

\*Added by C.O. authority telephone conversation of 4NOV1983 with Ms. Beverly J. Sopp of MARYLAND INSTITUTE for EMERGENCY MEDICAL SERVICES SYSTEMS.

TX 1-244-165

EXAMINED BY	<u>RAB/LES</u>	FORM TX
CHECKED BY		
<input type="checkbox"/> CORRESPONDENCE Yes		FOR COPYRIGHT OFFICE USE ONLY
<input type="checkbox"/> DEPOSIT ACCOUNT FUNDS USED		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

**PREVIOUS REGISTRATION** Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

- Yes  No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼
  - This is the first published edition of a work previously registered in unpublished form.
  - This is the first application submitted by this author as copyright claimant.
  - This is a changed version of the work, as shown by space 6 on this application.
- If your answer is "Yes," give: Previous Registration Number ▼ Year of Registration ▼

5

**DERIVATIVE WORK OR COMPILATION** Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

6

See instructions before completing this space.

**MANUFACTURERS AND LOCATIONS** If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.

Names of Manufacturers ▼ Places of Manufacture ▼

Maryland Institute for Emergency Medical Services Systems Baltimore, MD

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- a  Copies and Phonorecords
- b  Copies Only
- c  Phonorecords Only

See instructions.

8

**DEPOSIT ACCOUNT** If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼ Account Number ▼

9

**CORRESPONDENCE** Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

Beverly Sopp, Publications/Editorial Office, Maryland Institute for Emergency Medical Services Systems, 22 S. Greene Street, Baltimore, MD 21201-1595

(301) 528-3248.

Area Code & Telephone Number ▶

Be sure to give your daytime phone number

**CERTIFICATION** I, the undersigned, hereby certify that I am the

- Check one ▶
- author
  - other copyright claimant
  - owner of exclusive right(s) Maryland Institute for
  - authorized agent of Emergency Medical Services Systems
- Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

Beverly Sopp date ▶ 6/16/83

Handwritten signature (X) ▼

Beverly Sopp

10

MAIL CERTIFICATE TO

Name ▼	<u>Beverly Sopp</u>
Number/Street/Apartment Number ▼	<u>MIEMSS, 22 S. Greene Street</u>
City/State/ZIP ▼	<u>Baltimore, MD 21201-1595</u>

Certificate will be mailed in window envelope

- Have you:**
- Completed all necessary spaces?
  - Signed your application in space 10?
  - Enclosed check or money order for \$10 payable to Register of Copyrights?
  - Enclosed your deposit material with the application and fee?
- MAIL TO:** Register of Copyrights, Library of Congress, Washington, D.C. 20559.

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\* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

# CERTIFICATE OF COPYRIGHT REGISTRATION

## FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 1-244-165

EFFECTIVE DATE OF REGISTRATION

AUG 11, 1983  
 Month Day Year



This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

*Thina Reed*

REGISTER OF COPYRIGHTS  
 United States of America

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

**1** TITLE OF THIS WORK ▼

The Standard Thoracolumbar Body Jacket. Patient's Manual.

PREVIOUS OR ALTERNATIVE TITLES ▼

**PUBLICATION AS A CONTRIBUTION** If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

**2 a** NAME OF AUTHOR ▼ Maryland Institute for Emergency Medical Services Systems, employer for hire of Barbara A. Keefer

DATES OF BIRTH AND DEATH  
 Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?  
 Yes  
 No

AUTHOR'S NATIONALITY OR DOMICILE  
 Name of Country  
 OR { Citizen of ► United States  
 Domiciled in ►

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK  
 Anonymous?  Yes  No  
 Pseudonymous?  Yes  No  
If the answer to either of these questions is "Yes," see detailed instructions.

**NATURE OF AUTHORSHIP** Briefly describe nature of the material created by this author in which copyright is claimed. ▼  
 entire text

**2 b** NAME OF AUTHOR ▼

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 1983 ◀ Year

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK  
 Complete this information ONLY if this work has been published. Month ► June Day ► 13\* Year ► 1983  
 United States ◀ Nation

**4** COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

Maryland Institute for Emergency Medical Services Systems  
 22 S. Greene Street  
 Baltimore, MD 21201-1595

**TRANSFER** If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

APPLICATION RECEIVED  
 11 AUG 1983  
 ONE DEPOSIT RECEIVED  
 TWO DEPOSITS RECEIVED  
 11 AUG 1983  
 REMITTANCE NUMBER AND DATE  
 295270 AUG 11 83

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EXAMINED BY: RW/LES  
CHECKED BY

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"Teaching Program" section, nurse instructions for using the manual, and a bibliography.

