*Added by C.O. authority telephone	
conversation of 4NOV1983 with Ms EXAMINED BY	1 FORM TX
Beverly J. Sopp of MARYLAND INSTITUTE for EMERGENCY MEDICAL SERVICES SYSTEMS.	
CORRESPONDENCE	FOR COPYRIGHT
TX 1-244-165	USE ONLY
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 K No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼	<u></u>
☐ This is the first published edition of a work previously registered in unpublished form.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 ▼	
DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation. ■ Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼	
	. U
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. ▼	See instructions
o. Material Added to this work of the a biself, general statement of the material fact has been about to this work and in which copyright is carried.	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.	7
Names of Manufacturers ▼ Maryland Institute for Emergency Medical Balimore, MD	
Services Systems	_
<i>y</i> ,	- °
REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS A signature on this form at space 10, and check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blin and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 10, and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (2) copies of the work identified in space 10, and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (3) both.	8
a ☐ Copies and Phonorecords ☐ Phonorecords Only	See instructions
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 Number ▼ Account Number ▼	
	₌
CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apv/City/State/Zip ▼ Beverly Sopp, Publications/Editorial Office, Maryland Institute for Emergency	
Medical Services Systems, 22 S. Greene Street, Baltimore, MD 21201-1595	Be sure to
(301) 528-3248. Area Code & Telephone Number ▶	give your daytime phone
	∢ number
other copyright claimant	- 40
Check one of exclusive right(s) Maryland Institute for	
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. I authorized agent of Fmergency Medical Services Sy	
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 6/16/83	
Handwritten signatura (X) ▼	=
Beverly Sopp	3 * €
MAIL Name V	
CERTIF- Beverly Sopp spaces?	:8
Number/Street/Apartment Number ▼	der
Certificate MTEMSS, 22 S. Greene Street for \$10 payable to Register Copyrights? • Enclosed your deposit material	
mailed in Baltimore, MD 21201-1595 with the application and fee?	
window envelope MAIL TO: Register of Copyrights Library of Congress, Washington D.C. 20559.	
• 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 state.	tement filed in
connection with the application, shall be fined not more than \$2,500.	



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.



REGISTER OF COPYRIGHTS United States of America FORM TX

JNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

1-244-165

ATE OF REGISTRATION

PRINCIPOSITS RECEIVED

11 AUG 1983

REMITTANCE NUMBER AND DATE

295270 AUGII 83

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET. TITLE OF THIS WORK ▼ The Standard Thoracolumbar Body Jacket. Patient's Manual PREVIOUS OR ALTERNATIVE TITLES V 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 ▼ Maryland Institute for Emergency Medical Services Systems, employer for hire of DATES OF BIRTH AND DEATH Year Born V Barbara A. Keefer AUTHOR'S NATIONALITY OR DOMICILE WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Was this contribution to the work a 'work made for hire"? If the answer to either X Yes Citizen of United States ☐ Yes 🕅 No of these questions is Anonymous? Yes," see detailed ☐ No Pseudonymous? ☐ Yes 🎗 No Domiciled in instructions NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼ entire text NAME OF AUTHOR ▼ DATES OF BIRTH AND DEATH D Was this contribution to the work a **AUTHOR'S NATIONALITY OR DOMICILE** WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK If the answer to either 'work made for hire"? ☐ Yes ☐ Yes ☐ No Citizen of I Anonymous? of these questions is Yes," see detailed Pseudonymous? Domiciled in ☐ Yes ☐ No instructions. NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼ NAME OF AUTHOR ▼ DATES OF BIRTH AND DEATH Year Born ▼ Year Died ▼ AUTHOR'S NATIONALITY OR DOMICILE Was this contribution to the work a WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK If the answer to eith and death blank work made for hire"? If the answer to eithe ☐ Yes Citizen of ☐ Yes ☐ No Anonymous? of these questions is Yes," see detailed ☐ No Domiciled in ▶ Pseudonymous? ☐ Yes ☐ No instructions. NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. YEAR IN WHICH CREATION OF THIS DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK Complete this information Month > June WORK WAS COMPLETED This information 13*_{Year} ▶ 1983 ONLY if this work has been published. must be given **⋖** Year United States ■ Nation COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the APPLICATION RECEIVED 11. AUG. 1983 same as the author given in space 2.▼ TI. AUU. 1983

UNE DEPOSIT RECEIVED

TO DEPOSITS RECEIVED

AUT. 1983 Maryland Institute for Emergency Medical Services Systems

the "author" of a "work made for hire" is generally the employer. not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth

ee instructions before completing this space.

