



The Journal of
COLLEGIATE EMERGENCY MEDICAL SERVICES
Editorial Policies & Practices

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About *The Journal of Collegiate Emergency Medical Services*

Aims and Scope

The Journal of Collegiate Emergency Medical Services (JCEMS) addresses the distinct needs of clinicians in collegiate-based emergency medical services (CBEMS), medical directors, and their university partners. The field of campus-based prehospital emergency care is concerningly underrepresented in the scholarly literature and in popular sources. We strive to provide a voice to the collegiate EMS community and to spur a revolution in collegiate EMS research. Established in 2017 and published by the National Collegiate Emergency Medical Services Foundation (NCEMSF, NCEMSF.org), the journal is oriented for clinicians and researchers alike. *JCEMS* publishes the only scholarly journal and news source dedicated exclusively to the collegiate EMS community.

This peer-reviewed, open-access journal provides readers with critical Case Reports, Clinical Reviews, and Original Research. We also consider timely Advice and Practices, Editorials, Letters to the Editor, News and Commentaries, Perspectives and Opinions, and Training Materials. *JCEMS* prioritizes manuscripts that present original research findings and/or offer a novel approach or perspective on underexplored issues in collegiate EMS.

All topics of relevance to the collegiate EMS community are welcome, including, but not limited to:

- administration, leadership, and management
- agency development
- campus public health and safety
- career and alumni resources
- clinical medicine and patient care
- dispatch and communications
- equipment and vehicles
- fundraising
- networking and collaboration
- operations
- training and education

JCEMS publishes editions twice a year in print and electronic formats. *JCEMS* publishes individual articles in electronic format on a rolling basis. *JCEMS* promotes unrestricted, universal access to all the journal's published content. *JCEMS* publishes all published content in electronic form via its open-access website, CollegeEMS.com. Open-access publication of our content ensures it reaches the widest audience and has the greatest impact. Authors and readers can access, share, print, and distribute *JCEMS* content for free, provided the authors and *JCEMS* are appropriately cited.

To remove barriers to publication for *JCEMS* authors, we have waived our article processing charge (APC). *JCEMS* does not charge authors to submit or publish articles. Individuals can request a print subscription quote for the hard-copy edition from the editors (email JCEMS@JCEMS.org).

For more information on submission guidelines, open-access, and *JCEMS* business practices, please refer to the corresponding section.

Advantages of Publishing in JCEMS

Publishing in *JCEMS* offers outstanding value to researchers and authors in the field of prehospital emergency care.

- *JCEMS* publishes the only scholarly, peer-reviewed journal and news source dedicated exclusively to collegiate EMS.
- *JCEMS* publishes a seasonal print journal and provides all content open access at CollegeEMS.com.
- Our Editorial Board comprises distinguished clinicians, researchers, educators, and leaders with extensive records of service in collegiate EMS and emergency medicine.
- All manuscripts classified as *Original Research*, *Case Reports*, or *Reviews* undergo a double-blind peer review process. Double-blind peer review enhances article quality and reduces selection bias.
- Our open access policy ensures that articles are freely available to the public immediately after online publication. Authors and readers can access, share, print, and distribute *JCEMS* content for free. Unlike most open-access journals, *JCEMS* does not charge authors to submit or publish articles.
- We maintain a robust social media platform and outreach program to ensure that your article receives widespread recognition.

Copyright

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Open-Access

JCEMS is committed to freely disseminating research and scholarly work to the collegiate EMS community and the public. All *JCEMS* articles and other content are therefore published open access at CollegeEMS.com. Open access ensures that all content is freely available to the public, with no subscription fee required to view it electronically. This allows content to reach the widest audience and has the greatest impact. Authors and readers can access, share, print, and distribute *JCEMS* content for free, provided the authors and *JCEMS* are appropriately cited, as per *JCEMS* Copyright Policy.

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Editorial Freedom

To ensure rigor and independence in the editorial process, the *JCEMS* Editorial Board maintains editorial autonomy as defined by the World Association of Medical Editors (<https://wame.org/editorial-independence>). The National Collegiate Emergency Medical Services Foundation Board of Directors has no authority to determine the content to be published in *JCEMS*, nor to evaluate, edit, or schedule the publication of articles. The Editor-in-Chief has ultimate authority over the editorial content of *JCEMS* and its scheduling, the advertisements and sponsorships the journal will present, and the use of the journal brand and content.

Members of the NCEMSF Board of Directors are not eligible to serve on the *JCEMS* Editorial Board. Members of the NCEMSF Board of Directors may be invited to serve as peer reviewers, in accordance with the *JCEMS* standard peer review protocols. Individuals affiliated with NCEMSF, who do not serve on the Board of Directors, may be invited to serve on the *JCEMS* Editorial Board or as reviewers.

National Collegiate Emergency Medical Services Foundation

About NCEMSF

Founded in 1993, the National Collegiate Emergency Medical Services Foundation (NCEMSF) is a 501(c)(3) non-profit organization committed to scholarship, research, and creating a safer, healthier environment on college and university campuses through the support, promotion, and advocacy of campus-based EMS. The National Collegiate Emergency Medical Services Foundation is committed to advancing existing response groups and assisting in developing new response groups. National Collegiate Emergency Medical Services Foundation serves as an umbrella organization supporting its approximately 250 constituent member colleges and universities in providing campus-based EMS. The National Collegiate Emergency Medical Services Foundation provides a robust network of supportive professionals and alumni as well as a forum for education and communication between its constituent members.

Partnership with JCEMS

On its 25th Anniversary, in 2017, National Collegiate Emergency Medical Services Foundation formed a partnership with *JCEMS* to promote collegiate EMS scholarship and to spark immediate and sustainable progress in the young, growing field of campus-based prehospital emergency care. National Collegiate Emergency Medical Services Foundation serves as the official sponsor and parent foundation of *JCEMS* and provides networking, administrative, and financial support. *JCEMS* and National Collegiate Emergency Medical Services Foundation collaborate to guide collegiate EMS providers and organizations in developing research projects and producing publishable work. National Collegiate Emergency Medical Services Foundation serves as the owner and publisher of *JCEMS*. The National Collegiate Emergency Medical Services Foundation Board of Directors should not interfere with the review and processing of individual articles (see *Editorial Freedom*).

Publication Schedule

We publish a seasonal journal available in print and online, and individual articles online throughout the year at CollegeEMS.com. The *JCEMS* print journal is published biannually, with Spring and Winter editions. We publish all content online on a rolling basis, year-round. All content online is available to the public with open access.

