

SOP 3.2.5 Appendix I
Division of Immigration Health Services
CONCEPT & ABSTRACT APPROVAL FORM (for conference presentations)

Name of applicant _____ e-mail _____ Date ____/____/____
 Work site: _____ Tel: _____ Fax: _____
 Conference/Meeting Title: _____
 Type of submission: Professional Conference Meeting Other _____
 Date: ____/____/____ Submission Deadline: ____/____/____ Location: _____
 Funding requested: No Yes: Program directed CME
 Meeting sponsor(s): _____

Step 1: Concept Submission and Recommendation (Optional)
A. Applicant to complete:
 Concept submitted to DIHS Publications Committee
 (Please attach concept)
 Title: _____

 Date Submitted: ____/____/____
B. Publications Committee to complete:
 Date Reviewed: ____/____/____
 Recommend Project: Yes, without changes Yes, with changes No
 Comments: _____

Step 2: Abstract Submission
A. Applicant to complete:
 Abstract submitted to DIHS Publications Committee (Please attach conference brochure)
 Date Submitted: ____/____/____

Signature of Applicant _____ *Date* _____ *Signature of Supervisor* _____ *Date* _____
B. Publications Committee to complete: Date Reviewed: ____/____/____

Step 3: Rating (*Publications committee to complete*)
Rating: (0-10 where 10 is highest)
 Consistency with DIHS mission _____
 Educational value _____
 Quality of materials _____
 Scientific, Clinical, &/or Administrative Merit _____
 TOTAL SCORE: _____

Step 4: Approvals
Recommend for Approval (*Publications committee or Division Director to complete*)
 Yes No: Reason: _____
Funding Approval: (*Division Director to complete*)
 Yes: Registration Only Registration and travel expenses
 No: Reason: _____

Signature of Publication Committee Chair _____ *Date* _____ *Signature of Division Director* _____ *Date* _____

SOP 3.2.5 Appendix II
Division of Immigration Health Services
SPEAKING ENGAGEMENT APPROVAL FORM

Name of applicant: _____ e-mail: _____ Date ____/____/____
 Work site: _____ Tel _____ Fax _____
 Type of submission: __ Professional Conference __ Meeting __ Other _____
 Conference/Meeting Title: _____
 Date: ____/____/____ Location: _____
 Date of abstract approval: ____/____/____ Target audience: _____
 Meeting sponsor(s): _____

<p>Step 1: Materials Submission A. Applicant to complete: __ Abstract previously approved by DIHS Publications Committee Approval Date: ____/____/____ __ Materials submitted to DIHS Publications Committee for Approval (Please attach copy of presentation, speaker notes, slides, manuscript, document, etc.) Title: _____ _____ Date Submitted: ____/____/____</p> <p>_____ <i>Signature of Applicant</i> <i>Date</i> <i>Signature of Supervisor</i> <i>Date</i></p> <p>B. Publications Committee to complete: Date Reviewed: ____/____/____</p>	
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<p>Step 2: Rating (Publications Committee to complete) Rating: (0-10 where 10 is highest)</p> <p>Consistency with DIHS mission _____ Educational value _____ Quality of materials _____ Scientific, Clinical, &/or Administrative Merit _____ TOTAL SCORE: _____</p>	<p>Step 3: Approval <i>Publications committee or Division Director to complete</i> Recommend for Approval: __ Yes: __ No Reason: _____ _____ _____ _____</p>
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<p>Step 4: Additional clearance (if required) by _____ __ Materials sent for clearance Date: ____/____/____ __ Clearance received Date: ____/____/____ __ Applicant notified Date: ____/____/____</p>	
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<p>Step 5: Additional clearance (if required) by _____ __ Materials sent for clearance Date: ____/____/____ __ Clearance received Date: ____/____/____ __ Applicant notified Date: ____/____/____</p>	
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_____ <i>Signature of Publication Committee Chair</i> <i>Date</i>	_____ <i>Signature of Division Director</i> <i>Date</i>
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SOP 3.2.5 Appendix III
Division of Immigration Health Services
MANUSCRIPT AND DOCUMENT APPROVAL FORM

Name of applicant _____ e-mail: _____ Date ____/____/____
 Work site: _____ Tel: _____ Fax: _____
 Type of submission: __Manuscript for journal submission __Other document
 Proposed manuscript/document distribution: _____

Step 1: Concept Submission and Approval (Optional, but highly recommended)
A. Applicant to complete:
 __Concept submitted to DIHS Publications Committee for Approval
 (Please attach concept)
 Title: _____
 Date Submitted: ____/____/____
B. Publications Committee to complete:
 Date Reviewed: ____/____/____
 Recommend Project: __Yes, without changes __Yes, with changes __No
 Comments: _____

Step 2: Materials Submission
A. Applicant to complete:
 __Materials submitted to DIHS Publications Committee for Approval
 (Please attach copy of manuscript or document)
 Title: _____
 Date Submitted: ____/____/____

 Signature of Applicant Date Signature of Supervisor Date
B. Publications Committee to complete:
 Date Reviewed: ____/____/____ Additional clearance required __Yes __No

<p>Step 3: Rating (Publications Committee to complete) Rating: (0-10 where 10 is highest) Consistency with DIHS mission _____ Educational value _____ Quality of materials _____ Scientific, Clinical, &/or Administrative Merit _____ TOTAL SCORE: _____</p>	<p>Step 4: Approval <i>Publications committee or Division Director to complete</i> Recommend for Approval: __Yes __No, Reason: _____ _____ _____</p>
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<p>Step 5: Clearance by (if required) _____ __Materials sent Date: ____/____/____ __Clearance received Date: ____/____/____ __Applicant notified Date: ____/____/____</p>	<p>Step 6: Clearance by (if required) _____ __Materials sent Date: ____/____/____ __Clearance received Date: ____/____/____ __Applicant notified Date: ____/____/____</p>
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 Signature of Publication Committee Chair Date Signature of Division Director Date