

**SCHOOL OF PUBLIC HEALTH**  
**PUBLICATION SUPPORT**  
*Return completed form to*  
**CENTER FOR HEALTH RESEARCH**

**PUBLICATION SUPPORT  
APPLICATION**

This application is to be presented for processing at least two (2) weeks prior to date of publication.

<b>APPLICANT</b>	
NAME:	
TITLE:	
PRIMARY CENTER:	Appointment: Full time / Part Time
Tel. Extension / E-mail:	

**PUBLICATION INFORMATION**

1. Name of journal:
2. Is the journal indexed by PubMed, Web of Science or Scopus?
  - a. If not, how is it found by the general public?
3. Does the journal have an impact factor?
4. Does the journal have more than 10 issues published?
5. What are the charges per page for members of that journal's organization? What are the non-member page charges?
6. Title of your publication:
7. Type of publication: Short research letter / Literature review / meta-analysis / full scientific study
8. Co-authors and their institutions:

**FINANCIAL INFORMATION**

9. Do you have a grant which has supported your research in any way? What have you declared for your funded grants on the LLU Conflict of Interest system?

**SUPPORTING SIGNATURES**

**Please enter supporting signatures and dates.**  
**Make copies only after all required signatures have been entered.**

APPLICANT:

DATE:

EXECUTIVE DIRECTOR – APPLICANT'S AFFILIATED CENTER:

DATE:

DIRECTOR - CENTER FOR HEALTH RESEARCH:

DATE:

TOTAL AMOUNT REQUESTED FROM CHR:

*Applicant – please keep a photocopy for your record*