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**Date sent to Peer Reviewer:** \_\_\_\_\_\_\_\_\_\_\_ **Review Due Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Focus Area of Manuscript:** Clinical: \_\_\_\_ Policy: \_\_\_\_ Professional Role: \_\_\_\_

**Manuscript Title/Topic:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manuscript Title/Topic:**

Please answer each question.
For any answer of **No** provide rationale and suggestions in the Comments area below.

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| --- | --- | --- | --- |
| **Questions**  | **Yes** | **No** | **Not applicable** |
| 1. Is the purpose of the manuscript clearly stated?
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| 1. Is the information provided in the manuscript accurate?
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| 1. Is all crucial information related to the stated purpose of the manuscript presented?
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| 1. Does the information flow in a logical fashion?
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| 1. Are references cited up to date for topic?
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| 1. Are references adequate to support the purpose of the manuscript?
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| 1. Are practice guidelines cited up to date and appropriate?
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| 1. Do images (e.g., tables, figures) enhance content?
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| 1. Does the author clearly explain the relevance of the information provided for APRNs providing women’s healthcare?
 |  |  |  |
| 1. Does the manuscript add to current knowledge?
 |  |  |  |

**Overall Assessment**Please place an X after that statement that best sums up your impression of this manuscript.

* Acceptable in its current format: \_\_\_
* Acceptable with minor revision (include details on needed revisions in Comments area): \_\_\_\_
* Needs major revision and another review to determine suitability for publication (include details on needed revisions in Comments area): \_\_
* Not suitable for publication in *Women’s Healthcare*: \_\_\_\_

**Comments**If recommending minor or major revisions please provide *constructive* feedback on what is needed.

Return your completed peer review form to Gretchen Schwenker, Managing Editor, gschewnker@healthcommedia.com. Thank you!