



Certification of Status

1. Applicant Name: _____

2. Please select the category that best describes your student status:

- | | |
|---|--|
| <input type="checkbox"/> Undergraduate student | <input type="checkbox"/> Hospital Intern |
| <input type="checkbox"/> Masters or Health Science degree | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Ph.D. degree candidate or equivalent | <input type="checkbox"/> Clinical Fellow |

3. Certification

Current Student:

I certify that _____ is enrolled in a(n) _____ training or degree program at this institute and that the accompanying paper is a result of research conducted while working toward completion of this program.

Supervisor/Program Director Signature

Date

Former Student

I certify that _____ was enrolled at this institution in a(n) _____ training or degree program until _____ (date) and that the accompanying paper is a result of research conducted while working toward completion of this program prior to that date.

Supervisor/Program Director Signature

Date

Email address: _____

4. Manuscript Submission:

Title of Paper

I certify that the accompanying paper, the title of which appears above, is my original work and that the research therein was conducted primarily by me.

Applicant Signature

Date

Applicant Name (Printed)