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.▼

*Added by C.O. authority telephone conversation of 4NOV1983 with Ms. Beverly J., Sopp of MARYLAND INSTITUTE CHECKED BY	WLES	FORM TX
for EMERGENCY MEDICAL SERVICES SYSTEMS		FOR COPYRIGHT
TX 1-244-164 DEPOSIT ACCOUNT		OFFICE USE ONLY
DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINU	ATION SHEET.	
PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the 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 ▼	ne Copyright Office?	5
DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a configuration and precising Material Identify any precising work or works that this work is based on or incorporates. The Cervicothoracic Body Jacket. Patient's Manual.	mpilation.	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 "Teaching Program" section, nurse instructions for using the manuable bibliography. MANUFACTURERS AND LOCATIONS If this is a published work consisting preponderantly of nondramatic literary manual contents to the property of the manual contents of the manual contents of the manual contents of the manual contents of the material Added to This work and in which manual contents of the material Added to This work and in which will be a supplied to the material Added to This work and in which will be a property of the material Added to This work and in which will be a supplied to the material Added to This work and in which will be a property of the manual added to This work and In which will be a property of the manual added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property of the material Added to This work and In which will be a property o	nal, and a	See instructions before completing this space.
require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers processes, and the places where these processes were performed must be given. See instructions for details. Names of Manufacturers Maryland Institute for Emergency Medical Baltimore, MD	who performed certain	
Services Systems	*	
	*	
check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce a and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copi to this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or	es of the work identified in space	See instructions
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 ▼	*	y
CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Addre	ss/Apt/City/State/Zip ▼	U
Beverly Sopp, Publications/Editorial Office; Maryland Institute for Medical Services Systems, 22 S. Greene Street, Baltimore, Maryland		Be sure to
(301) 528-3248.		give your daytime phone
Area Code & Telephone Number ▶		✓ number.
CERTIFICATION. I, the undersigned, hereby certify that I am the Check one Check one Check one Check one Check one 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.	Rical Services Systemant, or owner of exclusive right(s)	1C
Beverly Sopp date	6/16/83	
Handwritten signature (X) V Describer Son X		
MAIL CERTIFI- CATE TO Number/Street/Apartment Number ▼ MIEMSS, 22 S. Greene Street Will be mailed in window envelope ** Name ▼ Number/Street/Apartment Number ▼ MIEMSS, 22 S. Greene Street City/State/ZiP ▼ Baltimore, Maryland 21201–1595	Have you: Completed all necessary spaces? Signed your application in space 107 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,	1
• 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 connection with the application, shall be fined not more than \$2,500.	D.C. 20559.	ent filed in

☆ U.S. GOVERNMENT PRINTING OFFICE: 1981: 355-304

Nov. 1981-400,000



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.



REGISTER OF COPYRIGHTS United States of America FORM TX UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 1-244-164

