



UNIVERSITY OF MARYLAND  
MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

R ADAMS COWLEY, M.D., DIRECTOR

Shock Trauma Center  
CNS Center  
Traumatology  
Critical Care  
Critical Care Nursing  
Hyperbaric Medicine  
Medical Engineering  
Research & Development  
Operations Research/  
Systems Analysis  
EMS Systems  
Education  
Training  
Communications  
Transportation  
Administration  
Evaluation

Enclosed are:

1. copyright applications and checks for:
  - a. The Cerviothoracic Body Jacket: Patient's Manual
  - b. The Cerviothoracic Body Jacket: Nurse's Manual
  - c. The Standard Thoracolumbar Body Jacket: Patient's Manual
  - d. The Standard Thoracolumbar Body Jacket: Nurse's Manual
2. two copies of each of the above and two sets of slides that accompany the nurse's manuals

If you have any questions, please call me.

Beverly Sopp  
Assistant Director, Editorial/Publications Office  
(301) 528-3248

REGISTRATION NUMBER

TX TXU  
EFFECTIVE DATE OF REGISTRATION  
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. 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

**NOTE**

Under the law, 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 and death blank.

b NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH  
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**3** YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED This information must be given in all cases. 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 ► 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

APPLICATION RECEIVED  
ONE DEPOSIT RECEIVED  
TWO DEPOSITS 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. ▼

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REGISTRATION NUMBER AND DATE

EXAMINED BY

FORM TX

CHECKED BY

CORRESPONDENCE  
Yes

DEPOSIT ACCOUNT  
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COPYRIGHT  
OFFICE  
USE  
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**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.

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Year of Registration ▼

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See instructions  
before completing  
this space.

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**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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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 ▶

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)

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.

authorized agent of Md. Institute of Emergency Medical Services for  
Name of author or other copyright 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 publication given in space 3.

Beverly Sopp

date ▶ 6/16/83

10

Handwritten signature (X) ▼

*Beverly Sopp*

MAIL  
CERTIFI-  
CATE TO

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

Certificate  
will be  
mailed in  
window  
envelope

Have you:

- Completed all necessary spaces?
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- Enclosed your deposit material with the application and fee?

MAIL TO: Registrar 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.

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

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TWO DEPOSITS RECEIVED  
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This is the first application submitted by this author as copyright claimant.

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Year of Registration ▼

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Names of Manufacturers ▼

Places of Manufacture ▼

Maryland Institute for Emergency Medical  
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Baltimore, MD

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b  Copies Only

c  Phonorecords Only

See instructions.

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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

10

Handwritten signature (X) ▼

Beverly Sopp

MAIL  
CERTIFI-  
CATE TO

Name ▼

Beverly Sopp

Number/Street/Apartment Number ▼

MEFMS, 22 S. Greene Street

City/State/ZIP ▼

Baltimore, MD 21201-1595

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**FORM TX**  
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX TXU  
EFFECTIVE DATE OF REGISTRATION  
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  
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

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b

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DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK  
Complete this information ONLY if this work has been published. Month ► June Day ► Year ► 1983  
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4

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

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IR MITANCE NUMBER AND DATE

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See instructions before completing this space.

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.▼

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

EXAMINED BY \_\_\_\_\_

CHECKED BY \_\_\_\_\_

CORRESPONDENCE  
Yes

DEPOSIT ACCOUNT  
FUNDS USED

FORM TX

FOR COPYRIGHT OFFICE USE ONLY

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The Cervicothoracic Body Jacket. Patient's Manual.

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

See instructions before completing this space.

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Maryland Institute for Emergency Medical Services Systems Baltimore, MD

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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 ▶

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

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Beverly Sopp

date▶ 6/16/83

Handwritten signature (X) ▼

*Beverly Sopp*

10

MAIL CERTIFICATE TO

Certificate will be mailed in window envelope

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

**Have you:**

- Completed all necessary spaces?
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CLAIMANT NUMBER AND DATE

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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



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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. ▼

The Standard Thoracolumbar Body Jacket. Patient's Manual.

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. ▼

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

See instructions before completing this space.

6

**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, Maryland

7

**REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED INDIVIDUALS** A signature on this form at space 10, and a 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 blind 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 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

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, Maryland 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)

authorized agent of Maryland 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.

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 ▼

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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 too?

MAIL TO: Register of Copyrights, Library of Congress, Washington, D.C. 20553.

11

\* 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.

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*Virginia A. Hoymak*

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*Virginia A. Hoymak*

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*Wayne F. Cole*  
*Virginia A. Kozma*

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*James E. ...*  
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TX TXU  
 EFFECTIVE DATE OF REGISTRATION  
 \_\_\_\_\_  
 Month Day Year

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

**1**  
**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 ▼**

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

**2**  
**NAME OF AUTHOR ▼** Maryland Institute for Emergency Medical Services Systems, employer for hire of Lynn Toth, RN, BS  
**DATES OF BIRTH AND DEATH**  
 Year Born \_\_\_\_\_ Year Died \_\_\_\_\_  
 Barbara Keyes, RN, BS and Linda Mutchner, RN

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

**NAME OF AUTHOR ▼** \_\_\_\_\_ **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 ► \_\_\_\_\_  
 Domiciled in ► \_\_\_\_\_  
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**NAME OF AUTHOR ▼** \_\_\_\_\_ **DATES OF BIRTH AND DEATH**  
 Year Born \_\_\_\_\_ Year Died \_\_\_\_\_

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 Name of Country OR { Citizen of ► \_\_\_\_\_  
 Domiciled in ► \_\_\_\_\_  
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**3**  
**YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED** This information must be given in all cases. 1984 ◀ Year  
**DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK**  
 Complete this information ONLY if this work has been published. Month ► September Day ► 17 Year ► 1984  
 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. ▼  
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 22 S. Greene Street, Baltimore, MD 21201-1595

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 TWO DEPOSITS RECEIVED \_\_\_\_\_  
 REMITTANCE NUMBER AND DATE \_\_\_\_\_

**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. ▼

**NOTE**

Under the law, 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 and death blank.

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Yes

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  - 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** ▼

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See instructions  
before completing  
this space.

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**Places of Manufacture** ▼

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- c  Phonorecords Only

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(301) 528-3248

Area Code & Telephone Number ▶

Be sure to  
give your  
daytime phone  
number.

9

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

Check one ▶

- author
- other copyright claimant
- 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.

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 ▶ 10/26/84

Services  
Systems

10

**Handwritten signature (X)** ▼

Beverly J. Sopp

**MAIL CERTIFICATE TO**

Name ▼	<u>Beverly Sopp</u>
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- Enclosed your deposit material with the application and fee?

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