



FEE WAIVER APPLICATION FORM

Applicant Name: _____

The above named individual is applying for a waiver of fees associated with a manuscript submission to the Journal of Clinical Education in Physical Therapy (JCEPT). In order to complete this application, the individuals role must be verified by their direct supervisor or program director.

I verify that the applicant named above is currently a (CHECK ONE BOX BELOW):

- Clinic or Physical Therapy Director/Site (SCCE) or Center Coordinator of Clinical Education (CCCE)
- Clinician/Clinical Instructor (CI)
- Physical Therapy (PT) Resident or Fellow through this date: _____
- Physical Therapy/ Physical Therapist Assistant Student
- Other Practicing Health Care Professional (Please indicate which profession: _____)
- Other Health Care Student (Please indicate which profession: _____)

Print Name: _____

Title / Position: _____

Signature: _____

Program / Clinic Web URL: _____