

**Guidelines for Authors**  
***Journal of Contemporary Pharmacy Practice***

**About The Journal of Contemporary Pharmacy Practice**

The *Journal of Contemporary Pharmacy Practice (JCPPhP)* features clinical and professional articles designed to inform, educate and motivate working pharmacy professionals to advance pharmacy practice and patient care. In order to achieve content and editorial excellence, the *Journal* seeks those who may be interested in authoring articles and/or becoming a peer reviewer. Contributions from student residents, practicing pharmacists and researchers are welcome. In addition to quarterly print and digital publication, *JCPPhP* also posts accepted articles online prior to quarterly release and shares them through social media channels

**How to Submit Articles**

1. Visit the website <http://www.editorialmanager.com/calpharm> to begin the article submission process.
2. Register or Sign in as an Author
  - If you are new to the system, please click the Register Now link below the login information and follow the set up instructions.
  - If you are already registered, continue to login and click on the Author button.
3. Once your registration is complete, simply click on the Submit New Manuscript link towards the top of the screen and complete the online form and process.
4. CPhA utilizes a blind peer review process, **so please do not include your name in the body of the article** and utilize the fields in the form to submit your contact information. Include your title and author information on the title page. This information will be blinded to all peer reviewers.
5. **Please note:** At the end of the submission process, you will be prompted to click Build PDF for my Approval. After selecting this button, **you must approve your PDF in order to ensure submission.**

To do so, click the Main Menu link. Under the New Submissions tab, click the Submissions Waiting for Author's Approval link. Here, you must View Submission and then Approve Submission to complete the submission process.

For help with Editorial Manager, click the help button in the menu bar and search the database with your question. If you still need help, please contact Joseph Page at [jpage@cpha.com](mailto:jpage@cpha.com) or at (916) 779-4520.

**ARTICLE TYPES**

**Original Research**

Scientific reports of the results of original research (e.g. clinical, practice based, basic science, etc.). The text is limited to 5,000 words. Required subheadings include: abstract, objectives, methods, results, discussion, limitations, and conclusion. A maximum of 5 tables and figures (total) and up to 40 references is allowed. A statement of IRB approval or consent must be included in the article.

**Reviews**

Systematically driven, comprehensive, and reproducible summaries of current research in primary pharmacy and biomedical literature on clinical, administrative, legal, humanistic, or economic topics. The text is limited to 5,000 words with a maximum of 5 tables and figures (total) and up to 40 references.

### **Clinical Practice Capsules**

Clinical Practice Capsules are intended to be brief articles that provide current information on either new medications and how they compare to similar agents, updates to therapies and/or guidelines, review of a medication class, or review of a specific disease state and its current treatments. Each article should be no more than 1500 words in length and include no more than one table or figure.

### **Evidence Based Reviews—Putting Evidence Into Practice**

This type of article utilizes an evidence-based practice framework to create a concise, practical, high-quality critical appraisal of published medical literature. The goal of this type of article is to assist healthcare professionals with improving their provision of evidence-based patient care.

Articles in this series should follow the provided critical appraisal framework that includes the following sections: summary of study population, intervention, comparison and outcome, critique of study validity, quantitative summary of study results, discussion of trial applicability/generalizability, and a take-home message for health care providers and for patients. The text is limited to 2,500 words, and a small number of tables as provided in the framework template. These articles do not include an abstract. **Please note:** If you would like to submit an evidence-based review, please contact Cynthia Jackevicius, the EBM Editor, at [cjackevicius@westernu.edu](mailto:cjackevicius@westernu.edu) with the proposed topic *prior to submitting*.

### **Commentary**

Provides commentary and/or analysis concerning a previously published article in the Journal or on a current pharmacy practice issue. Articles may include one figure or table and are limited to 1,500 words, with up to 10 references.

### **Patient Care**

These submissions outline the use of practice based tools, charts, and/or algorithms that are used to help provide patient care or on pilot studies on original research or practice based initiatives. Submissions should be brief, approximately 1500-2500 words, and include either a discussion of how the tool is used in practice, anecdotes to its use, and/or outcomes where appropriate. A copy of the tool should also be provided.

