

Reviewer Application Form

Part I: Basic Information	
Journal Title	
Beginning date of review work	
How many reviews would you be able to do per month?	
How much time do you need in order to schedule and complete a review?	<i>ijphy</i>
Subject areas you are interested in	

Part II: Information about Applicant			
Name		Surname	
Gender		Country	
Position or Title			
Organizational Affiliation			
1st E-mail			
2nd E-mail			
Phone		Cell phone (optional)	

International Journal of Physiotherapy

www.ijphy.org

Fax (optional)	
Postal Address	
Working Experience	
Qualification Additional Qualification(If Any)	
Membership of Institutions, Associations and Editorial Board	
Publications	
Additional Information	

Privacy Policy

All information you have given in this form will only be used to maintain a reviewers information sheet for the journal. We guarantee this information will be not used for any other purpose.

Declaration

Submitting this form means that you guarantee the information you have given is truthful, complete and correct. Furnishing of false or misleading information on this form is not permitted.

Signature of the Reviewer

Date