



REVIEWER APPLICATION

I would like to serve on the Board of Review for *Heart & Lung*®. I understand that the manuscripts I receive will need to be reviewed within a period of 2 to 3 weeks and that I may be asked to provide assistance in developing editorial policy and procedure for the Journal.

Signed

Date

Please print or type the following information:

Name as you wish it to appear in print: _____

Degrees to be listed after your name: _____

Current employer/affiliation: _____

Previously published articles: _____

I also serve as a reviewer for: _____

Address to which manuscripts are to be sent: _____

Street _____

City _____ State _____ Zip _____

Phone numbers: Work _____ / _____ Home _____ / _____

Fax number: Work _____ / _____

Please list 3 to 5 areas of expertise in which you have either educational or experiential background:

Return to: Kathleen S. Stone, PhD, RN, FAAN, *Editor*
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