



Manuscript Submission Cover Form

(To be submitted via email only)

All manuscripts must be accompanied by this Cover Form. All fields must be completed.

Manuscript Title: _____

Name of Contact Author: _____

Affiliation: _____

Professional Credentials: _____

Address: _____

E-mail: _____

Phone Office: _____

Mobile: _____

Place of Employment: _____

Position: _____

Additional Authors, Affiliation and Credentials:

Manuscript topic – check *all* broad categories that apply

Research Design (if applicable):

quantitative	qualitative	mixed
program evaluation		

Counseling specialty/practice:

mental health	school	career
student affairs	addictions	supervision
professional ethics	international	innovation
helping as a facilitation process	couple/marriage/family	certification/licensure

Six (6) key words:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please read and check this box indicating your acceptance of the following statement:

The Author(s) agrees that his/her research activities are consistent with, and satisfy, the applicable NBCC *Code of Ethics* relating to research, including the treatment of human and animal subjects.