



The Professional Counselor®

The Professional Counselor

Promoting scholarship and academic inquiry within the profession of counseling

Author Revisions Form

Please complete this form and include it with the resubmission of your manuscript. To ensure that all of the fields work correctly, download the form to your computer and open it with the latest edition of Adobe Reader. Other methods may disable some portions of the form.

Manuscript Number:

Date

Contact Author's Name:

Manuscript Title:

You have been asked to complete revisions to your manuscript before further consideration. In the space below, please indicate in detail the specific revisions that you or your co-authors have made to your manuscript. You must specifically explain any justification for not making suggested revisions. Once complete, submit the revised copy of your manuscript and this form to tpcjournal@nbcc.org.