

# AMERICAN FAMILY PHYSICIAN<sup>®</sup>

AN EDITORIALY INDEPENDENT, PEER-REVIEWED JOURNAL OF THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Author Statements

Each author must read and sign (1) the statement on authorship criteria and responsibility and (2) *either* the copyright transfer statement or the statement of federal employment. In addition, the *corresponding* author must sign (3) the acknowledgment statement. If necessary, photocopy this document to distribute to co-authors for their signatures. Each author must also complete the separate "Full Disclosure for CME Activities" form. Please enclose all copies of both forms with your submitted manuscript.

Manuscript title: \_\_\_\_\_

First author's name: \_\_\_\_\_

**1. Authorship statement (*all authors*).** I have participated sufficiently in the conception and design of this work or the analysis and interpretation of the data, as well as the writing of the manuscript, to take public responsibility for it. I believe the manuscript represents valid work. I have reviewed the final version, and I approve it for publication. Neither this manuscript nor one with substantially similar content under my authorship has been published or is being considered for publication elsewhere, except as may be described in an attachment to this statement.

Author signature(s)	Printed name(s)	Date signed	Attachment appended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. Copyright assignment or statement of federal employment (*all authors*).** Please complete either (A) or (B) below:

**(A) Copyright assignment statement.** In consideration of the action taken by the American Academy of Family Physicians (AAFP) in reviewing and editing this manuscript, I hereby assign, transfer, and convey all rights, title, and interest in the work and its accompanying original tables and figures (with the term "figures" referring to illustrations, photographs, radiographs, scans, sonograms, diagrams, graphs, flow charts, algorithms, etc.), including copyright ownership, to the AAFP in the event that this work is published by the AAFP. In making this assignment of ownership, I understand that all accepted manuscripts become the permanent property of the AAFP and may not be published elsewhere without written permission from the AAFP.

Author signature(s)	Printed name(s)	Date signed
_____	_____	_____
_____	_____	_____
_____	_____	_____

**(B) Statement of federal employment.** I was an employee of the United States federal government when this work was prepared for publication. Therefore it is not protected by the Copyright Act, and there is no copyright of which ownership can be transferred.

Author signature(s)	Printed name(s)	Date signed
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. Acknowledgment (*corresponding/lead author signature required*).** All persons who have made substantial contributions to the work reported in the manuscript, including those who provided editing and writing assistance but who are not authors, are named in the Acknowledgment section of the manuscript and have given me their written permission to be named. If the manuscript does not include an Acknowledgment as submitted, it is because the authors have not received substantial contributions from non-authors.

Corresponding author signature	Printed name	Date signed
_____	_____	_____

Please fax, email, or mail completed form(s) to Photo Quiz Coordinator,  
American Family Physician, 11400 Tomahawk Creek Parkway, Leawood, KS, 66211.  
Fax: 913-906-6086 Email: [afpphoto@aafp.org](mailto:afpphoto@aafp.org)