

Journal of Medical Education Development

Author Agreement Statement

	the Manuscript:		п
Corresp	onding author: ".		
_		rresponding author:	"
Phone:	N	Mobile phone:	Fax: E-mail address:
Order	Name	Email	Afflation (Academic Degree, Department, University, City, country)
1. 2. 3. 4. 5. 6.			
			on behalf of all authors:
manusc the crite of author been puthat the commu proofs.	ript has been rea eria for authorshi ors listed in the r ublished before, e corresponding nicating with the	d and approved by all np but are not listed. If the nanuscript. I, the under and is not currently be author is the sole conther authors about p	ipt with the above specifications, I confirm that the amed authors. There are no other persons who satisfied urther confirm that all authors have approved the order signed, declare that this manuscript is original, has not ing considered for publication elsewhere. I understand entact for the Editorial process. I am responsible for rogress, submissions of revisions, and final approval of enal has no obligation to modify the authors' profile and
			of this manuscript, on behalf of all the authors, confirm take responsibility for it.
Signatu	re	Date:	