

## **Student Acknowledgement of Authorship**

Please print names below.

Title of Case Report:

Student Author Name:

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Case Report Supervisor Name:

Case Supervisor Email:

Clinical Supervisor Name (if other than Case Report Supervisor):

School name and address:

**Authors must sign their name below in order for their names to appear in the byline; all faculty and clinical supervisors must sign this form in order for their names to be listed in the credits. Return the original with the submitted manuscript.**

### **Authorship**

The undersigned author certifies that they are responsible for the conception and design, interpretation of the data, and drafting of the manuscript submitted. And that this manuscript or any of its likeness has not been published elsewhere.

The undersigned Case Report Supervisor certifies that the Case Report is the work of the student and, while acting as a guide and a resource for the student, did not unduly influence the work.

The undersigned Clinical Supervisor certifies that the Case Report accurately reflects the student's clinical experience with the client; and verifies that they have co-signed all treatment records.

**Author Signature:**

date:

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**Clinical Supervisor:**

date: