## 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/ Email Phone Organization Title of Work: Type: **Intended audience:** List of publication(s) or venue(s) to which you plan to submit: Expected date of publication or Name of conference or event and date: presentation: Sensitive Topic(s) (please refer to BUMED Sensitive Topics listing): **Synopsis:**

## BUMEDINST 5721.3E

Title of Work:								
PART II. SUBMITTING AUT (For examples please refer to BUM)		Yes	No					
Does your authored work (AW) Work Unit Number or other fund	rces?							
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procedures in BUMEDINST 5721.3D, Approval Process for Public Release of Information. Therefore, I will notify [PAO] when my authored work is published.								
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