EFFECTIVE DATE OF REGISTRATION

Day

	DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE	CONTINUATION SE	HEET.	
	TITLE OF THIS WORK ▼		9.1	
	The Corrigothornaia Boda Talan			
	The Cervicothoracic Body Jacket. Nurse's Ma	anual.		-
	THE VICES ON ALLEMANIVE TITLES V			27
	PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a process collective work in which the contribution appeared. Title of Collective Work ▼	periodical, serial, or coll	ection, give information about th	e
	If published in a periodical or serial give: Volume ▼ Number ▼	Issue Date ▼	On Pages ♥	
	NAME OF AUTHOR▼ Maryland Institute for Emergency		TH AND DEATH	
ě	NAME OF AUTHOR ▼ Maryland Institute for Emergency Medical Services Systems, employer for hire of Barbara A. Keefer	Year Born ▼	Year Died ▼	
	Was this contribution to the work a "work made for hire"? AUTHOR'S NATIONALITY OR DOMICILE Name of Country		HOR'S CONTRIBUTION TO	
	Yes Citizen of Linited States	THE WORK Anonymous?	Yes No of these question	ns is
F	□ No Domiciled in ▶	Pseudonymous?	Yes No "Yes," see detail instructions.	ad
v,	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in	which copyright is clair	ned. ▼	
of a for	entire text NAME OF AUTHOR ▼	DATES OF BIRT	H AND DEATH	
	•	Year Born ▼	Year Died ▼	
For this	Was this contribution to the work a AUTHOR'S NATIONALITY OR DOMICILE	WAS THIS AUT	HOR'S CONTRIBUTION TO	5
s e*	☐ Yes "work made for hire"? Citizen of ▶	THE WORK Anonymous?	Yes No If the answer to of these question	
	□ No OR { Domiciled in ▶	Pseudonymous?	Yes No Yes, see details	
В	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in	which copyright is clair		
for rk	NAME OF AUTHOR ▼	DATES OF BIRT	H AND DEATH Year Died ▼	
of d ace				
birth blank.	Was this contribution to the work a "work made for hire"? AUTHOR'S NATIONALITY OR DOMICILE Name of Country	WAS THIS AUTI	HOR'S CONTRIBUTION TO	
	☐ Yes OR { Citizen of ▶	- Anonymous?	Yes No of these question	s is
	☐ No Domiciled in ▶	— Pseudonymous?	Yes No "Yes," see detaile instructions.	d
	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in v	which copyright is claim	ned. ▼	No.
	YEAR IN WHICH CREATION OF THIS DATE AND NATION OF FIRST PUB	LICATION OF THIS		
	WORK WAS COMPLETED This information must be given in all cases. Complete this information Month ▶ June ONLY if this work has been published.	States	<u>13*</u> ▶ <u>1983</u>	ation
	COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the	APPLICATION R		LION
	same as the author given in space 2.▼	w 11 Alig 19	83	
	Maryland Institute for Emergency Medical Services	ONE DEPOSIT P	RECEIVED	-

See instructions before completing this space.

22 S. Greene Street Systems

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. TWO DEPOSIT RECEIVED

11 AUG 1983

REMITTANCE NUMBER AND DATE AUGII 83

	MINED BY DIALL FORM TX
conversation of 4NOV1983 with Ms.	CKED BY FORM TX
Beverly J. Sopp of MARYLAND INSTITUTE	CORRESPONDENCE FOR
for EMERGENCY MEDICAL SERVICES SYSTEMS.	Yes COPYRIGHT OFFICE
TX 1-244-163	DEPOSIT ACCOUNT USE FUNDS USED ONLY.
DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SE	PARATE CONTINUATION SHEET.
PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, a Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate by	ready been made in the Copyright Office?
☐ Yes ☑ No If your answer is 'res,' why is another registration being sought (cineta appropriate or ☐ This is the first published edition of a work previously registered in unpublished form.	" ວ
☐ 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 ▼	
n your allawer to test, give recovery	
DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; con	aplete only 6b for a compilation.
a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporate The Standard Thoracolumbar Body Jacket. Patient's Man	gal.
b. Material Added to This Work Give a brief, general statement of the material that has been added to "Teaching Program" section, nurse instructions for us	his work and in which copyright is claimed. before completing
bibliography.	
MANUFACTURERS AND LOCATIONS If this is a published work consisting preponderantly of require that the copies be manufactured in the United States or Canada for full protection. If so, the name	nondramatic literary material in English, the law may
processes, and the places where these processes were performed must be given. See instructions for detail	s.
Names of Manufacturers V Maryland Institute for Emergency Medical Baltimore, M	aryland
Services Systems	
	- 12
REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUA check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of C and physically handicapped and under the conditions and limitations prescribed by the regulations of the Co 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a re a Copies and Phonorecords	ongress to reproduce and distribute solely for the blind pyright Office: (1) copies of the work identified in space
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 be sopp, Publications/Editorial Office, Maryland	i be sent. Name/Address/Apt/City/State/Zip ▼ Tristitute for Finergency
Medical Services Systems, 22 S. Greene Street, Baltimo	re, Maryland 21201-1595 Be sure to
(301) 528-3248. Area Code & Telephone Number ▶	give your daytime phone ■ number
1 Totals	
Cheek area	500
☐ owner of exclusive rig	at(s)Maryland Institute for
of the work identified in this application and that the statements made	ergency Medical Services Systems that of 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 that	
Beverly Sopp	date, 6/16/83
Handwritten signature (X) V Revenue Sopra	
	Have you: • Completed all necessary
CERTIFI- Degrapalty Some	spaces? Signed your application in space
Number/Street/Apariment Number ▼	. 107 • Enclosed check or money order
Certificate MIFMSS, 22 S. Greene Street	for \$10 payable to Register of Copyrights? • Enclosed your deposit material
mailed in window envelope City/State/ZIP ▼ City/State/ZIP ▼ Baltimore, Maryland 21201-1595	with the application and fee? MAIL TO: Register of Copyrights, Library of Congress, Washington,
Section (Control of Control of Co	D.C. 20559.
* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyric connection with the application, shall be fined not more than \$2,500.	thit registration provided for by section 409, or in any written statement filed in Nov. 1981-400.000



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.

Dania L

REGISTER OF COPYRIGHTS

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 1-244-163

EFFECTIVE DATE OF REGISTRATION

11, 1983

	United States of	of America	Month	Day *	Year
	DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A S	SEPARATE C	HP MOITALIMITMOS	EET	
	TITLE OF THIS WORK ▼	ATATE C	ON THE PART OF ST		
	The Standard Thoracolumbar Body Jacket. Nurs	aole Men	1		* -
	PREVIOUS OR ALTERNATIVE TITLES V	se's Man	uar.		
			¥	••	
	PUBLICATION AS A CONTRIBUTION If this work was published as a contribution appeared. Title of Collective Work ▼	bution to a per	riodical, serial, or colle	ction, give inform	nation about the
	If published in a periodical or serial give: Volume ▼ Number ▼		Issue Date ▼	On Pages	. ▼
a	NAME OF AUTHOR Maryland Institute for Emergence Medical Services Systems, employer for hire of Barbara A. Keefer	¥	DATES OF BIRT! Year Born ▼	H AND DEATH Year Died	
	Was this contribution to the work a "work made for hire"? Yes Yes AUTHOR'S NATIONALITY OR DOMICI Name of Country Citizen of United States	ILE	WAS THIS AUTH THE WORK	IOR'S CONTR ☐ Yes ☑ No	IBUTION TO If the answer to either of these questions is
	No OR { Chizen of Pointed States One			Yes No	"Yes," see detailed instructions.
b	entire text NAME OF AUTHOR ▼		DATES OF BIRTI	H AND DEATH Year Died	
¥	Was this contribution to the work a □ Yes "work made for hire"? AUTHOR'S NATIONALITY OR DOMICIONALITY OR DOMICIONALITY OF		WAS THIS AUTH THE WORK Anonymous?	IOR'S CONTR ☐ Yes ☐ No	IBUTION TO If the answer to either of these questions is
	□ No OR Domiciled in ▶			☐ Yes ☐ No	"Yes," see detailed instructions.
	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this	is author in wh	nich copyright is claim	ed. ▼	
C	NAME OF AUTHOR ▼		DATES OF BIRTH Year Born ▼	I AND DEATH Year Died	
	Was this contribution to the work a		WAS THIS AUTH THE WORK Anonymous?	IOR'S CONTR	If the answer to either of these questions is
	□ No Domiciled in ▶			☐ Yes ☐ No	"Yes," see detailed instructions.
	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this				
		June ted Stat	Day ▶ _ 1	PARTICULAR 3*Year ▶ 198	
	COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant same as the author given in space 2.▼ Maryland Institute for Emergency Medical Service		APPLICATION RE		
:=0.8	Systems	25	ONE DEPOSIT RE	CEIVED	

See instructions

this space.

