

Journal

of healthcare risk management

Author Submission Checklist

The following checklist is to assist in verifying all the suggested steps have been completed prior to submission. There is no need to add this form to the submission.

Submission Date: _____

- Author name(s)
- Author(s) Full contact info
- Author(s) short bio:
- Main contact email:
- Main contact telephone:

The following are included:

- Cover letter (including a brief biographical sketch of the author(s) including names, titles, affiliations and locations)

AND

- Abstract

OR

- Draft manuscript
- This work not previously published, or under consideration for publication elsewhere
- Manuscript is double-spaced, excluding references charts and figures
- All references adhere to American Medical Association (AMA) style
- All authors are aware they will be required to sign a Copyright Transfer Agreement
- Abstract and author bios are included
- Main topic area for abstract or manuscript topic [from list* below]:

- | | |
|--|--|
| <input type="checkbox"/> Patient safety | <input type="checkbox"/> Organizational staffing |
| <input type="checkbox"/> Risk financing/insurance | <input type="checkbox"/> Emergency management |
| <input type="checkbox"/> Enterprise risk management | <input type="checkbox"/> Occupational and environmental health |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Performance improvement |
| <input type="checkbox"/> Health care risk management | <input type="checkbox"/> Crisis management |
| <input type="checkbox"/> Ethics in patient care | <input type="checkbox"/> Medication safety |
| <input type="checkbox"/> Health information management | <input type="checkbox"/> Risk management information system |