NATIONAL PRESSURE ULCER ADVISORY PANEL

PUSH (Pressure Ulcer Scale for Healing) Tool

PUSH TOOL COPYRIGHT AGREEMENT FORM:

Please fill this form in and either fax it or mail it to NPUAP Headquarters. We will review it and contact you if there are any problems with your request. By typing "agree" in the box you are free to use the PUSH Tool unless you hear otherwise from NPUAP.

CONTACT INFORMATION:

Name: _____
Title: _____
Company: _____
Address: _____
Phone: _____
Fax: _____
E-Mail: _____

HOW / WHY WILL YOU BE USING THE PUSH TOOL?
(Attach extra page if necessary)

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LEGAL AGREEMENT:

By writing AGREE in this box, you agree to the following: Use these forms as written without changing the wording or scoring of the document. Include the full name of the Pressure Ulcer Scale for Healing (PUSH Tool) on the form if it is reproduced. Acknowledge the copyright by including this phrase on all reprints of the material (Copyright. NPUAP, 2003 Reprinted with permission.) Use the form only for the approved purpose. Any use of the form in publications (other than internal policy manuals and training material) or for profit-making ventures requires additional permission and/or negotiation.

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