before completing

22 S. Greene Street

Baltimore, Maryland

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.▼ TAME 1983

REMITTANCE NUMBER AND DATE

295270 AUG1183

N. 11 1 1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1		1982
*Added by C.O. authority telephone	RAB/LES	FORM TX
conversation of 4NOV1983 with Ms.	MOLLOS	
Beverly J. Sopp of MARYLAND INSTITUTE CHECKED BY		
for EMERGENCY MEDICAL SERVICES SYSTEMS.	OVECTION	FOR
L Yes	UNDENCE	COPYRIGHT
TX 1-244-162	ACCOUNT	OFFICE USE
L FUNDS US		ONLY
DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE O	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) ▼		h
☐ This is the first published edition of a work previously registered in unpublished form.		U
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 ▼		
a your alswer is the state of t		
DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only	6h for a compilation	
a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼		G
	`	U
		See instructions
b. Material Added to This Work. Give a brief, general statement of the material that has been added to this work an	d in which copyright is claimed. ▼	before completing this space.
		uns 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 man		. 7
processes, and the places where these processes were performed must be given. See instructions for details. Names of Manufacturers ▼ Places of Manufacturer ▼	•	
Maryland Institute for Emergency Medical		
Services Systems — Balimore, MD	•	
REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS A check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to re	signature on this form at space 10, and a	0
and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Offic	ce: (1) copies of the work identified in space	ה
I of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that a Copies and Phonorecords b Copies Only	c Phonorecords Only	See instructions
DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright O		
Name ▼ Account Number ▼	nice, give name and manner of Account.	
		3
CORRESPONDENCE Give name and address to which correspondence about this application should be sent. N	And the state of t	
Beverly Sopp, Publications/Editorial Office, Maryland Institut		
Services Systems, 22 S. Greene Street, Baltimore, Maryland (301) 528-3248.	21201-1595	Be sure to give your
Area Code & Telephone Number ▶	V (daytime phone number.
CEKTIFICATION I, the undersigned, hereby certify that I am the		
To other copyright claimant		40
Check one ► ☐ owner of exclusive right(s)	for	
of the work identified in this application and that the statements made 🛮 🛱 authorized agent of Md. Ins	titute ef Emergency Medi	ical Serv
	opyright claimant, or owner of exclusive right(s)	System
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	The range of Surgery	U
Beverly Sopp	date, 6/16/83	****
Handwrittenysignature (X) ▼		
Levely Sopr		
	Have you:	
MAIL Name V CERTIFF Reverily Sonn	 Completed all necessary spaces? 	
CERTIFI- CATE TO Beverly Sopp -	Signed your application in space 107	Texts 2
Number/Street/Apartment Number ▼	Enclosed check or money order for \$10 payable to Register of	
Certificate MTEMSS, 22 S. Greene Street	Copyrights?	
will be City/State/ZIP ▼ mailed in	 Enclosed your deposit material with the application and fee? 	
window Baltimore, MD 21201-1595	MAIL TO: Register of Copyrights, Library of Congress, Washington,	
envelope	D.C. 20559.	
* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration persons with the application shall be fixed not more than \$3.500.	provided for by section 409, or in any written statemen	ent filed in
connection with the application, shall be fined not more than \$2,500.		



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.

