**Pediatrics&Nursology Journal**

**Copyright Transfer Agreement**

This agreement must be signed and returned to the Editorial Office before the manuscript can be considered for publication.

**Article Title:**

**Author(s):**

**Corresponding Author:**

**Name:
Address:
Email:
Phone Number:**

The author(s) hereby certify that:

The manuscript is an original work and has not been published previously nor is it under consideration for publication elsewhere. All authors have contributed to the work and are in agreement with the content of the manuscript. The manuscript does not contain any defamatory or unlawful statements and does not infringe on the rights of others. The author(s) agree to transfer the copyright of the above-named article to Pediatrics&Nursology Journal upon acceptance for publication.

The copyright transfer covers the exclusive rights to reproduce and distribute the article, including reprints, translations, photographic reproductions, microform, electronic form (offline, online), or any other reproductions of similar nature.

**Authors retain the following rights:**

All proprietary rights other than copyright, such as patent rights. The right to use the substance of the article in future own works, including lectures and books. The right to reproduce the article for own purposes, provided the copies are not offered for sale.

**Warranties and Representations:**

The author(s) warrant that the article is original, has not been published before, and is not under consideration for publication elsewhere. The author(s) also warrant that the article contains no libelous or unlawful statements and does not infringe on the rights of others.

**Signatures:**

By signing below, the author(s) agree to the terms of this agreement.

Corresponding Author's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Author(s) Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Author(s) Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please note: You can expand the Co-Authors section as needed to include all contributing authors.*

Please return the completed and signed form to:

Pediatrics&Nursology Journal Editorial Office