

AUTHOR SUBMISSION CHECKLIST

(To be completed and submitted with manuscript)

This ensures administrative review is efficient and consistent.

Nursing Practice Tip Submission Checklist

Author(s) Name and Credentials (will be used for byline when published):

Submission Type (check one):

- ☐ Formal Evidence-Based Article
- ☐ Blog-Style Practice Tip
- ☐ Awareness/Recognition Article

General Requirements (All Formats)

- ☐ Manuscript is original and unpublished
- ☐ Word count within required range
- ☐ All required sections included for selected template
- ☐ No patient identifiers included (HIPAA compliant)
- ☐ Approval obtained by employer for dissemination (if required by organizational policy)
- ☐ Conflict of interest disclosure included
- ☐ Author bio (2–3 sentences) included
- ☐ Contact email provided
- ☐ Headshot provided
- ☐ By checking this box, the Author acknowledges that the submission is their own work, and all cited, referenced, or otherwise included work is properly credited. The Author acknowledges that by submitting their work, TNA retains non-exclusive rights to use or reproduce this work for any purpose to the extent permitted by law.

Additional Requirements – Formal Articles

- ☐ Introduction clearly states practice problem
- ☐ Literature review includes 3–10 current references
- ☐ APA 7th edition formatting used
- ☐ Methods/implementation clearly described
- ☐ Outcomes/results reported
- ☐ 3–5 Practice Pearls included

Additional Requirements – Blog Style

- ☐ Engaging opening or story included
- ☐ 3–5 clear practice tips included
- ☐ Reflective takeaway included

Additional Requirements – Awareness Articles

- ☐ Awareness context clearly stated
- ☐ Current data/statistics cited
- ☐ Nursing impact clearly described
- ☐ Clear call to action included
- ☐ Submitted ≥ 20 days prior to awareness month

Author Signature: _____

Date: _____