### **Case Reports/Case Series**

Describes one or a series of patients exhibiting a new or unique clinical feature (e.g. receiving treatment with an investigational product, response to therapy, adverse reaction, etc.). Case reports/series should not discuss the usual course of therapy (see clinical problem solving below). The text is limited to 2,500 words with an abstract and a maximum of 3 tables and figures (total), and up to 25 references.

## **OTHER TYPES OF ARTICLES**

### **Business Model Articles**

Objective discussions of innovative pharmacy practices. Authors will follow an established template provided by the Journal to help construct the article. The text is limited to 1,500 words.

### **Clinical Problem-Solving**

Considers the step-by-step process of clinical decision making. Information about a patient is presented in stages to simulate the way such information emerges in clinical practice in order to highlight the evolving management of that patient. The text should not exceed 2,500 words, and there should be no more than 15 references.

### **Human Interest Articles**

These articles focus on the “human interest” side of pharmacy. Editors are looking for inspirational stories about CPhA members, successful patient outcomes, and more. Word count is limited to 1,250.

### **Law Updates**

Law updates are intended to be brief articles that provide current information on new or existing laws and regulations as it pertains to the practice of pharmacy or pharmacy ethics. Each article should be no more than 1500 words in length and include no more than one table or one figure.

### **Preceptor Pearls**

Focused articles on topics related to clinical teaching of student pharmacists and/or pharmacy residents. Articles may provide specific information related to precepting skills. Descriptions for development of rotation sites or activities may also be included in this section. The text should not exceed 1500 words, is limited to no more than two tables and/or figures, and should include no more than fifteen references.

### **Author Credits**

All authors are requested to submit a brief biographical statement which provides information about the author's background, including their highest academic degrees received, their clinical expertise and their accreditations. In addition, authors are encouraged to share affiliations and acknowledgements. All author statements should include a disclosure statement related to bias.

#### ***See examples below:***

Jane Brown, PharmD, BCPS, is a Clinical Pharmacy Manager at XYZ Institution. Dr. Brown has XX years of experience in (insert specialty). She is active in (insert state/national organizations). Brown has no conflicts of interest to report.

Joe Smith, PharmD, FASHP, is a Professor of Clinical Pharmacy at and the Vice Chair for the Department of Clinical Pharmacy at XYZ School of Pharmacy. Dr. Smith has been a leading researcher in the field of (insert specialty here) since 2000 when he joined the National (insert organization here). Dr. Smith has no conflicts of interest to report.

Sally Smith is a 2012 PharmD Candidate at the XYZ School of Pharmacy and a student representative on the on the CPhA Board of Trustees. Ms. Smith has no conflicts of interest to report.

### **Obtaining Permission for Reproduction or Adaptation of Published Material**

- When quoted material exceeds two sentences in length, it is the author's responsibility to obtain written permission for its use from the copyright owner, who may not be the quotation's author. It is usually necessary to determine the original source of the material to identify its copyright owner. Some quotations may be in the public domain.
- Written permission to reproduce copyrighted material must be provided to the CPhA editor when the final revised manuscript is submitted. Failure to obtain such permission may result in the removal of the reproduced material or a delay in publication.
- Fees required by the copyright owner are the author's responsibility unless an exception has been granted by a CPhA editor.
- Reproduction of all or a substantial portion of a table or illustration also requires the author to obtain permission for use from the copyright owner. Any associated fees are the author's responsibility. If a table or illustration has been adapted and there is doubt about whether the extent of adaptation makes permission unnecessary, a CPhA editor should be consulted.

### **Proper Citation of Quoted Material**

- When possible, the original source of a reproduced quotation, table, or illustration should be cited (preferably with the page number), regardless of the need for permission. Citing a secondary or tertiary source that used but was not the original source of the material is strongly discouraged.
- Online compilations of quotations are not considered primary, scholarly, or reliable sources, and their use for the attribution of quoted material is highly discouraged.

- **For all types of articles:** When referring to medications used for treatment, please use generic names of drugs throughout the manuscript, unless the specific trade name of a drug is directly relevant to the discussion.