Dina Rasa

REGISTER OF COPYRIGHTS
United States of America

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX 1-244-162

TX

TXU

EFFECTIVE DATE OF REGISTRATION

Month Aug 11, 1983

	United States of America	Month	Day	Year
	DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE OF	CONTINUATION S	HEET.	
<u> </u>	TITLE OF THIS WORK ▼			
	*			
	The Cervicothoracic Body Jacket. Patient's Manual.		0.	
	PREVIOUS OR ALTERNATIVE TITLES ▼	,		
	PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a percollective work in which the contribution appeared. Title of Collective Work ▼	riodical, serial, or co	llection, give infor	mation about the
	If published in a periodical or serial give: Volume ▼ Number ▼	Issue Date ▼	On Page	5 ▼
2	NAME OF AUTHOR ▼ Maryland Institute for Emergency Medical Services Systems, employer for hire of	DATES OF BIR Year Born ▼	KTH AND DEAT Year Died	
	Barbara A. Keefer Was this contribution to the work a "work made for hire"? Name of Country	WAS THIS AUTHE WORK	THOR'S CONTR	If the answer to either
	Yes Yes Citizen of United States	- Anonymous?	Yes X No	of these questions is "Yes," see detailed
NOTE	□ No Domiciled in ►	_ Pseudonymous?	☐ Yes 🔀 No	instructions.
Under the law.	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in we entire text	vhich copyright is cla	imed. ▼	m
the "author" of a "work made for	NAME OF AUTHOR ▼	DATES OF BIR	TH AND DEAT	Н
hire" is generally the employer, not the em- ployee (see in- structions). For	Was this contribution to the work a AUTHOR'S NATIONALITY OR DOMICILE	Year Born ▼	Year Die	-
any part of this	"work made for hire"? Name of country	THE WORK		If the answer to either
work that was "made for hire"	OR Citizen of	Anonymous? Pseudonymous?	☐ Yes ☐ No	of these questions is "Yes," see detailed
check "Yes" in the space pro-	Domiciled in	·	☐ Yes ☐ No	instructions.
vided, give the employer (or	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in v	vincii copyright is ca	imied. ¥	-
other person for whom the work	NAME OF AUTHOR ▼		TH AND DEAT	
was prepared) as "Author" of that part, and	C	Year Born ▼	iear Die	u ▼
leave the space for dates of birth	Was this contribution to the work a "work made for him"? AUTHOR'S NATIONALITY OR DOMICILE Name of Country	WAS THIS AU	THOR'S CONT	RIBUTION TO
and death blank.	"work made for hire"? Name of Country OR { Citizen of ▶	- Anonymous?	☐ Yes ☐ No	of these questions is
	□ No Domiciled in ▶	Pseudonymous?	☐ Yes ☐ No	"Yes," see detailed instructions.
o .	NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in w	hich copyright is cla	imed. ▼	
3	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases. DATE AND NATION OF FIRST PUBLICATION	Day >	HIS PARTICULA 13* _{ear} ▶19	R WORK 83 ◀ Nation
$\overline{\Lambda}$	COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2.▼	APPLICATION 11 AUG	1002	
4	Maryland Institute for Emergency Medical Services	ONE DEPOSIT	T RECEIVED	
See instructions before completing this space.	Systems 22 S. Greene Street, Baltimore, MD 21201-1595	NONE DEPOSI	TS RECEIVED	

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.

	EXAMINED BY	Grk	FORM TX
TX 1-475-957	CHECKED BY	7	
17 1-419-991	CORRESPONDEN	CE	FOR
3	☐ PEPOSIT ACCOUNT	MT	COPYRIGHT OFFICE
	FUNDS USED		USE ONLY
DO NOT WRITE ABOVE THIS LINE. IF YOU NEED M	\$66866000000000000000000000000000000000	MAMAAAAAAAAAAAAAAAAAAAA	****
PREVIOUS REGISTRATION Has registration for this work, or for an eacly Yes No If your answer is "Yes," why is another registration being so	ulier version of this work, already been made in ught? (Check appropriate box) ▼	the Copyright Office?	
☐ This is the first published edition of a work previously registered in unpub			
 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 applica 	tion.		******
If your answer is "Yes," give: Previous Registration Number ▼	Year of Registration ▼		
			teconomica
DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6 a. Preexisting Material Identify any preexisting work or works that this work	6b for a derivative work; complete only 6b for a c k is based on or incorporates. ▼	compilation.	
			V
o. Material Added to This Work Give a brief, general statement of the mater	ial that has been added to this work and in whi	ch copyright is claimed. ▼	See instructions before completing this space.
MANUFACTURERS AND LOCATIONS If this is a published work con equire that the copies be manufactured in the United States or Canada for full processes, and the places where these processes were performed must be given		material in English, the law may rs who performed certain	
Names of Manufacturers ▼ Maryland Institute for Fmergency Medical	Places of Manufacture ▼		. #
Services Systems			
REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDI heck in one of the boxes here in space 8, constitutes a non-exclusive grant of per and physically handicapped and under the conditions and limitations prescribed of this application in Braille (or similar tactile symbols); or (2) phonorecords en	rmission to the Library of Congress to reproduce by the regulations of the Copyright Office: (1) cop mbodying a fixation of a reading of that work; or		
	***************************************	c 🗌 Phonorecords Only	See instruction
DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Aname ▼	Account established in the Copyright Office, give Account Number ▼	e name and number of Account.	O
ORRESPONDENCE Give name and address to which correspondence a	oout this application should be sent. Name/Addr	ess/Apt/City/State/Zip ▼	****
Beverly Sopp, Publications/Editorial Office	ce, Maryland Institute for	Fmergency Medical	
Services Systems, 22 S. Greene Street, Ba (301) 528-3248	Itimore, Maryland 21201-	1595	Be sure to give your
Area Code & Telephone Number ▶			daytime phone number.
W W W W W W W W W W W W W W W W W W W	☐ author ☐ other copyright claimant		-27
- Check one ▶	owner of exclusive right(s)		
f the work identified in this application and that the statements made y me in this application are correct to the best of my knowledge.	Xauthorized agent of Mi. Institut	ce for Finergency Me aimant, or owner of exclusive right(s) A	a contract to the contract of
yped or printed name and date ▼If this is a published work, this date must be			Services
Beverly Sopp		10/26/04	Systems
Handwritten signature (X)	<u> </u>		
- Beverly J	John		60 00000 000000000000000000000000000000
Name ▼		Have you: Completed all necessary	m) e/
ERTIFI- EATE TO Beverly Sopp	100000	spaces? Signed your application in space	
Number/Street/Apartment Number ▼ ertificate MTEMSS 22 Solyth Crosses Character	māti — i a est	 Enclosed check or money order for \$10 payable to Register of 	30X 30
ertificate iii be city/State/ZIP▼ City/State/ZIP▼	- roitorial Office	Copyrights? • Enclosed your deposit material	
indow Baltimore, MD 21201-1595		with the application and fee? MAIL TO: Register of Copyrights, Library of Coppress, Washington	
		Library of Congress, Washington, D.C. 20559.	

