

ECR Reviewer Application Form

Name:

Affiliation:

Email:

Area(s) of Interest/Expertise:

Are you a member of IPOS?

Yes

Have you completed the Wolters Kluwer [Basic Reviewer Training Course](#)?

Yes

Have you completed a review for this, or any other journal in the past?

Yes

No

Please return this form to tarryn.greenberg@wolterskluwer.com