Title (14pt, Bold)

First Author[1], Second Author[2], Third Author[3] (10pt)
[1]Author Affiliation (9pt)
[2,3]Author Affiliation
[1,2,3]Author Email

ABSTRACT (10 PT)

A well-written abstract can make it easier for reviewers to quickly and accurately identify the underlying content of the article, determine the relevance of the article to their interests, and decide whether or not to read the full article. The abstract should be informative and absolutely clear, clearly stating the problem, approach or proposed solution, and indicating the main findings and conclusions. Abstracts should be between 100 and 200 words. Abstracts should be written in the past tense. Standard nomenclature should be used and abbreviations should be avoided. References should not be cited. The keyword list provides an opportunity to add keywords to the indexing and abstracting service in addition to those already in the title. The judicious use of keywords can increase the ease with which interested parties can find our articles.

Keywords: First keyword, Secon keyword, Third keyword (9 pt, Bold)

Penulis Korespondensi:
Name of Corresponding Author,
Author Affiliation,
Author Affiliation Address
Email

1. INTRODUCTION

The main text format consists of a flat left-right columns on A4 paper. The margin text from the left and top are 2.5cm, right and bottom are 2 cm. The manuscript is written in Microsoft Word, single space, Times New Roman 10pt and maximum 12 pages, which can be downloaded at the website.

A title of article should be the fewest possible words that accurately describe the content of the paper. Indexing and abstracting services depend on the accuracy of the title, extracting from it keywords useful in cross-referencing and computer searching. An improperly titled paper may never reach the audience for which it was intended, so be specific.

In the first paragraph of the chapter do not use “tabs”. The Introduction should provide a clear background, a clear statement of the problem, the relevant literature on the subject, the proposed approach or solution, and the new value of research which is innovation. It should be understandable to colleagues from a broad range of scientific disciplines. Organization and citation of the bibliography are made in APA style in sign [1], [2] and so on. The terms in foreign languages are written italic (italic). The text should be divided into sections, each with a separate heading and numbered consecutively. The section/subsection headings should be typed on a separate line, e.g., 1. Introduction [3]. Authors are suggested to present their articles in the section structure: Introduction - the comprehensive theoretical basis and/or the Proposed Method/Algorithm - Research Method - Results and Discussion – Conclusion.

2. LITERATURE REVIEW

The literature review that the author uses in the literature review chapter is previous research to explain the differences between the manuscript and other papers that are innovative. The discussion section should clearly explain the theories used by the researcher during the research. In addition, the theories used are the most recent theories that are relevant and in line with the research topic. Each theory used should be paraphrased and cited in the bibliography. The use of direct quotations should be avoided. If it is not possible to paraphrase, then the use of direct quotations is allowed on the condition that an article contains a maximum of 3 direct quotations. Articles that do not include a discussion section will be rejected before the author submits a revision.

2.1 Use this style for subheadings

2.1.1. Use this style for other subheadings
2.1.2. Use this style if you have other sub-headings

3. RESEARCH METHODOLOGY

Explaining research chronological, including research design, research procedure, how to test the data and data acquisition [1-3]. The description of the course of research should be supported with references, so the explanation can be accepted scientifically [2, 4]. Tables and Figures are presented center, as shown in Table 1 and Figure 1, and cited in the manuscript and should appeared before it.

Table 1
The Item Difficulty Index Score

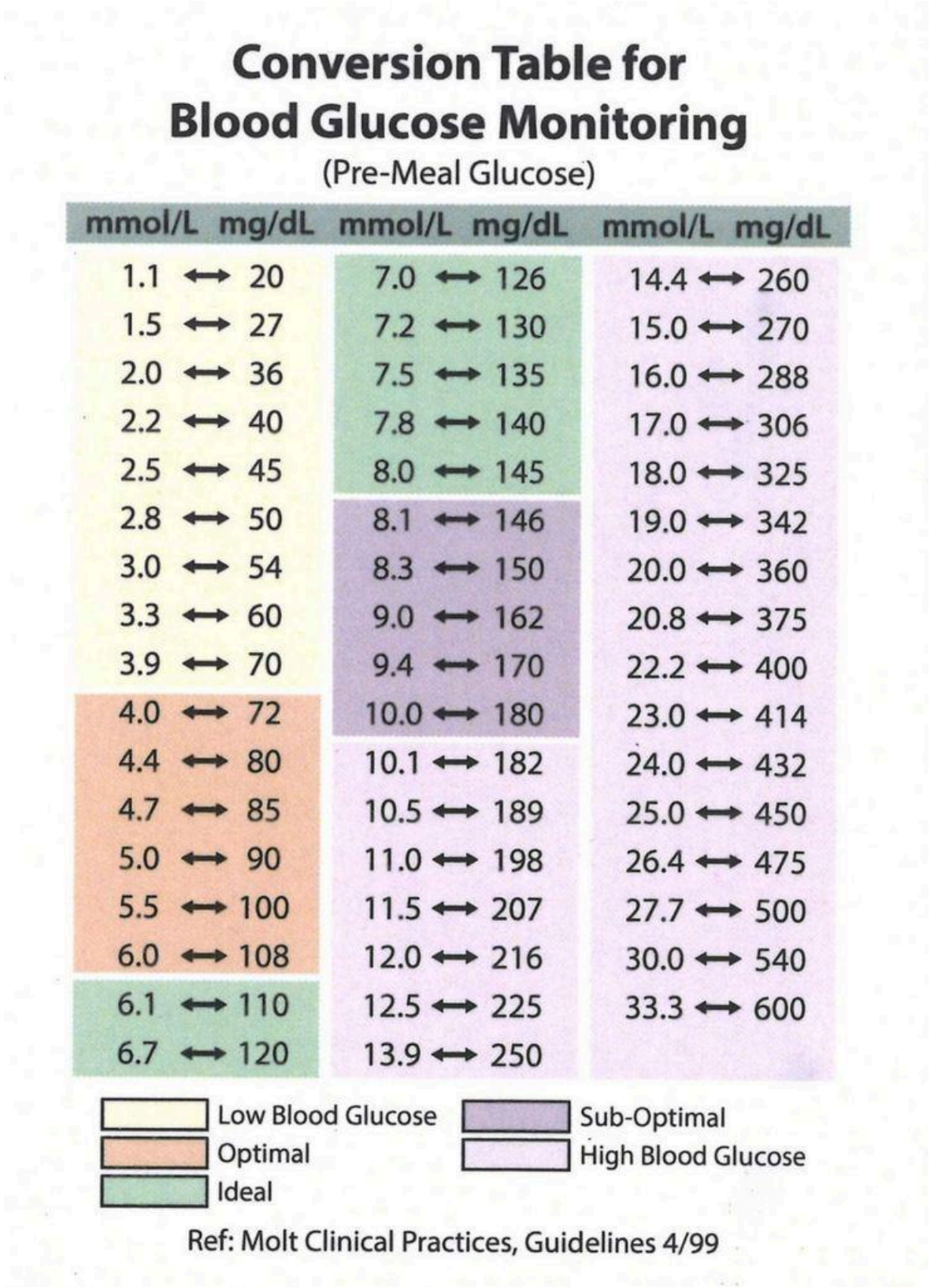
Number of Item	Power Index Differentiator	Description
1	0,31	Enough
2	0,27	Enough
3	0,14	Bad

Figure 1
The BMI Chart

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height	Weight in Pounds																
4′10″	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4′11″	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5′	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5′1″	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5′2″	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5′3″	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5′4″	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5′5″	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5′6″	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5′7″	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5′8″	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5′9″	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5′10″	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5′11″	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6′	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6′1″	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6′2″	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6′3″	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
	Healthy Weight						Overweight					Obese					

Source: US Department of Health and Human Services, National Institutes of Health, National Health, Lung, and Blood Institute. The Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: Evidence Report. September 1998 [NIH pub. No. 98-4083].

Figure 2
Conversion Table of Blood Glucose Monitoring



4. RESULTS AND DISCUSSION

The results section is the section used to report the results of your study based on the methodology you used to obtain significant information about significant information related to your research focus. This section should present the findings of the study in a logical manner without biased interpretations. The discussion will always relate to the introduction through the research questions you have asked and the theories or literature you have reviewed, but will not simply repeat the explanations in the introduction;

The discussion section should always explain how your research findings provide the reader with an understanding of your research. This section should also include the theory that supports the research findings.

4.1. Use this style for subheadings

4.1.1 Use this style for other subheadings

4.1.2. Use this style if you have other subheadings

5. CONCLUSION

Include a statement that what is expected, as stated in the Introduction chapter, may eventually lead to the Results and Discussion chapter, so that there is congruence. In addition, prospects for the development of the research results and prospects for the application of further research can also be added to the next chapter (based on the results and discussion).

ACKNOWLEDGEMENT (OPTIONAL)

This is an optional section where the author can include the names of those who contributed to or participated in the research as an acknowledgement. Optional means that this section can be omitted if you do not intend to include it in the article.

REFERENCES

The main references are reputable international journals, national journals, proceedings and books. All references must be the most relevant and recent sources and the minimum number of references is 15. The policy is that self-citations are limited to a maximum of 20%. References should be written in APA style. Please use a consistent format for references - see example below (9 pt):

Noor N, Ebekozien O, Levin L, Stone S, Sparling DP, Rapaport R, et al. Diabetes technology used for the management of type 1 diabetes is associated with fewer adverse COVID-19 outcomes: findings from the t1d exchange COVID-19 surveillance registry. Diabetes Care. 2021;44(8):e160–2.

Nguyen NH, Subhan FB, Williams K, Chan CB. Barriers and mitigating strategies to healthcare access in indigenous communities of Canada: A narrative review. Healthc. 2020;8(2):1–16.

Aberer F, Hochfellner DA, Mader JK. Application of telemedicine in diabetes care: the time is now. diabetes the [Internet]. 2021;12(3):629–39. Available from: https://doi.org/10.1007/s13300-020-00996-7

Scalzo P. From the association of diabetes care & education specialists: the role of the diabetes care and education specialist as a Champion of technology integration. Sci Diabetes Self-Management Care. 2021;47(2):120–3.