



Instructions for Submission to JOCEPS

The main mission of the *Journal of Chi Eta Phi Sorority, Inc.* (JOCEPS) is to communicate nurses' contributions, commitments, and relevance to the health and health care of minority and disadvantaged populations across the globe. The Journal aims to embrace all minority health care issues from the global to the local perspective and to publish articles related to minority health research, policy, practice, and education. The journal also focuses on key issues related to nursing, health education, ethics, and the influence of the built environment on health. Contributions of original unpublished research, social science analyses, scholarly essays, critical commentaries, and letters to the editor are welcome. JOCEPS follows the guidelines of the International Committee and the Publication Manual of the *American Psychological Association* (7th ed.).

A variety of Journal formats are accepted in order to reach diverse audiences and fill varied needs within the health care community. Scholarly essays, critical analyses, and policy papers may be submitted following the guidelines outlined below:

1. Submit full manuscript including a title page
2. Manuscript should be submitted as a Word document utilizing the (APA) guidelines
2. Manuscript will be blinded and submitted to one of the peer reviewers
3. Reviewer comments will be submitted back to me and I will forward to you
4. If revisions are needed, you have one month to make those revisions and return the revised manuscript to me
5. The revised manuscript will be returned to the original reviewer for a determination
6. If manuscript is accepted or if additional revisions are needed, I will notify you
7. This process will continue until the manuscript is accepted or rejected.
8. In some instances, the manuscript may be rejected after the first review if, in the opinion of the reviewer, the manuscript does not satisfy the objectives of JOCEPS
9. Following publication, manuscripts will be registered in EBSCOHOST

Manuscripts are accepted year-round. Remember, JOCEPS is your journal and affords an opportunity to showcase your work.

Frances C. Gray, Editor

CHI ETA PHI SORORITY, INCORPORATED®
OPERATIONS MANUAL

Request this form from the
Associate Editor.

PUBLICATIONS

SECTION VI

SAMPLE OF FORMS REQUIRED THE GLOWING LAMP/JOCEPS & CHI LINE

CHI ETA PHI SORORITY, INCORPORATED®

"Professional Nursing Organization"

3029 13th St., NW ♦ Washington, D.C. 20009 ♦ (202) 232-3858 ♦ FAX (202) 232-3460
chietaphi@verizon.net ♦ www.chietaphi.com

PERMISSION TO PUBLISH

(Sample forms required for Glowing Lamp, JOCEPS & Chi Line)

Check applicable Publication:

- ☐ **The Glowing Lamp**
- ☐ **JOCEPS**
- ☐ **Chi Line Newsletter**

I, _____ hereby give permission to Chi Eta Phi Sorority, Incorporated, to publish the article entitled:

in _____. Permission is granted with the understanding that manuscripts (excluding the Chi Line) accepted for publishing become the property of Chi Eta Phi Sorority, Incorporated, which reserves the right to edit the content for accuracy, style, length and clarity. In submitting this article, I certify that:

1. I am authorized by my co-authors to enter into these arrangements.
2. I warrant, on behalf of myself and my co-authors, that:
 - a) The article is original, has not previously been published and does not infringe on any existing copyright or any other third party rights;
 - b) I am/we are the sole author(s) of the article and have full authority to enter into this agreement and are not in breach of any other obligations;
 - c) The article contains nothing that is unlawful, libelous or which would, if published, constitute breach of contract or of confidence or of commitment given to secrecy;
 - d) I/we have taken due care to ensure the integrity of the article. To my/our scientific knowledge, all statements contained in it purporting to be facts are true and any formula or instrument contained in the article will not, if followed accurately, cause any injury, illness or damage to the user.

Signature: _____ Date: _____

Mailing address: _____ City/State: _____ Zip: _____

Phone #: _____ Email address: _____

Fax #: _____

Distribution: Original to Associate Editor
Copy to Editor-in-Chief
Maintain a copy in file

Effective: 2019