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**Names of Manufacturers ▼** Maryland Institute for Emergency Medical Services Systems  
**Places of Manufacture ▼** Baltimore, MD

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 other copyright claimant  
 owner of exclusive right(s) Maryland Institute for  
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Name of author or other copyright claimant, or owner of exclusive right(s) ▲

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Beverly Sopp date ▶ 6/16/83

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Handwritten signature (X) ▼

Beverly Sopp

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*Olivia Reed*  
 REGISTER OF COPYRIGHTS  
 United States of America

**FORM TX**  
 UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER  
 TX 1-244-164

EFFECTIVE DATE OF REGISTRATION  
 (TX) AUG 11, 1983  
 Month Day Year

**DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.**

**1** TITLE OF THIS WORK ▼  
 The Cervicothoracic Body Jacket. Nurse's Manual.

PREVIOUS OR ALTERNATIVE TITLES ▼

**PUBLICATION AS A CONTRIBUTION** If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

**2** **a** NAME OF AUTHOR ▼ Maryland Institute for Emergency Medical Services Systems, employer for hire of Barbara A. Keefer

DATES OF BIRTH AND DEATH  
 Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?  
 Yes  
 No

**AUTHOR'S NATIONALITY OR DOMICILE**  
 Name of Country  
 OR { Citizen of ► United States  
 Domiciled in ►

**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK**  
 Anonymous?  Yes  No  
 Pseudonymous?  Yes  No

**NATURE OF AUTHORSHIP** Briefly describe nature of the material created by this author in which copyright is claimed. ▼  
 entire text

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CERTIFICATION\* I, the undersigned, hereby certify that I am the  
Check one ▶  author  
 other copyright claimant  
 owner of exclusive right(s)  
 authorized agent of Md. Institute for Emergency Medical Services Systems  
Name of author or other copyright claimant, or owner of exclusive right(s) ▲  
Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.  
Beverly Sopp date ▶ 6/16/83

10

Handwritten signature (X) ▼  
Beverly Sopp

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Name ▼ Beverly Sopp  
Number/Street/Apartment Number ▼ MIEMSS, 22 S. Greene Street  
City/State/ZIP ▼ Baltimore, MD 21201-1595

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11

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\* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

# CERTIFICATE OF COPYRIGHT REGISTRATION



This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

*Olivia Reed*

REGISTER OF COPYRIGHTS  
United States of America

## FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 1-244-162

EFFECTIVE DATE OF REGISTRATION

TX TXU  
Month Aug 11 / Day 11 / Year 1983

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

**1** TITLE OF THIS WORK ▼

The Cervicothoracic Body Jacket. Patient's Manual.

PREVIOUS OR ALTERNATIVE TITLES ▼

**PUBLICATION AS A CONTRIBUTION** If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

**2 a** NAME OF AUTHOR ▼ Maryland Institute for Emergency Medical Services Systems, employer for hire of Barbara A. Keefer

DATES OF BIRTH AND DEATH  
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?  
 Yes  
 No

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Name of Country  
OR { Citizen of ► United States  
Domiciled in ► \_\_\_\_\_

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Anonymously?  Yes  No  
Pseudonymously?  Yes  No  
If the answer to either of these questions is "Yes," see detailed instructions.

**NATURE OF AUTHORSHIP** Briefly describe nature of the material created by this author in which copyright is claimed. ▼  
entire text

**2 b** NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH  
Year Born ▼ Year Died ▼

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 No

**AUTHOR'S NATIONALITY OR DOMICILE**  
Name of Country  
OR { Citizen of ► \_\_\_\_\_  
Domiciled in ► \_\_\_\_\_

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**2 c** NAME OF AUTHOR ▼

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11 AUG 1983  
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TWO DEPOSITS RECEIVED  
11 AUG 1983  
REMITTANCE NUMBER AND DATE  
295270 AUG 11 83

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TX 1-475-957

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RJK

FORM TX

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5

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

6

b. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

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Names of Manufacturers ▼

Places of Manufacture ▼

Maryland Institute for Emergency Medical Services Systems Baltimore, MD

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Account Number ▼

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CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

Beverly Sopp, Publications/Editorial Office, Maryland Institute for Emergency Medical Services Systems, 22 S. Greene Street, Baltimore, Maryland 21201-1595 (301) 528-3248

Area Code & Telephone Number ▶

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Check one ▶

author

other copyright claimant

owner of exclusive right(s)

authorized agent of Md. Institute for Emergency Medical Services Systems

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

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Beverly Sopp

date ▶ 10/26/84

10

Services Systems

Handwritten signature (X) ▼

[Handwritten signature: Beverly J. Sopp]

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Name ▼	Beverly Sopp
Number/Street/Apartment Number ▼	MIEMSS, 22 South Greene Street - Editorial Office
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*Donald C Luman*  
ACTING REGISTER OF COPYRIGHTS  
United States of America

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REGISTRATION NUMBER

TX 1-475-957

EFFECTIVE DATE OF REGISTRATION

18 DEC 1984

Month Day Year

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### TITLE OF THIS WORK

1 Manual on Implementation & Utilization of Primary Nursing & Nursing Diagnosis:  
The Shock Trauma Center Experience

### PREVIOUS OR ALTERNATIVE TITLES

**PUBLICATION AS A CONTRIBUTION** If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work

If published in a periodical or serial give: Volume Number Issue Date On Pages

### NAME OF AUTHOR

2 a Maryland Institute for Emergency Medical Services Systems, employer for hire of Lynn Toth, RN, BS  
Barbara Keyes, RN, BS and Linda Mutchner, RN

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Domiciled in

**DATES OF BIRTH AND DEATH**  
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