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Clinical Practice Guideline Translation Record

Name of Translating Organization or Individual: _____

Contact Person: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Website: _____

Language (and Dialect, if appropriate) of Translation: _____

Guideline Title and Version to be Translated: _____

- I have read and agree to adhere to the policy, *Translation of NASS Clinical Practice Guidelines Into Other Languages*.
- I agree to re-submit this record of notification with each translation of NASS guidelines conducted, including updates.

Name: _____

Signature: _____

Please complete and return to Belinda Duszynski at Fax 630.230.3792 or E-mail bduszynski@spine.org. Telephone: 815.444.8611.