Accepted manuscripts classified as *Original Research*, *Case Reports*, or *Reviews* are published in our print journal following double-blind peer review. The articles are also made available online, open access, immediately upon acceptance of the final versions.

Accepted manuscripts, which undergo editorial review (*News and Commentary*, *Perspectives and Opinions*, *Advice and Practices*, *Product Reviews*, *Letters to the Editor*), are published online following editorial review; selected manuscripts in these categories are published in our print journal as well.

Electronic Publishing

The principles listed in the Editorial Policies & Practices apply to both electronic and print publications and content.

Advertisements

JCEMS publishes all content open access, without charging authors submission or article processing fees. To cover the costs of reviewing, publishing, and distributing content, *JCEMS* relies on the support of our partners and supporters. By submitting an article, you agree to have advertisements placed within, or next to, your article or other content, regardless of publication in print or electronic.

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The content published by *JCEMS*, including but not limited to manuscripts, images, videos, and podcasts, is provided for informational and educational purposes only. The content published by *JCEMS* is not intended as medical advice and is not to be used for diagnostic or treatment purposes. The content is not intended to be complete or exhaustive, and it is not a substitute for professional medical advice, diagnosis, or treatment. *JCEMS* does not recommend or endorse specific protocols, practices, procedures, opinions, products, healthcare providers, or other information published.

Always operate within your level of licensure/certification in accordance with your state and region's approved protocols under appropriate offline and online medical direction. Always consult your service's medical director and professional advisors before changing any protocols, treatment guidelines, and standard operating procedures.

Content Disclaimer

In no event shall *The Journal of Collegiate Emergency Medical Services*, the National Collegiate Emergency Medical Services Foundation, and their officers, employees, staff, editors, and reviewers, be liable for any liability, loss, injury, or risk (including incidental or consequential damages, personal injury/wrongful death, lost profits, or other damages) whatsoever suffered as a direct or indirect result of reliance on the content, information, materials, advice, guidance, and services of *JCEMS*.

The Journal of Collegiate Emergency Medical Services, the National Collegiate Emergency Medical Services Foundation, and their officers, employees, staff, editors, and reviewers have no duty to correct or update the website nor to ensure that the content and information presented is accurate, up-to-date, and consistent. *JCEMS* will post the date of the last update to the Masthead, Editorial Board, and Editorial Practices & Policies.

Diversity, Equity, & Inclusion

JCEMS is committed to encouraging diversity, equity, and inclusivity among our Editors, Editorial Board Members, Reviewers, and Authors. Our aim is for our journal to be truly representative of the diverse community of collegiate EMS and the patients that they serve. All editorial decisions are based solely on the manuscript's relevance to the aims and scope of *JCEMS*, its integrity, merit, quality, and ethical compliance. *JCEMS* does not tolerate discrimination and harassment against an individual on the basis of age, gender, sex, gender identity, sexual orientation, race, ethnicity, political affiliation, medical condition, genetic information, physical or mental disability, religion, or other categories protected by law.

Integrity

All manuscripts are reviewed, and editorial decisions are made based on the manuscript's relevance to *JCEMS*'s scope & aims, originality, ethical adherence, quality, and contribution to the existing literature. No editorial decisions should be influenced by commercial interests, personal relationships, advertisements, or personal agendas. *JCEMS* does not exclude articles with findings that are not statistically significant or have inconclusive findings from publication.

Scientific Misconduct

Scientific misconduct in research can include, but is not limited to, data fabrication, data falsification, manipulation of tables, figures, and images, purposeful failure to disclose conflicts of interest, and plagiarism. If any authors are alleged of scientific misconduct, or concerns about the conduct and/or integrity of the content are questioned, the Editors will initiate the appropriate procedures outlined by the Committee on Publication Ethics (COPE), which may include informing the institutions, funders, supporters, and publishing the concern and outcomes of the pending investigation(s).

Corrections

Errors are a part of science. Errors must be edited when identified. Debate and evolving science can be addressed in a Letters to the Editor manuscript. Requests to make corrections in an article should be submitted by the corresponding author in writing (electronic or print) to the Editor-in-Chief. If the article is already published, a correction notice and updated version of the article, noting the change, will be published immediately.

Errors severe enough to invalidate a scientific article's results may be retracted and republished, provided that the errors are judged to be unintentional, the underlying methods remain valid, and the updated manuscript is approved through the review process. If the errors are found to fail to meet the aforementioned criteria, the article will be retracted with no republication.

Appeals

JCEMS welcomes appeals to the Editor's decisions. Any appeals can be submitted via an appeal letter to JCEMS@JCEMS.org. The letter must be written on a Word document, attached to the e-mail, and signed by all Authors involved in the manuscript. The letter must address why the author disagrees with the decision and any evidence to support their claim. Please note that a decision to reject may be due to publication priority, which cannot be changed through an appeal. The Editors may reject, invite a resubmission, or invite a revision of the article because of the appeal. Only one appeal is allowed per article.

Complaints

JCEMS is committed to improving its processes. Complaints may be submitted to the Editor-in-Chief at JCEMS@JCEMS.org, written as a Word document attached to the email. Any complaints or concerns regarding an Editor or Reviewer will be handled through a rigorous review process to investigate the concern. The Editor-in-Chief may oversee the investigation, and any additional party, who is not being investigated, that they deem fit, may conduct the investigation. The conflict-of-interest policies apply to investigations, and parties may be recused from the decision-making process. The Editorial Board and, in some cases, the Publisher may conduct the investigation.

Article Promotion

JCEMS maintains a robust social media platform to promote content. Published content may receive widespread recognition via posts on Instagram, Facebook, X, and LinkedIn. By submitting to *JCEMS*, authors declare that *JCEMS* may post your article or other content on social media platforms including, but not limited to, Instagram, Facebook, X, and LinkedIn. If an author does not wish for their published article or other content to be publicized or posted on any of our social media accounts, the author should contact our Editorial Office at JCEMS@JCEMS.org. We will always respect our authors' wishes to refrain from posting articles on our social media platforms.

We strongly encourage authors to disseminate their work, provided *JCEMS* and the authors are appropriately recognized. We encourage authors to share their articles and publication notices in *JCEMS* on social media platforms, institutional websites, and news outlets. We also encourage authors to share their work with the collegiate EMS community, their professional network, colleagues, and friends. We welcome questions from authors regarding best practices in publicizing their work.

Artificial Intelligence (AI)

JCEMS requires all authors to declare whether they used AI tools in producing their manuscript, including for developing language, content, and images. Authors are required to declare the use of AI on the cover page, in the respective section of the article where AI was used, and in the “Acknowledgments” section. AI may not be listed as an Author, as AI cannot take responsibility and accountability for the manuscript. AI may not be cited as a source. Authors, Reviewers, and Editors are reminded that AI may produce biased, incorrect, and incomplete information, and thus, any information obtained must be reviewed and validated by a human. Reviewers and Editors should not use AI for any assessments of submitted content. Any use of AI must be appropriately disclosed.

Conflicts of Interest for Editors & Editorial Board

JCEMS requests that authors who serve on the Editorial Board or in a staff role for *JCEMS* disclose their position. If an individual in such a position submits an article to *JCEMS*, all listed Editorial Policies & Practices will strictly apply. The author will not be permitted to be involved in the decision to accept or reject the article for publication. As an exception, the Editor-in-Chief may accept an article for publication for which they are an author, provided the article is published explicitly as an “Editorial”.

Editors who make decisions about manuscripts must recuse themselves from editorial decisions if they have relationships, personal agendas, or other activities that could create conflicts of interest related to the article under review. Purposeful failure to report conflicts of interest will be handled as misconduct.

Confidentiality For Editors

Manuscripts and correspondence about manuscripts are confidential. Editors must not disclose information about manuscripts to anyone other than the reviewers, authors, and other Editors involved in the review of the manuscript. Editors cannot appropriate the authors’ ideas. When a manuscript is rejected, *JCEMS* will delete copies of it. When a manuscript is accepted and published, copies of the original submission, revised versions, the final version, and correspondence about the manuscript will be maintained for a minimum of three years. The preservation period may vary depending on regulations. Editors and Reviewers should not use Artificial Intelligence (AI) to assist in their review and/or editing process. AI may not be confidential; therefore, the manuscript’s confidentiality cannot be assured when using these tools.

Timeline & Communication

JCEMS will conduct reviews in a timely manner, to the best of its ability, with the resources and personnel available. All members of the *JCEMS* team are volunteers, including Reviewers; therefore, it may take several weeks for a review to be completed. If a planned delay occurs, the Authors will be notified as soon as it is identified. *JCEMS* will respond promptly to requests about a manuscript’s status, even when there are no new updates. If Authors wish to withdraw a manuscript from review, in good faith, the receipt of the withdrawal indicates the withdrawal of the manuscript, even if no communication is received in return.

Special Editions

The Editor-in-Chief is responsible for all content, including special editions. A Guest Editor may be recruited to oversee a special edition, as advised by the Editor-in-Chief. The Guest Editor must have their credentials reviewed and approved. The Editor-in-Chief or a designated Editorial Board member will oversee the Guest Editor. The same editorial oversight and review processes will be followed for special editions as for regular submitted manuscripts.

For Authors

Mentorship & Assistance for Authors & Researchers

Our Editorial Board and Editors are committed to working with authors at every stage of the research and publication process, all the way from study design to manuscript preparation and review. We understand that the research and publication process can be daunting, particularly for young researchers and clinicians. Our mission is to spur research in the underrepresented field of campus-based prehospital emergency care and to develop budding researchers and clinicians.

We encourage you to contact our Editors at JCEMS@JCEMS.org if you are interested in conducting a study or writing an article relevant to the collegiate EMS community. Our Editors and Editorial Board would be thrilled to provide advice or connect you with a mentor who could answer any questions regarding topic selection, research design, data analysis, manuscript writing, submission guidelines, and the publication process. Our Editors and Editorial Board may also be able to help connect you with partners for collaboration in research and writing.

Please understand that while our Editors and Editorial Board may provide advice and determine whether your article might be of appropriate scope for *JCEMS*, we cannot provide insight into your chances of acceptance prior to submission.

Article Selection Criteria

All submitted content, regardless of the type of review required (peer review or editorial review), must adhere to the general principles below. Any article that violates these criteria may be subject to desk rejection. If no violations are identified at the initial stage, they may still be identified during peer or editorial review.

- Content must fit within the aims and scope of *JCEMS*. The content must be related to collegiate/campus-based EMS, collegiate public health/safety, and collegiate emergency preparedness. *JCEMS* will consider submissions related to EMS and emergency medicine that are not directly connected to collegiate EMS; however, the authors must demonstrate how the content connects to the aims and scope of *JCEMS*.
- Content must be unique, innovative, and provide a novel perspective/methodology/contribution to the field. Authors are encouraged to review the current literature and *JCEMS*-published content to ensure their submission is original and is not redundant.
- Authors should not submit the same manuscript to *JCEMS* and other journals at the same time, regardless of the language of the manuscript. Authors submitting a manuscript, or a portion of a manuscript, that has been published, submitted, or accepted elsewhere, except for an abstract, conference proceeding, presentation, or unpublished academic thesis or paper, preprint, or poster presentation, must disclose this to the Editors on submission of the manuscript, along with a copy of the content. This policy is in accordance with the ICMJE guidelines on overlapping publications. (<https://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html>).
- Submission must follow the appropriate standards of ethical and research integrity (see *Ethics in Research and Publishing*).
- Submissions must follow the required *JCEMS* format for their corresponding manuscript type (see *General Formatting Guidelines* and *Submission Format per Manuscript Type*).
- Appropriate citations, where necessary, must follow the American Medical Association (AMA) citation style.

Authorship & Contributorship

Authorship of a manuscript implies credit, responsibility, and accountability for the work. It is the responsibility of the authors and appropriate research institutions, not *JCEMS*, to appropriately assign authorship and determine authorship versus contributorship. Listing individuals as authors implies that the following four criteria are met, as detailed in the ICMJE Recommendations:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or reviewing it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All individuals who meet the criteria should be listed as authors. Individuals who meet some, but not all, of the criteria should be noted in the “Acknowledgments” section after written consent is obtained from the contributing individual. All authors must be able to detail the specific contributions of the co-authors and the written consent of contributors upon request of an editor or reviewer.

Requests to add, remove, or rearrange the order of one or more authors in the authorship list after manuscript submission or publication must be made in writing with an explanation for the requested change. A written statement detailing the reason for the change must be submitted by the corresponding author to the Editor-in-Chief. All authors, including the author to be added or removed, must submit a statement of agreement with the change with their signature. <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

Communication with JCEMS

JCEMS encourages authors to communicate with the Editorial Office throughout their manuscript submission, review, and publication process. When communicating with *JCEMS* through email, all email subject headings must abide by the following format:

“Last Name of Corresponding Author, First Name – Manuscript Type: Proposed Title”

The corresponding author will be the main point of contact for all administrative tasks of the process. Any of the authors may contact the Editors, and the responsibilities of the corresponding author may be delegated to other authors. The Editors will include all authors in any communication about the manuscript, provided they are given to the Editor upon submission of the manuscript. The corresponding author must be available by email communications at a minimum for 3 years following publication to answer any questions or concerns that may arise following publication. The corresponding author is responsible for maintaining contact with *JCEMS* by providing an active email address that remains available for at least the minimum required period of 3 years.