^{* 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.

* U.S. GOVERNMENT PRINTING OFFICE: 1983: 381-278/503



the "author" of a

work made for

hire" is generally the employer. not the employee (see in-

structions). For

any part of this

work that was

"made for hire"

check "Yes" in

the space pro-

vided, give the employer (or other person for

whom the work

was prepared) as "Author" of that part, and

leave the space

for dates of birth

and death blank

See instructions

before completing this space.

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.

ACTING REGISTER OF COPYRIGHTS United States of America

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

FORM TX UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

1-475-957

TXII

EFFECTIVE DATE OF REGISTRATION

1 8 DEC 1984

Month	Day	Year

TITLE OF THIS WORK ▼ 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 ▼ Issue Date ▼ On Pages V Number ¥ If published in a periodical or serial give: Volume ▼ Maryland Institute for Emergency Medica PATES OF BIRTH AND DEATH NAME OF AUTHOR ▼ Services Systems, employer for hire of Lynn Toth, RN, Barbara Keyes, RN, BS and Linda Mutchner, RN
Was this contribution to the work a "work made for hire"?

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK If the answer to e Was this contribution to the work a If the answer to eithe OR {Citizen of ▶ United States
Domiciled in ▶ of these questions is Yes X No X Yes Anonymous? Yes," see detailed ☐ Yes X No Pseudonymous? instructions. □ No NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. entire text DATES OF BIRTH AND DEATH NAME OF AUTHOR ▼ AUTHOR'S NATIONALITY OR DOMICILE WAS THIS AUTHOR'S CONTRIBUTION TO Was this contribution to the work a THE WORK If the answer to eithe 'work made for hire" ☐ Yes ☐ No

NAME OF AUTHOR ▼

☐ Yes

□ No

DATES OF BIRTH AND DEATH Year Died ▼

☐ Yes ☐ No

☐ Yes ☐ No

Anonymous?

Pseudonymous?

Pseudonymous?

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Was this contribution to the work a work made for hire"? ☐ Yes

AUTHOR'S NATIONALITY OR DOMICILE Citizen of ▶

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

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK If the answer to eith If the answer to either of these questions is ☐ Yes ☐ No Anonymous?

☐ No

Domiciled in >

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

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases. ◆ Year

ONLY if this work United States has been published.

Complete this information Month September Day

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

Citizen of

Domiciled in

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 DEC 96.1984 DEC 18.1984 ONE DEPOSIT RECEIVED TWO PEPOSITS RECEIVED REMITTANCE NUMBER AND DATE

408080 DEC 1384

MORE ON BACK ▶ • Complete all applicable spaces (numbers 5-11) on the reverse side of this page. · See detailed instructions. Sign the form at line 10.

DO NOT WRITE HERE Page 1 of

of these questions is

Yes," see detailed

Yes," see detailed

instructions

instructions