## Formatting Manuscripts for the *Journal of Contemporary Pharmacy Practice*

### 1. General

- The manuscript text is double-spaced in a 12-point font throughout (including tables, references, footnotes, figure captions, and author identification [ID]) on 8.5 by 11-inch pages with margins of at least 1 inch all around.
- All lines are numbered.
- The manuscript text is not all uppercase letters.
- All pages are numbered consecutively in the upper-right corner, beginning with the title page and including tables.
- Each of the following elements begins on a separate page in this sequence: abstract, text, footnotes, references, appendixes, figure captions, tables, and figures. You may elect to upload figures, tables, and supplemental material as separate files.
- Authors are not identified in the text (including headers and footers).
- Upload this file to the Item entitled Blinded Manuscript.

### 2. Title page with Author Credits

- Includes a separate file featuring a title and author ID page to facilitate blinding of the manuscript.
- Contains a concise, informative title.
- Specifies the corresponding author.
  - o **Please note:** If you are submitting a **student led article** you are required to list faculty/preceptor as the corresponding author. Please list yourself, the student, as a contributing author.
- Includes author credits. For each author, includes name, professional degree(s), job title, contact information, and disclosure of any potential conflicts of interest.
- Upload this file to the Item entitled Title Page.

### 3. Abstract

- Is no longer than 250 words.
- Contains four paragraphs with the following headings: introduction/purpose/background, Methods, Results, Conclusion.

### 4. Keywords

Enter keywords found in the manuscript, separated by semicolons. Example: active vitamin D; parathyroid hormone-related peptide; hypercalcemia; bone resorption.

### 5. Classifications

Enter classifications that relate to your manuscript from the list of the classifications provided that pertain to the *Journal of Contemporary Pharmacy Practice*.

## 6. Text

- When reporting experiments conducted with humans, indicate whether the procedures followed were in accord with the ethical standards of the institution's committee on human experimentation or with the "World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects," as amended in October 2013 (JAMA. 2013; 310:2191-4).
- Names of authors, institutions, and patients are not mentioned, except in descriptive reports in which institutional identification is essential to understanding the program.
- Case Studies are described in the following order: Problem (followed by Background, depending on content), Analysis and Resolution, Discussion, and Conclusion.
- For Case Reports manuscripts, the patient's age, sex, race, weight, pertinent medical history, and baseline laboratory values are included, as well as generic names, manufacturers, formulations, and routes of administration of all drug products used.
- Descriptive headings are used to identify major sections of the manuscript; subheadings also may be used.
- For stability studies, the methodology complies with guidelines for such studies (see Am J Hosp Pharm. 1983; 40: 1159-60 and Am J Hosp Pharm. 1988; 45:1569-71), including documentation that the assay used is stability indicating.
- Identifies in the Methods section all statistical tests used and the a priori level of significance; unusual or complex statistical methods are explained briefly or referenced.
- If more than one statistical test is used, the data evaluated by each test are clearly identified in the Methods section.
- Mean values for study results are accompanied by some measure of variability or precision (e.g., standard deviation); the use of confidence intervals, when appropriate, is encouraged.
- Identifies precisely all drugs and chemicals used by generic name (with salt, if applicable). Trade names are used only to identify that a specific brand of drug was used. For reports of clinical research, identification of drugs as being racemic mixtures or single isomers is encouraged.
- Measurements are reported in the units in which they were made.
- Volume, distance, and weight measurements are expressed in metric units.
- For commercial products important to the manuscript, denotes, with footnotes, the trade name or model number; the manufacturer's name, city, and state; and the lot number.
- Every reference, figure, table, and appendix is cited in the text in numerical order. (Order of mention in text determines the number given to each.)
- Footnotes are identified consecutively in the text by superscript, lowercase letters.
- For software important to the manuscript, denotes in parentheses or a footnote the version, manufacturer, city, and state.

## 7. References

- Includes the heading "References."
- Do not use automatic endnotes or footnotes functions for entering references.

- Are identified in text, tables, and legends by superscript Arabic numbers.
- Are double-spaced on pages separate from the text and numbered consecutively as they appear in the text. References that appear only in tables or figure captions should receive consecutive numbers based on the placement of the first mention of the table or figure in the text.
- Do not include any “unpublished observations” or “personal communications.” (References to written, not oral, communications may be inserted in parentheses in the text or included as footnotes.)
- Have been verified by the author(s) against the original documents.
- Abbreviations of journal titles conform to those used by the National Library of Medicine for MEDLINE indexing ([www.nlm.nih.gov/services/medline\\_titles.html](http://www.nlm.nih.gov/services/medline_titles.html); additional guidance available at: [www.nlm.nih.gov/pubs/factsheets/constructitle.html](http://www.nlm.nih.gov/pubs/factsheets/constructitle.html)).
- Include inclusive page numbers.
- Are formatted consistently and according to CPhA Journal style, as outlined below. For articles with four or fewer authors, list all authors (last name and two initials, if available); if there are five or more authors, list only the first three and add “et al.”). Examples of citation style for various types of references follow.

**Standard journal article, including electronic journal article:**

Seibert HH, Maddox RR, Flynn EA, Williams CK. Effect of barcode technology with electronic medication administration record on medication accuracy rates. *Am J Health-Syst Pharm.* 2014; 71:209-18.

Wingard JR, Carter SL, Walsh TJ et al., for the Blood and Marrow Transplant Clinical Trials Network. Randomized, double-blind trial of fluconazole versus voriconazole for prevention of invasive fungal infection after allogeneic hematopoietic cell transplantation. *Blood.* 2010; 116:5111-8.  
*[Note: Comma followed by “for the” (as opposed to semicolon) precedes name of study group in author list.]*

Dager WE. Developing a management plan for oral anticoagulant reversal. *Am J Health-Syst Pharm.* 2013; 70(suppl 1):S21-31.

**Article from journal paginated by issue:**

Toth PP. An update on the benefits and risks of rosuvastatin therapy. *Postgrad Med.* 2014; 126(2):7-17.  
*[Note: If page range seems to indicate that the publication is not paginated by volume (as in the example above), list both volume and issue numbers.]*

**Letter, editorial, news, or abstract:**

Stiles ML, Allen LV Jr, Prince S et al. Stability of ranitidine hydrochloride during simulated home care use. *Am J Hosp Pharm.* 1994; 51:1706-7. Letter. *[Note: Article type designated at end of citation.]*

**Textbook or other book-like reference:**

Brunton L, Chamber B, Knollman B, eds. Goodman & Gilman’s the pharmacological basis of therapeutics. 12th ed. New York: McGraw-Hill; 2011:1275-306. *[Note: Provide specific page range for referenced information.]*

**Chapter or article in a book-like reference:**

Kantarjian H, Faderl S, Talpaz M. Chronic myelogenous leukemia. In: Devita VT Jr, Hellman S, Rosenberg SA, eds. Cancer: principles and practice of oncology. Philadelphia: Lippincott Williams & Wilkins; 2001:2433-45. [Note: Provide specific page range for referenced information.]

**Government agency publication (print or online):**

National Heart, Lung, and Blood Institute. The seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Bethesda, MD: National Institutes of Health; 2003 Dec. NIH publication no. 03-5233.

Food and Drug Administration. Guidance for industry: safety considerations for product design to minimize medication errors (December 2012). [www.fda.gov/downloads/Drugs/Guidances/UCM331810.pdf](http://www.fda.gov/downloads/Drugs/Guidances/UCM331810.pdf) (accessed 2013 Oct 31).

ClinicalTrials.gov. Prevention and treatment of chemotherapy-induced peripheral neuropathy in subjects with advanced colorectal cancer. <http://clinicaltrials.gov/ct2/show/NCT00380874> (accessed 2013 Sep 26). [Note: Provide date of publication, if it can be ascertained, in parentheses after document title, as in example 9.]

**Drug package insert or prescribing information (print or online):**

Jakafi (ruxolitinib) package insert. Wilmington, DE: Incyte Corporation; 2011 Nov.

Teflaro (ceftaroline fosamil) prescribing information. St. Louis: Forest Pharmaceuticals; 2010 Oct. Revised 2013 May.

Schering Corporation. Victrelis (boceprevir) prescribing information. [www.accessdata.fda.gov/2011/202258lbl.pdf](http://www.accessdata.fda.gov/2011/202258lbl.pdf) (accessed 2013 Jan 30).

GlaxoSmithKline. Zofran (ondansetron hydrochloride) prescribing information. [http://us.gsk.com/products/assets/us\\_zofran.pdf](http://us.gsk.com/products/assets/us_zofran.pdf) (accessed 2014 Jan 27).

**Information presented at a meeting:**

MacKay MW, Jones K, Holley M et al. Using electronic refractive index for testing glucose concentration in pediatric parenteral nutrition. Abstract presented at ASHP Midyear Clinical Meeting. Orlando, FL; 2008 Dec. [Note: Designate method of communication (e.g., abstract, poster, presentation) as appropriate.]

**Electronic sources:**

Trastuzumab [monograph]. In: Micromedex Drugdex [online database]. Greenwood Village, CO: Truven Health Analytics (accessed 2014 Mar 21).

Redbook Online [online database]. Greenwood Village, CO: Truven Health Analytics. (accessed 2014 Feb 28).

Erythromycin [monograph]. In: Lexicomp Online [online database]. Hudson, OH: Lexi-Comp (accessed 2014 Jun 16).

Warfarin [monograph]. In: Lexi-Drugs, version 1.13.0 [mobile application]. Hudson, OH: LexiComp (accessed 2014 Nov 2).

## 8. Tables

- Text and data are double-spaced, with each table (complete with title and footnotes) on a separate page.
- Do not contain information duplicated in the text or figures.

- Do not contain horizontal or vertical rules within the data field.
- Use superscript letters for footnote designations.
- If data from another published or unpublished source are used, permission is obtained from the source (proof submitted with manuscript), and the source is acknowledged.

## 9. Figures

- Figures are supplied in their original native file format, in a separate file, and not embedded in the text. We prefer figure files created in the following Adobe programs: InDesign, PhotoShop, or Illustrator. In some cases, we will accept figure files created in Microsoft PowerPoint or Excel. We will not accept files that are embedded in any text or graphic presentation document (e.g., Microsoft Word or Rich Text Format [RTF] files, PowerPoint documents).
- All files in TIFF (.tif) or JPEG (.jpg) formats must be no less than 300 dpi resolution.
- Are numbered consecutively as they are cited in the text.
- All abbreviations and symbols used in the figure are defined; when appropriate, the measure of variability or precision represented is identified (e.g., do error bars represent standard deviations or confidence intervals?).
- Axis labels appear outside the axes.
- Detailed explanations are in the captions, not in the illustrations themselves.
- If previously published, the original source is acknowledged, and written permission from the copyright holder to reproduce the material is submitted.

## 10. Flow Diagrams

- We encourage the use of flow diagrams and other visual aids to show the disposition of study participants through clinical trials, clarify treatment algorithms, or show relationships among various components of a program or system.
- For studies reporting cost-effectiveness or decision analyses, a decision tree describing the study model should be included.
- Flow diagrams should be in a separate file, not embedded in the text, and supplied as separate files and in their original native file format, such as Adobe Illustrator or PhotoShop.
- If using a flow chart–specific software, export or save the document in PDF (.pdf) or TIFF (.tif) format.
- All JPEG or TIFF files must be no less than 300 dpi resolution.

### Submitting a Manuscript

When your manuscript is ready to be submitted, please Sign In as an Author: [www.editorialmanager.com/calpharm](http://www.editorialmanager.com/calpharm)

### Complete the following steps:

1. Select an **Article Type** from the drop down menu.

2. Enter the **Full Title** of the manuscript (Limited to 20 words).
3. Add the **Corresponding Author and any other authors** who have contributed to your manuscript. **Please note:** If you are submitting a **student led article** you are required to list faculty/preceptors as the corresponding author. Please list yourself, the student, as a contributing author.
4. Enter the **Abstract** (Limited to 350 words).
5. Enter associated **Keywords**, separated by semicolons, e.g., active vitamin D; bone resorption.
6. Select **Classifications**. Click 'Select Document Classifications' to open a window containing a list of the classifications pertaining to this journal. Click the checkbox next to any classification you wish to select. Click 'Submit' when you are done.
7. In the **Additional Information** tab, please answer the required questions. If you would like your submission to be considered for C.E., **select the Yes checkbox and provide the following information**. For additional help, please contact Debbie Veale, CE Editor, at [Debbie.Veale@CVSHealth.com](mailto:Debbie.Veale@CVSHealth.com).
  - a. Manuscript Title
  - b. Learning Objectives
  - c. Target Audience
  - d. Author Financial Disclosures
  - e. Quiz Questions **with Answers**. Please include 10 questions, with no more than 3 True/False questions.
8. In the optional **Enter Comments** tab, you may wish to leave comments for the editorial office to see. This will not appear in your manuscript.
9. You may elect to **Suggest Reviewers** for your manuscript. This entry is optional.
10. You may also elect to **Oppose Reviewers** for your manuscript. This entry is optional.
11. When the above information is complete, please **Attach Files**. Please review the *Formatting Manuscripts for the Journal of Contemporary Pharmacy Practice Journal* instructions earlier in this document.