Submission Deadlines

Manuscripts are accepted on a rolling basis. You may submit content at any time for online publication and/or publication in subsequent issues of the print journal. Deadlines for upcoming issues are released on our website.

Selecting a Manuscript Type

Authors must select a manuscript type, which should be **clearly denoted on the title page**.

Manuscripts of the following types undergo **double-blind peer review**:

Original Research: Manuscripts that report the results of surveys, chart reviews, or data obtained through other quantitative methods. Although quantitative methods are standard in medical and healthcare research, *JCEMS* also welcomes original research that employs qualitative, conceptual, or philosophical methods. **Manuscripts featuring original research are prioritized in our review process.**

Case Reports: Manuscripts reporting a specific real-life clinical situation, operational incident, administrative, or ethical challenge. In addition to describing the steps taken by the provider(s) or agency, a *Case Report* should provide extensive background on the issue and discuss what should be done in similar instances with appropriate reference to available and pertinent guidelines, protocols, and peer-reviewed literature.

Clinical Reviews: Manuscripts that review the available literature, guidelines, or protocols to address a specific question or issue of relevance to the collegiate EMS community. Grounded in research and theory, review articles are expected to have clear implications for clinical, operational, administrative, or educational practice.

Manuscripts of the following types undergo **editorial review**:

News and Commentary: Manuscripts featuring news and updates about collegiate EMS agencies, campus health and safety initiatives, and conferences or events. Commentary and discussions on recent events relevant to the collegiate EMS community are also welcome.

Perspectives and Opinions: Manuscripts featuring individual viewpoints or interpretations of a topic of relevance for the collegiate EMS community. Discussions of emerging or controversial issues are particularly welcome, provided that authors acknowledge and integrate alternative points of view. Authors must be grounded in research and theory to support their claims.

Advice and Practices: Manuscripts featuring advice or “how-to” information regarding clinical, operational, administrative, or educational aspects of collegiate EMS. Concrete examples are expected, and references to research literature, guidelines, and protocols may be included. Manuscripts may feature a specific clinical situation, operational incident, administrative or ethical challenge, organizational model, or novel initiative or project.

Letters to the Editor: Brief letters written in response to an article published in *JCEMS*. Letters may serve to develop, critique, or discuss the implications of published work. Letters should be submitted within 12 weeks of the original article’s publication. The original author will always have the opportunity to respond to the letter. Letters may also be addressed openly to the Editor-in-Chief to provide commentary on a set of pieces published in *JCEMS* or on *JCEMS*’ broader context within the scholarly EMS community.

JCEMS also welcomes submissions of the following content to be published as supplementary material in conjunction with a manuscript:

Images: Images of collegiate EMS providers, equipment, operational activities, and other related events.

Videos: Videos of trainings, presentations, events, and other related events.

Training Materials: PowerPoints, skills sheets, scenarios, and other related materials.

Agency Documents: Standard operating guidelines, patient care reports, and other related materials.

Authors are encouraged to contact our Editors at JCEMS@JCEMS.org if they are interested in submitting content that does not fit any of the listed manuscript types, or if they are unsure which manuscript type describes their work.

General Formatting Guidelines

The following formatting guidelines must be followed, regardless of manuscript type. Any manuscript submission that is found to be non-compliant with the guidelines outlined below may be subject to desk rejection.

About the Author

Manuscripts should include a brief section of no more than 2 sentences per author that will be published along with the article. The section should detail the author(s)' credentials and qualifications for writing on the given topic. The "About the Author" section should be listed following the title page and should be the only information listed on that page.

Title Page

Title page should include the following information:

- (1) List of authors in authorship position, including first and last name (middle name/initial if desired), and credentials (BS, MD, PhD, NRP, etc.)
- (2) Contributions of each author; identified with each author's initials
- (3) Author affiliations, following this format:
"From [Department] – [Institution] – in [Institution City], [Institution State], [Institution Country] (Initials of all authors with this affiliation)"
- (4) Emails of all authors
- (5) Identification and contact information for the corresponding author, including an email address that will **remain active and responsive for a minimum of 3 years** following publication, and phone number
- (6) Proposed title of manuscript, no more than 40 characters (including letters and spaces). The title must be unique and specific (see *Manuscript Type Specific Guidelines*)
- (7) Type of manuscript
- (8) Disclosure of conflicts of interest (see Conflicts of Interest)
- (9) Disclosure of the use of Artificial Intelligence (see Declaring Artificial Intelligence Use)
- (10) Text word count (excluding abstract, about the author, and references)
- (11) Number of figures and tables within the manuscript
- (12) Acknowledgment of grant or other financial support (see Declaring Funding Sources)

De-Identification

Manuscripts submitted for **double-blind peer review** (*Original Research, Case Reports, or Clinical Reviews*) should have **all content** that could be used to identify the authors or their respective institutions removed from the manuscript, figures, and tables (excluding the title page). The content that is removed must be replaced with [BLINDED]. If the manuscript is accepted for publication, the Editors will request the publication-ready version without the de-identification.

Document Settings

Files should be saved as “last name of corresponding author, first name - manuscript type: proposed article title”. Articles should be **submitted as .doc or .docx files**.

Tables and figures should not be included within the .doc or .docx file. Indicate within the manuscript where the tables and figures should be located with “INSERT HERE: Table #/Figure#”. Tables should be numbered by order of appearance within the text using Arabic numerals (Table 1, Table 2, etc.). Figures should be numbered by order of appearance within the text using Arabic numerals (Figure 1, Figure 2, etc.).

Titles and captions of tables and figures must follow the American Medical Association (AMA) style. Table titles and numbers should be above the table, with the caption below the table. Figure titles, numbers, and captions should appear below the figure.

All tables and figures must be attached as a separate Microsoft Excel file. Images should be saved and submitted as .jpeg or .png files. Table and figure files should be saved as “last name of corresponding author, first name – proposed article title – Figure/Table #”. Tables and figures should be provided in black and white; color versions may be provided in Supplementary Material for online publication. The size and location of tables and figures may be altered to meet formatting requirements.

Text should be written in Times New Roman, 12 pt. Font: single-spaced; margins: 1 inch on all sides.

Images

Images may be submitted as an accompaniment to a manuscript. The photo quality must meet the following criteria: 300–600 dpi and a minimum of 2,000 pixels on the shortest side. The authors must have the right to reproduce the image(s) for commercial purposes. Images should be saved as .jpeg or .png files, and attached as separate files in the email submission. A brief caption to be published under the image should be provided within the manuscript text. A note should also be provided within the manuscript text describing the desired placement of the image with respect to the manuscript text. The placement note will be removed prior to publication. We will attempt to place the image as requested, but please note that formatting requirements may require that the image be placed elsewhere relative to the text.

Length

1. *Original Research* and *Reviews* should not exceed 5,000 words (excluding abstract, tables, figures, and references).
2. *Case Reports* should not exceed 3,500 words (excluding abstract, tables, figures, and references).
3. *News and Commentary, Perspectives and Opinions, and Advice and Practices* should not exceed 2,500 words (excluding references)
4. Product Reviews should not exceed 1,500 words.
5. Letters to the Editor should not exceed 1,000 words.

References

References must be formatted in accordance with the [American Medical Association \(AMA\) guidelines](#). All citations must be paired with a superscript that correlates with a citation in the references section. The references must be listed in the order in which they first appear in the manuscript.

Supplementary Materials

Supplementary Materials may include additional information for the invested reader that goes beyond the scope or allowed space of the manuscript. These may include additional tables, figures, images, videos, or details on research methods and statistical analysis. Supplementary Materials will be published online and may include color.

Original Research manuscripts featuring survey data are encouraged to include the full survey in Supplementary Materials. Supplementary Materials should be saved as a .doc or .docx file with the filename “[last name of corresponding author, first name - Supplementary Material: proposed article title]” and submitted as a separate email attachment.

Video

Video(s) may be submitted as an accompaniment to a manuscript for online publication. When included as an accompaniment to a manuscript, videos should be cited in the text. Videos should be numbered in the order they appear in the text, using Arabic numerals (Video 1, Video 2, etc.). Videos should adhere to the following:

1. Preferred format: MP4
2. Recommended resolution: 1080p, 720p minimum
3. Frame rate: 24-30 fps
4. Aspect ratio: 16:9 preferred
5. Length: < 5 minutes per video

Formatting Guidelines for Manuscript Text Sections

Manuscripts should be divided into sections and formatted according to the manuscript type. Sections may be divided into subsections at the discretion of the authors.

The Journal of Collegiate Emergency Medical Services strongly recommends the use of an appropriate reporting guideline when writing any collegiate EMS-related research manuscript, when applicable.

You may submit a completed checklist for the relevant guideline with your manuscript. The checklist must identify the manuscript page on which each item appears. The *JCEMS*-recommended checklist type is identified under the corresponding manuscript type; a link to the editable checklist for the reporting guideline is also provided. If there is no checklist mentioned under a manuscript type, there is no checklist recommended for that manuscript type. Additional information about the reporting guidelines is available on the EQUATOR Network site (<https://www.equator-network.org/>). If you elect to adhere to a reporting guideline, for any portion of the checklist that may not be completed, you must state that clarify why that task was not completed in your manuscript. For example, if no missing data were handled in the statistical analysis, mention this directly in the manuscript and leave that section of the checklist blank.

JCEMS supports ethical, quality, and novel research. Completing the reporting guidelines helps ensure the research is complete and provides readers with an in-depth understanding of the project. Additionally, completing the checklist may make the peer review process smoother and result in a faster turn-around time on an editorial decision.

Original Research

Word Count: Should not exceed 5,000 words (excluding abstract, tables, figures, and references)

Abstract: A structured abstract of no more than 200 words. Includes the following sections: Background, Objective(s), Methods, Results, and Conclusion.

Introduction: Describe the background, context, and relevant literature on the topic. Identify the importance of the issue and how the investigation is novel and relevant to the collegiate EMS community. Explicitly and succinctly state the goal or objective of the research.

Methods: Describe the design of the study and interventions provided in sufficient detail for replication. Detail the criteria and methods used to select, recruit, and enroll participants. Note how informed consent was provided and how participant privacy was protected. For reports of surveys, detail how the survey questions were developed, tested, and validated, and note response rates. Discuss how measurements were made and how data were collected. Discuss how data was analyzed with reference to the specific statistical methods employed and software used. Authors may consult “Reporting Statistical Information in Medical Journal Articles” for more information. Reports of randomized controlled trials are expected to adhere to the guidelines provided in the [CONSORT statement](#).

Note the institutional review board or ethics committee that approved the research or note that review was waived. Provide appropriate references to previously published descriptions of the methods. If non-traditional methodologies are employed, a thorough description of each method and an explanation of the reasons for its selection should be included.

Results: Describe the characteristics of study participants and the main quantitative or qualitative findings. Authors may consult “Reporting Statistical Information in Medical Journal Articles” for information on reporting statistical results. Data may be provided in tables or figures when appropriate.

Discussion: Summarize major findings. Discuss results in terms of relevant previously published literature, guidelines, and protocols. Discuss the importance and implications of the findings for the collegiate EMS community. When warranted by the findings, specific recommendations (clinical, operational, administrative, or educational) may be given. Discuss further research that is necessary, including specific recommendations for future studies when applicable.

Limitations: Discuss limitations which might affect the validity of the results. Discuss limitations in terms of applying the results and conclusions to a wider population than that which was directly under investigation. When applicable, discuss how the effects of the stated limitations were minimized and how they might be avoided in future studies.

Conclusion: Succinctly summarize the major findings, implications, recommendations, and limitations.

Acknowledgments: Acknowledge individuals who assisted with research or writing, but who do not meet the full criteria for authorship (see *Authorship and Contributorship*). Acknowledge the source of funding or financial support or indicate that funding was not obtained. Acknowledge any conflicts of interest.

References: Format references in accordance with the [American Medical Association \(AMA\) guidelines](#).

Reporting Guidelines: Randomized Trials – Follow [CONSORT Reporting Guidelines](#); Observational Studies (Case-Control, Cohort, Cross-sectional, etc.) – Follow [STROBE Reporting Guidelines](#); Meta-analysis – Follow [PRISMA Reporting Guidelines](#); Quality Improvement Study – Follow [SQUIRE Reporting Guidelines](#); Qualitative Study – Follow [COREQ](#) or [SRQR](#) Reporting Guidelines

Case Reports

Word Count: Should not exceed 3,500 words (excluding abstract, tables, figures, and references)

Abstract: A structured abstract of no more than 200 words. Includes the following sections: Background, Case Report, and Conclusion.

Introduction: Describe the background, context, and relevant literature on the topic. Identify why a collegiate EMS provider, leader, or advisor should be aware of the case.

Case Report: Describe the patient presentation, operational incident, administrative challenge, etc., and the steps taken by the provider(s) or agency.

Discussion: Discuss lessons learned and what should be done in similar instances with appropriate reference to available and pertinent guidelines, protocols, and peer-reviewed literature. Reports should acknowledge and discuss any limitations in relying on the report for agencies with different operational or administrative structures.

Conclusion: Succinctly summarize the major details of the case, steps taken, and lessons learned.

Acknowledgments: Acknowledge individuals who assisted with research or writing or otherwise participated in the case, but who do not meet the full criteria for authorship (see *Authorship and Contributorship*). Acknowledge the source of funding or financial support, or indicate that the funding was not obtained. Acknowledge any conflicts of interest.

References: Format references in accordance with the [American Medical Association \(AMA\) guidelines](#).

Reporting Guideline: Case Report – Follow [CARE Reporting Guidelines](#)

News & Commentary

Word Count: Should not exceed 2,500 words (excluding references)

Additional Information: Must discuss a unique, timely topic related to collegiate EMS. Authors have the freedom to format their manuscript as they prefer, provided it clearly explains the importance of the story, cites sources appropriately, uses an inverted pyramid style, and focuses on the 5Ws of reporting – Who, What, When, Where, and Why. The title should remain between 3 and 5 words and be specific. Dividing content into sections is recommended to increase organization and readability.

Perspective & Opinions

Word Count: Should not exceed 2,500 words (excluding references)

Additional Information: Should discuss a timely, unique opinion or perspective of the author(s). Authors have the freedom to format their manuscript as they prefer. Dividing content into sections is recommended to increase organization and readability. Data and references to literature must be included. The author(s) should address alternative viewpoints and counterarguments and conclude with a call to action.

Advice & Practices

Word Count: Should not exceed 2,500 words (excluding references)

Additional Information: Must discuss a unique, innovative training, quality improvement initiative, program, event, or opportunity related to collegiate EMS. Authors have the freedom to format their manuscript as they prefer. Dividing content into sections is recommended to increase organization and readability. The focus of this manuscript must be on reproducibility for other EMS agencies and the resulting outcomes.

Clinical Reviews

Word Count: Should not exceed 5,000 words (excluding abstract, tables, figures, and references)

Abstract: A structured abstract of no more than 200 words. Includes the following sections: Background, Objectives of Review, Methods [only for systematic reviews and/or meta-analyses], Results [only for systematic reviews and/or meta-analyses], Discussion, and Conclusion.

Introduction: Describe the context for the review. Identify the importance of the issue and its relevance to the collegiate EMS community. State why the review is necessary, and what the review will contribute above and beyond what has already been published on the topic. Explicitly and succinctly state the goal or objective of the review.

Methods: Only for systematic reviews and/or meta-analyses. Systematic reviews and meta-analyses of clinical research or therapeutic interventions are expected to comply with the reporting guidelines.

Results: Only for systematic reviews and/or meta-analyses. Systematic reviews and meta-analyses of clinical research or therapeutic interventions are expected to comply with the [PRISMA reporting guidelines](#).

Discussion: Critically evaluate and discuss the available literature, guidelines, or protocols pertinent to the given topic. Identify the major trends and findings from the literature. Discuss implications and, when appropriate, provide recommendations for clinical, operational, administrative, or educational practice. Discuss limitations of the review (e.g., reporting bias, additional sources not reviewed). Discuss the direction in which research on the topic is heading and, when appropriate, provide recommendations for further research. The Discussion section may be divided into sub-sections at the discretion of the authors.

Conclusion: Succinctly summarize the major findings, implications, and recommendations.

Acknowledgments: Acknowledge individuals who assisted with research or writing, but who do not meet the full criteria for authorship (see *Authorship and Contributorship*). Acknowledge the source of funding or financial support, or indicate that funding was not obtained. Acknowledge any conflicts of interest.

References: Format references in accordance with the [American Medical Association \(AMA\) guidelines](#).

Guidelines: Systematic reviews and meta-analyses – Follow [PRISMA Reporting Guidelines](#)

Letters to the Editor

Word Count: Should not exceed 5,000 words (excluding abstract, tables, figures, and references)

Additional Information: Must be submitted within 12 weeks of the original article's publication date. Letters to the Editor that refer to more than 1 article, or are addressed to the Editor-in-Chief, can be submitted at any time.

Reporting Guidelines: Letters to the Editor – Follow [LETTERS Reporting Guidelines](#)

Conducting Ethical Research & Publishing Ethics

JCEMS is committed to ethical, accurate, and unbiased research. All authors must ensure that their planning, conduct, and reporting adhere to the highest ethical standards and seek approval from an independent local, regional, or national review body. Any manuscript that did not receive the appropriate ethical approval will not be considered for publication with *JCEMS*. Ethical approval does not preclude the manuscript from evaluation by the Editorial Office to determine whether the research was appropriate.

The guidelines presented in this section are in accordance with the International Committee of Medical Journal Editors' (ICMJE) "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals," and the [Committee on Publication Ethics\(COPE\)](#). ICMJE and COPE Guidelines have been modified for use by the *Journal of Collegiate Emergency Medical Services*. It is not the official ICMJE or COPE Guidelines and does not imply ICMJE or COPE endorsement. We advise you to review the ICMJE's and COPE's recommendations in full prior to conducting medical research or submitting an article for publication.

Human and Animal Rights

All medical studies involving human participants should follow the ethical principles set out in the [Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects](#). If any doubt exists that the study did not follow the ethical principles set out by the Declaration of Helsinki, the authors must address this in their manuscript and provide documentation of ethical approval to the Editors.

Research conducted on animals should adhere to the International Association for Veterinary Editors' "Consensus Author Guidelines for Animal Use."

Informed Consent

All participants must provide informed consent as detailed in the [Declaration of Helsinki](#) and ICMJE's "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals." When applicable, a statement should be included in the manuscript noting how informed consent was obtained prior to experimentation with human subjects. If applicable, the authors must obtain written consent from participants and should provide *JCEMS* with a written statement attesting to receipt of consent.

Participant & Patient Privacy

Every precaution must be taken to protect participant privacy and to maintain the confidentiality of participant or patient information, as detailed in the [Declaration of Helsinki](#) and ICMJE's "[Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#)." Identifying details may not be included in the manuscript unless they are essential for scientific purposes and written informed consent of the identified participant or patient is obtained. Identifying details are any information that would allow a reader (including the participant or patient described, or a healthcare provider) to identify the individual described. It must be noted that campus-based EMS programs often operate within small communities, and manuscripts often describe rare or unique occurrences. As such, it may be a challenge to fully de-identify a manuscript that describes a particular participant or patient. If there is any question as to whether anonymity has been maintained, written informed consent must be obtained. If written, informed consent is required, the *JCEMS* "Patient Consent Form" must be signed by the patient [or guardian] and submitted with the manuscript. The form is available at <https://www.collegeems.com/for-authors/ethics-in-research-publishing/>. The author administering the form must provide the identified patient or participant with the opportunity to review and comment on the manuscript or image, and the author must advise the participant or patient to consider seeking legal guidance prior to signing the form. The person administering the form should verify the participant's or patient's identity with a valid ID.

Ethical Approval of Study

Investigators are required to obtain formal review and approval, or a waiver, from an appropriate ethics committee or institutional review board for all research involving human participants or animals. The investigators must follow the [Declaration of Helsinki](#) and the ICMJE's "[Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#)" if an ethics committee or institutional review board is unavailable. Institutional Review Board approval is not required for case reports, provided case reports do not meet the federal definition of human subjects research as a "systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge." Case reports describing three or more clinical cases will be considered human subjects research. A statement should be included in the manuscript indicating the name of the committee or board from which approval was obtained or indicating that IRB approval was not required. If approval was required, authors must have documentation of approval available upon request by editors or reviewers. Regardless of whether IRB approval was required, all research reported in the manuscript is expected to adhere to the guidelines detailed in the Editorial Policies & Practices.

Clinical Trials

Any clinical trial must be registered in a public trials registry at or before patient enrollment. The trial registration number must be referenced at the end of the abstract and listed the first time the authors refer to their trial or another trial in the manuscript. In accordance with the [ICMJE Data Sharing Statement Requirements](#), data sharing statements must accompany the results of clinical trials. The data sharing statements must include the following:

1. Will deidentified participant data be shared?
2. What data will be shared?
3. Will study-related documents be shared? This includes the study protocol, statistical analyses, and other related materials.

Disclosing Conflicts of Interest for Authors

Authors must disclose any potential conflicts of interest in the manuscript or provide a statement that none of the authors have a conflict of interest. Statements should be provided in the "Acknowledgments" section. Authors declaring a potential conflict of interest are required to submit the *JCEMS* Submission Declaration & Disclosures Form along with the manuscript. Purposeful failure to report conflicts of interest will be handled as misconduct.

Conflicts of interest include financial or personal relationships, arrangements, or interests that might influence or bias the professional judgment of the authors. Examples of potential conflicts of interest include employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony. Please contact the Editors if you are not certain whether one or more of the authors' relationships, arrangements, or interests constitute a potential conflict of interest.

Declaring Funding Sources

Authors must declare who provided any funding or financial support for research and manuscript preparation. Authors must describe the role, or lack thereof, of the funding source in any aspect of study design, data collection, data analysis, manuscript preparation, and the decision to submit for publication. Statements should be provided in the “Acknowledgments” section.

Duplicate Submissions & Prior Publication

Authors are strictly prohibited from simultaneously submitting their manuscript to other journals. We pledge to review all submissions promptly so that authors may submit their manuscripts to other journals if their submissions are rejected.

Authors are strictly prohibited from submitting previously published work written by themselves or others. Likewise, authors are prohibited from submitting articles that include previously published data or other content without an appropriate reference. Submitted content may be assessed using originality detection software. Authors may, however, submit articles containing data or content previously reported in an abstract, conference proceeding, presentation, or unpublished academic thesis or paper. In such cases, authors must appropriately reference the original source and have the supporting documentation available upon request of an editor or reviewer.

Preprints

JCEMS supports the wide dissemination of accessible, quality research through recognized preprint servers. Only the original submission, prior to any revisions or reviews by *JCEMS*, may be uploaded to a preprint server. The Authors must ensure that they retain copyright in their material uploaded to the preprint server, in accordance with the *JCEMS* Editorial Practices & Policies. The Authors must inform the Editors of the manuscript's presence on a preprint server at the time of submission. Following publication, an Author may update the preprint server with the appropriate citation and reference to the published article.

Self-archiving

JCEMS supports authors who wish to self-archive their work in an online repository of their choice, either in its original submission version or after publication in the journal.

Long-term Digital Archiving and Preservation

JCEMS preserves its content in the Zenodo Digital Preservation services. All articles are uploaded following publication. If *JCEMS* becomes unavailable, content will remain available through the archives in this service.

Personal Communication

Unpublished data or other information obtained through personal communication may be included in articles, provided the individual and means of communication (written or oral) are identified in the manuscript text. An example might read: “All patient charts are reviewed weekly by the student QI/QA officer prior to review by the agency’s medical director (oral communication with Medical Director John Smith, MD).” Authors must include a signed statement from the source(s) of personal communication indicating that the individual(s) consent to being identified in the article.

Submission Declaration Form

Every listed author must complete and sign a copy of our Submission Declaration Form, regardless of the manuscript type being submitted. The form is available at <https://www.collegeems.com/submission-guidelines/>. Signed copies of our Submission Declaration Form must be attached to the manuscript submission.

Manuscript Submission

Please ensure that the manuscript is prepared in accordance with the most up-to-date version of our Editorial Policies & Practices. Email submissions to JCEMS@JCEMS.org. The corresponding author must submit the manuscript to *JCEMS*. The email subject line should be “[last name of corresponding author, first name - manuscript type: proposed article title]”. A signed copy of our Submission Declaration Form should be attached to the submission email for every listed author. Tables, figures, images, videos, and other supplementary materials should be attached as separate documents. A completed copy of the Reporting Guidelines must be attached, if applicable. The corresponding author will receive notification within two weeks that the submission has been received.

For Reviewers

Reviewer Responsibilities

1. Respond to an invitation to review a *JCEMS* manuscript within 3 days, indicating whether the reviewer accepts the invitation.
2. Complete assigned reviews within 14 days of the initial invitation. Notify the editors if the review will not be completed within 14 days.
3. Thoroughly familiarize themselves with *JCEMS* submission guidelines as detailed in the *JCEMS* Editorial Policies & Practices.
4. Thoroughly familiarize themselves with ethical guidelines for research and publishing as outlined in the *JCEMS* Editorial Policies and Practices.
5. Maintain confidentiality during the review process. Reviewers may not share manuscript details or identify themselves as a reviewer during the review process.
6. Provide an unbiased review. If the reviewer believes that they know the identity of the author, or are otherwise unable to provide an unbiased review, it is the responsibility of the reviewer to contact an Editor.

