

CERTIFICATE OF REGISTRATION



OFFICIAL SEAL

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

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

NAME OF AUTHOR

a 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

OR Citizen of USA
Domiciled in

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

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.

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

Entire Text

NAME OF AUTHOR

b

Was this contribution to the work a "work made for hire?"

Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE

OR Citizen of
Domiciled in

DATES OF BIRTH AND DEATH

Year Born Year Died

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

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

NAME OF AUTHOR

c

Was this contribution to the work a "work made for hire?"

Yes
 No

AUTHOR'S NATIONALITY OR DOMICILE

OR Citizen of
Domiciled in

DATES OF BIRTH AND DEATH

Year Born Year Died

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? Yes No
Pseudonymous? Yes No

If the answer to either of these questions is "Yes," see detailed instructions.

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

3

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

a 2003

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

b Month 4 Day 15 Year 2003
USA

4

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.

APPLICATION RECEIVED

SEP 11 2003
ONE DEPOSIT RECEIVED
SEP 11 2003
TWO DEPOSITS RECEIVED

FUNDS RECEIVED

EXAMINED BY DBW FORM TX
 CHECKED BY _____
 CORRESPONDENCE
 Yes

FOR COPYRIGHT OFFICE USE ONLY

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

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?
 Yes No If your answer is "Yes," why is another registration being sought? (Check appropriate box.)
 a. This is the first published edition of a work previously registered in unpublished form.
 b. This is the first application submitted by this author as copyright claimant.
 c. This is a changed version of the work, as shown by space 6 on this application.
 If your answer is "Yes," give: Previous Registration Number TX-4-959-303 Year of Registration 12/29/98

5

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

8

CERTIFICATION I, the undersigned, hereby certify that I am the
 Check only one author
 other copyright claimant
 owner of exclusive right(s)
 authorized agent of _____
 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.
 Name of author or other copyright claimant, or owner of exclusive right(s) _____

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

9

• Complete all necessary spaces
 • Sign your application in space 8

1. Application form
 2. Nonrefundable filing fee in check or money order payable to Register of Copyrights
 3. Declassified material

For an urgent change, for correct fees, about the Copyright Office website at www.copyright.gov write the Copyright Office, or call (202) 707-3000.

Library of Congress Copyright Office
 101 Independence Avenue, S.E.
 Washington, D.C. 20540-8000