Title of Manuscript:

Author Name(s), Degree(s):

Corresponding Author:
   Name:
   Organization:
   Street:
   City, State, Zip Code:
   Phone:
   Fax:
   E-mail:

The signature(s) below certify agreement that each author is in full compliance with statements below. Original signatures are required. The original signed form must accompany the manuscript submission to the Editor.

**Transfer of Copyright.** I agree and understand that all rights to the manuscript, including any and all revisions are assigned and transferred to the Section on Health Policy and Administration of the American Physical Therapy Association.

In consideration of the publication of the manuscript, I grant and assign to the Section on Health Policy and Administration of the American Physical Therapy Association and their successors all rights in the manuscript, including those now or hereafter protected by the Copyright Laws of the United States.

I warrant that the manuscript, including tables, graphs, figures, and photographs are original, and that any part of the manuscript, tables, graphs, figures, and photographs has not been previously published, with the exception of a published abstract. If any portion of the manuscript has been previously published, written permission to publish this material has been granted by the appropriate party, and the original of this permission has been submitted with the manuscript.

**Exclusivity of Submission.** I affirm that the submitted manuscript is original work by the author(s) and is not published or under consideration for publication (in whole or in part) elsewhere.

**Human Subjects.** I affirm that if this manuscript utilizes human subjects, written informed consent has been obtained and an appropriate institutional board has approved the project.

**Authorship Certification.** I hereby certify that each author has participated in this study and that the work represents valid work such that I will take public responsibility for the manuscript.
Financial Disclosure and Conflict of Interest. I affirm that I have no financial affiliation of involvement with any organization that has a direct financial interest in any matter discussed in the manuscript, except as disclosed in a statement and cited in the manuscript.

Original signature of each author:

______________________________________ (Name, Date)  
______________________________________ (Name, Date)  
______________________________________ (Name, Date)  
______________________________________ (Name, Date)  
______________________________________ (Name, Date)  
______________________________________ (Name, Date)  

Please send the signed form with "PTJ-PAL" in the subject line to office@aptahpa.org