

## **Case Report Contest Acknowledgement of Authorship**

Please print names below.

Title of Case Report:

Author Name:

Author Email:

Clinical Supervisor Name (if applicable):

Clinical Supervisor Email (if applicable):

**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 of drafting the manuscript submitted.

The undersigned author (and Clinical Supervisor, if applicable) certifies that the Case Report is the work of the practitioner; and, while acting as a guide and a resource for the student, did not unduly influence the work.

If applicable, the undersigned Clinical Supervisor certifies that the Case Report is an accurate reflection of the student's clinical experience with the client; and verifies that they have co-signed all treatment records.

**Author Signature:**

date:

**Clinical Supervisor:**

date: