

ICMJE DISCLOSURE FORM

Date: April 11, 2023

Your Name: Brenda Nevidjon

Manuscript Title: Policy and advocacy for the continued growth of oncology nursing as a specialty

Manuscript number (if known): APM-22-1045

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
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		Cancer Support Community Academy of Oncology Nurse Navigators	For panel presentations
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Oncology Nursing Society Enterprise (ONSE)	As the CEO of ONSE, I travel frequently as part of my responsibilities.
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		ONSE	See below in the box,
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

As noted in the comments. ONSE is comprised of ONS (member association), Oncology Nursing Foundation, and Oncology Nursing Certification Corporation. I am an ex-officio, non-voting member of all Boards and have fiduciary responsibility for the organizations.

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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.