name and Signature: _____ Date: _____