**AUTHORSHIP FORM FOR PUBLICATIONS**

Each author must complete the following form prior to publication of their paper.

**Authorship Criteria**

Authors participating in any NAM Publications (*NAM Perspectives*, Discussion Proceedings, and Special Publications) must meet the criteria described below. Specifically, each author is expected to have:

* Made significant contributions that shape the work’s approach to the topic, content, and perspectives presented.
* Awareness of the work’s sponsoring organization and anticipated application.
* Confidence in the accuracy and integrity of the work, including the process to validate the material presented.
* Participated in the process of identifying and implementing changes in the work’s draft to clarify its purpose and/or improve its presentation.
* Approved the submitted version (and any substantially modified version that involves the author’s contribution to the work);

**Lead (Corresponding) Author Responsibilities**

* Receive all substantive correspondence with NAM editorial staff as well as full reviews.
* Ensure each author is fully aware of and in compliance with the authorship criteria noted above.
* Verify that all data, materials, and code, even those developed/provided by other authors, comply with the transparency and reproducibility standards of both the field and NAM guidelines (with guidance from NAM editorial staff)
* Ensure that all listed authors have received and approved manuscript drafts prior to submission.
* Fulfill operational responsibilities, including signing off on galleys, vouching for other authors where necessary ensuring all authors complete the COI declaration and license forms (when asked to do so by NAM editorial staff).
* Ensure that all listed authors have received the final manuscript prior to publication.

.

**Agreement Confirmation**

I confirm that I have read all the questions, responded to the best of my ability, provided the required information, and agree to the responsibilities, as appropriate.

This form was submitted on \_\_\_\_\_\_\_\_\_\_\_\_\_.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAM receipt**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_