

Thank you for your interest in becoming a reviewer for JWHPT. Please complete the questions below. To submit your applications, email the editor-in-chief at [editorjwhpt@aptapelvichealth.org](mailto:editorjwhpt@aptapelvichealth.org). The editor-in-chief will review your application and contact you by e-mail.

Prefix (Dr., Mr., Ms., etc):

First Name:

Last Name:

Degree/Credentials:

Title:

Primary Employer:

Professional Affiliations:

Specialty Certifications:

---

Street Address:

Address Line 2:

State / Province / Region:

City:

Postal / Zip Code:

Phone Number:

Fax Number:

Email:

---

Years of Clinical Experience:

Have you reviewed for a  
publication before?

No

Yes

If yes,  
please list

Areas of Expertise  
(check all that apply):

Cancer Rehab  
Gender & Adolescence  
Gender & Aging  
Gender & Musculoskeletal  
Gender & Sports  
Incontinence  
Lymphedema  
Menopause  
Osteoporosis  
Pelvic Pain  
Pre/Post Partum  
Professional/Social Gender Issues  
Other

List Your Major Publications: