



THE THERAPIST

(Journal of Therapies & Rehabilitation Sciences)

Reviewer Consent Form

Contact details:

First Name: _____ Last Name: _____

University/Organization: _____ Job Title: _____

Address: _____

_____ CNIC: _____

Zip Code: _____ Telephone (Official): _____

Personal Contact: _____ Email: _____

Qualification: _____

Years of Experience: _____

Areas of Expertise: _____

I consent to be the member of THE THERAPIST as a Reviewer.

Signature and Stamp

Please return this form (scanned by email) to:
- The Editor: editor@thetherapist.com.pk

Please Attach:

- Curriculum Vitae (Please ignore if already sent)
- Professional Membership (if any)
- Relevant publications in the last two years