**Please note:** You are required to submit 2 separate files:

- a. Blinded Manuscript without author credits
- b. Title Page featuring Author Credits to facilitate blinding of the manuscript

You may elect to upload additional supplemental materials, including figures and/or tables.

### **Submitting a Revised Manuscript**

Once submitted, your work will be critiqued and edited by peer reviewers. Part of the editorial process includes manuscript proofing at several levels—by pharmacy professionals with content expertise, by CPhA's Editorial Review Committee, and a final review by the managing editors. You may or may not be asked to rewrite or expand on your article to fit the current needs of the publication.

If your article requires revision, you will be notified via email to submit a new, revised version of your original submission. Although we cannot promise future publication of manuscripts requiring revisions, we will consider a revised version, based on reviewer comments.

### **To submit a revised manuscript, please include the following:**

1. A cover letter, addressing point by point the specific comments made by each reviewer and changes you have made to the manuscript.

2. A word document featuring track changes you have made.

Once your revision is received, it will be peer reviewed. If accepted, you will be notified about publication in an upcoming journal issue. If further revisions are necessary, you will be contacted via email and asked to submit another revised manuscript.

Final publishing decisions are made by the CPhA Editorial Committee. On average, a feature article will be published approximately three-six months after submission.

You may check on the status of your manuscript in the Editorial Manager at any time. For questions, please contact Joseph Page at [jpage@cpha.com](mailto:jpage@cpha.com) or call 916-779-4520.

## Frequently Asked Questions

### **What is the purpose of the *Journal of Contemporary Pharmacy Practice*?**

Published quarterly by CPhA, the Journal of Contemporary Pharmacy Practices Association, features clinical and scientific articles designed inform, educate and inspire clinical and scientific discovery in all health care settings that advance patient care.

### **Who reads the *Journal of Contemporary Pharmacy Practice*?**

The *Journal of Contemporary Pharmacy Practice* is delivered via the U.S. mail to approximately 4,000 members as well as by email to both CPhA members and our extensive pharmacy contacts numbering in the range of 15,000 subscribers. In addition, the *Journal of Contemporary Pharmacy Practice* is hosted in a digital format on the CPhA website, which utilizes a user friendly “flip-book” format. Readership includes both professional pharmacists from a variety of practice settings including hospital, independent, chain, educational, manufacturing and government—as well as pharmacy professionals, students and non-pharmacist scientists.

### **Who writes for the *Journal of Contemporary Pharmacy Practice*?**

In-depth features and scientific articles are written by a variety of authors who write from a point of clinical expertise, having a thorough knowledge of the field. Usually such authors are either practicing pharmacists, university faculty, or other healthcare professionals and scientists. Other short news articles are contributed by student pharmacists studying pharmacy business models and evidenced based medicine reviews. In addition, CPhA also encourages contributions from Association members who can offer important insight on issues related to pharmacy practice issues.

### **What happens after an article is submitted?**

All authors should receive a receipt of manuscript automatically when submitted through Editorial Manager. Once articles have gone through the peer review process, authors will be notified of any suggested edits. After revisions are made and a final article is submitted, a final decision regarding publishing is usually made within a month of final submission. Depending on the suggested edits, the process can take one to two months.

Publishing decisions are made jointly by the CPhA Editorial Committee, a group of CPhA members who meet monthly to develop content and solicit expert peer-review for the clinical articles contained in the journal. Once accepted, your work will be critiqued and edited. You may or may not be asked to rewrite or expand on your article to fit the current needs of the publication. Part of the editorial process includes manuscript proofing at several levels—by pharmacy professionals with content expertise, by CPhA's Editorial Review Committee, and a final review by the managing editors. On average, a feature article will be published approximately three-six months after submission.

## Contact Information

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