

CERTIFICATE OF REGISTRATION



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Marybeth Peters

REGISTER OF COPYRIGHTS
United States of America

FORM TX

For a Nondramatic Literary Work
UNITED STATES COPYRIGHT OFFICE

R

TX 5-837-864



EFFECTIVE DATE OF REGISTRATION

SEP 11 2003
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK ▼
The Process of Cultural Competence In the Delivery of Healthcare Services: A Culturally Competent Model of Care (4th Edition)

PREVIOUS OR ALTERNATIVE TITLES ▼
The Process of Cultural Competence In the Delivery of Healthcare Services (2nd ed)

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

a **NAME OF AUTHOR** ▼
Joseph A. Campinha-Bacote

DATES OF BIRTH AND DEATH
Year Born ▼ 1951 Year Died ▼

Was this contribution to the work a "work made for hire"?
 Yes No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country OR Citizen of ▼ USA Domiciled in ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No Pseudonymous? Yes No

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

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Entire Text

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AUTHOR'S NATIONALITY OR DOMICILE
Name of Country OR Citizen of ▼ Domiciled in ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? Yes No Pseudonymous? Yes No

c **NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

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Name of Country OR Citizen of ▼ Domiciled in ▼

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3

a **YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED** This information must be given in all cases. 2003

b **DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK** Complete this information ONLY if this work has been published. Month 4 Day 15 Year 2003 USA

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COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼
Joseph A. Campinha-Bacote, PhD, RN, CS, CNS, CTN, FAAN
1108 Hurlwicks Place
Cincinnati, Ohio 45241

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

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MORE ON BACK ▶ • Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
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DERIVATIVE WORK OR COMPILATION
 Preexisting Material Identify any preexisting work or works that this work is based on or incorporates.
The Process of Cultural Competence In the Delivery of Healthcare Services: A Culturally Competent Model of Care (3rd Edition)
 Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.
Revised model and additional text.

6

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.
 Name _____ Account Number _____

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP
Joseph A. Campinha-Bacote, PhD, APRN, BS, CNS, CTN, FAAN
1108 Huntwicke Place
Cincinnati, OH 45241
 Area code and daytime telephone number _____ Fax number _____
 Email meddic@aol.com (513) 469-1664

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CERTIFICATION I, the undersigned, hereby certify that I am the
 Check only one author
 other copyright claimant
 owner of exclusive right(s)
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 of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.
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Typed or printed name and date If this application gives a date of publication in space 3, do not sign and submit it before that date.
Joseph A. Campinha-Bacote Date 8/31/03
 Handwritten signature (X) _____

Certificate will be mailed in window envelope to this address:

Name	<u>Joseph A. Campinha-Bacote</u>
Number/Street/Apt	<u>1108 Huntwicke Place</u>
City/State/ZIP	<u>Cincinnati, Ohio 45241</u>

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