

# AUTHOR FORM



## THE PRIMARY CARE COMPANION FOR CNS DISORDERS

### Publishing Agreement pertaining to Authorship, Copyright Transfer, Financial Disclosure, and Acknowledgment

Type the following information.

Author's Name: \_\_\_\_\_ Manuscript Number: \_\_\_\_\_

Manuscript Title: \_\_\_\_\_

#### AUTHOR

Each individual **Author** must sign this section on his or her own form.

**Fulfillment of Authorship Criteria:** I certify that I fulfill the authorship criteria outlined in "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" published by the International Committee of Medical Journal Editors (ICMJE; <http://www.icmje.org/>).

**Open Access:** If any of the institutions with which I am affiliated have an open-access policy, I will upload to the journal submission system an opt-out, waiver, or official document that both (1) expressly relinquishes the rights of the institution to publish or house this manuscript in any form other than metadata from the published manuscript and (2) is signed by myself and the authorized designate from the institution(s). I also guarantee I will place no more than metadata of the published manuscript into my institution's open access repository.

**Copyright Transfer:** I hereby transfer, assign, or otherwise convey all copyright ownership, in all languages and in all forms of media now or hereafter known, including but not limited to print and electronic media such as the Internet, to Physicians Postgraduate Press, Inc., in the event that such work is published by Physicians Postgraduate Press, Inc. (This statement does not apply to works created by federal employees in the course of their employment, as they cannot transfer copyright for content. See the Copyright Policy in the journal's Information for Authors).

**Original Work:** I affirm that this work represents original material, has not been previously published, and is not under consideration for publication elsewhere.

**Potential Conflicts of Interest:** I certify that in the past 12 months, either I have no potential conflicts of interest or all of my and my spouse/partner's personal financial relationships with relevant commercial interests (ie, any entity producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients) and noncommercial interests, activities, and affiliations (eg, employment, consultancies, grants or funding, honoraria, speakers bureaus, stock ownership and options, expert testimony, royalties, patents) are disclosed in the manuscript after the heading "Potential conflicts of interest" under my surname.

By signing below, I certify that I have read and fulfilled the terms in this section.

\_\_\_\_\_  
Author Signature

Date: \_\_\_\_\_

#### CORRESPONDING AUTHOR

Type the Corresponding Author's Name:

\_\_\_\_\_  
Type

If you are the Corresponding Author, you must **also** sign this section on your own form.

**Author Forms:** I have ensured that each author has access to this form and has subsequently signed his or her own form and supplied it to the publisher.

**Sources of Direct Funding, Support, or Sponsorship:** I certify that all sources of funding, other financial support, and material support for this work—or the lack thereof—are clearly identified in the manuscript under the heading "Funding/support" in compliance with the requirements of the "ICMJE Form for Disclosure of Potential Conflicts of Interest" (<http://www.icmje.org/>).

**Role of the Sponsor:** If this work had funding, support, or sponsorship, I certify that the role of the sponsor—or lack thereof—in the conduct and publication of this study is clearly identified in the manuscript under the heading "Role of the sponsor."

**Acknowledgment:** I certify that (1) all persons who have made substantial contributions to the work reported in this manuscript but who do not fulfill authorship criteria are named in the manuscript under the heading "Acknowledgment"; (2) for each acknowledged individual, the highest academic degree, affiliation, type of assistance, and a conflict of interest statement have been provided; and (3) these persons have provided me with written permission to be acknowledged.

By signing below, I certify that I am the Corresponding Author and have read and fulfilled the terms in this section.

\_\_\_\_\_  
Corresponding Author Signature Only

Date: \_\_\_\_\_

Once signed, you may upload this form into your manuscript's electronic submission record.  
You may also fax it to the editorial office at 901-273-2752 or email it to [PrimaryCare@Psychiatrist.com](mailto:PrimaryCare@Psychiatrist.com).