Certification of Status

1. Applicant Name: ______________________________________________________

2. Please select the category that best describes your student status:
   □ Undergraduate student  □ Hospital Intern
   □ Masters or Health Science degree  □ Resident
   □ Ph.D. degree candidate or equivalent  □ 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)