

Practitioner Acknowledgement of Authorship

Please print names below.

Title of Case Report:

Author Name:

Author Email:

Clinical or Case Report Supervisor Name (if any):

Email:

Organization Name and address:

Authors must sign their name below for their names to appear in the byline; all faculty or clinical supervisors must sign this form 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 practitioner's work; and, while acting as a guide and a resource, did not unduly influence the work. The Case Report accurately reflects the practitioner's clinical experience with the client and verifies that they have co-signed all treatment records.

Author Signature:

date:

Clinical/Case Report Supervisor:

date: