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\_\_\_\_\_\_ Author Information Form (Page 2)

**\_\_\_\_\_\_** Transfer of Copyright (Page 3)

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***Primary/Corresponding Author Only:***

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***Submit via email to:***

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# A picture containing drawing  Description automatically generatedAuthor Information Form

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|  | Data collection |
|  | Analysis and interpretation of data |
|  | Writing the manuscript |
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## American Nephrology Nurses Association (ANNA)

## Biographical and Conflict of Interest Statement

## for the *Nephrology Nursing Journal*

**Title of Article:**

**Date:**

**Role in Educational Activity** (Check all that apply): [ ]  Primary Author

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| **Name and Credentials** |
| **Name with Credentials/Degrees**: **If RN, Nursing Degree(s):**      AD       Diploma       BSN       Masters       Doctorate |

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**THIS SECTION TO BE COMPLETED BY NURSE PLANNER**

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