Benefits of Reviewing for *JCEMS*

1. An annual letter of gratitude written on official *JCEMS* letterhead for their academic record. The letter will note the number of reviews the reviewer conducted in the preceding year.
2. Annual acknowledgment of the most active reviewers in the print version of *JCEMS*, with the permission of the acknowledged reviewers.
3. Professional development, establishment of expertise, improvement of scholarly reputation, and contribution to the collegiate EMS community.

Overview of Review at *JCEMS*

Manuscripts classified as Original Research, Case Reports, or Reviews undergo a double-blind, peer review process. Manuscripts classified as News & Commentary, Perspectives & Opinions, Advice & Practices, and Letters to the Editor will undergo editorial review. Reviewers are expected to thoroughly familiarize themselves with their roles in the peer review process.

Double-Blind Peer Review

Manuscripts classified as Original Research, Case Reports, or Reviews undergo a double-blind, peer review process. *JCEMS* employs a double-blind peer-review process to ensure that manuscripts are reviewed fairly and without bias, in accordance with strict ethical and professional guidelines. Revisions suggested by reviewers may dramatically strengthen the quality of submitted manuscripts. The process also ensures that published articles demonstrate the utmost level of accuracy, reliability, and methodological rigor.

During the process, manuscripts are initially reviewed by our Editors for quality, relevance to the collegiate EMS community, and suitability for *JCEMS*. High-quality manuscripts that fit the scope of our scholarly journal will be assigned to one of our Editors or Editorial Board members, who will identify at least two independent reviewers. Reviewers are recognized experts in the topic featured in the manuscript. Manuscripts presenting original research will be reviewed by reviewers with expertise in the specific research field, methodology, and data analysis presented. Reviewers will be double-blind, meaning neither the author nor the reviewers will know each other's identities. Manuscripts may also be reviewed by additional members of our Editorial Board, who will be blinded to the author.

Reviewers will provide a thorough assessment of the manuscript's quality, accuracy, scope, methodological rigor, depth of research, originality/novelty, and style/organization. Manuscripts will be further reviewed for their implications for practice among collegiate EMS providers, leaders, advisors, and affiliated personnel. Manuscripts containing clinical or medical information will be reviewed by at least one reviewer with an advanced clinical degree (e.g., MD, DO, PA-C, or NP) prior to acceptance.

After the first stage of peer review is complete, authors will be notified whether their manuscript has been accepted or rejected, or whether revisions are necessary. In most cases, prior to acceptance, major or minor revisions in a manuscript's content and/or writing will be necessary. Revisions to original research manuscripts may require additional data collection and/or analysis. Manuscripts may undergo a second round of peer review after revisions are completed. Prior to publication, our editorial and publishing team will provide copy-editing and formatting assistance. Authors will receive a final, edited version of their article prior to publication. Final decisions on manuscript publication will be made by the Editor-in-Chief or a designated member of the Editorial Board without any relevant conflicts of interest.

Editorial Review

Manuscripts classified as News and Commentary, Perspectives and Opinions, Best Practices, Product Reviews, Editorials, Letters to the Editor, and Images, Videos, Training Materials, or Agency Documents undergo editorial review. Manuscripts are initially reviewed by our Editors for quality, relevance to the collegiate EMS community, and suitability for *JCEMS*. High-quality manuscripts that fit the scope of our scholarly journal will be fully reviewed by selected Editors and members of our Editorial Board. The Editorial Board will provide a thorough review of the manuscript for quality, accuracy, scope, methodological rigor, depth of research, originality/novelty, and style/organization. Manuscripts are further reviewed for their implications for practice among collegiate EMS providers, leaders, advisors, and affiliated personnel. Manuscripts containing clinical or medical information are reviewed by at least one Editorial Board member with an advanced clinical degree (e.g., MD, DO, PA-C, or NP) prior to acceptance.

After the first stage of peer review is complete, authors are notified whether their manuscript has been accepted, rejected, or requires revisions. In most cases, prior to acceptance, major or minor revisions in a manuscript's content and/or writing will be necessary. Manuscripts may undergo a second round of editorial review after revisions are completed. Prior to publication, our editorial and publishing team will provide copy-editing and formatting assistance. Authors will receive a final, edited version of their article prior to publication. Final decisions on manuscript publication will be made by the Editor-in-Chief or a designated member of the Editorial Board without any relevant conflicts of interest.

Peer Review Terms & Conditions

JCEMS is under no obligation to send out a manuscript for peer review, nor to follow the feedback provided by the Reviewers.

Peer Review Feedback & Communication

Editors are responsible for communicating professionally and ensuring Reviewers have access to all required materials to conduct the peer review. Reviewers are encouraged to provide professional, respectful, and actionable feedback. Editors must ensure that all feedback from peer review is constructive, honest, and professional. Any feedback found to be disrespectful, use vulgar language, or make assumptions about the Authors will be omitted from disclosure to the Authors, and may result in the discontinuation of the Reviewer's relationship with *JCEMS*.

Conflicts of Interest for Reviewers

JCEMS requests that Reviewers must disclose any relationships or activities that may be a conflict of interest in reviewing the manuscript to the Editors. Purposeful failure to report conflicts of interest will be handled as misconduct.

Confidentiality for Reviewers

Reviewers must also keep manuscripts, review materials, and correspondence with *JCEMS* confidential. If a Reviewer uses assistance from a student or colleague in the review of a manuscript, the names of the individuals involved in the review must be communicated to the Editors upon return of the manuscript feedback. Reviewers must delete copies of the manuscript after review and cannot appropriate the authors' ideas. Reviewer comments will not be published without the permission of both the Author(s) and the Reviewer. The anonymity of the Reviewers will always be maintained unless a Reviewer requests otherwise in writing. Editors and Reviewers should not use Artificial Intelligence (AI) to assist in their review and/or editing process. AI may not be confidential; therefore, the manuscript's confidentiality cannot be assured when using these tools.

Manuscript Review Form for Reviewers

Reviewers who accept an invitation to review a manuscript are expected to submit a Manuscript Review Form and an attached review within 14 days of receiving the invitation, or a pre-determined date in accordance with the handling Editor of the manuscript. If a Reviewer requires additional time, the Editors appreciate advance notice and are willing to work with Reviewers to accommodate their schedule, if feasible.

Join the Editorial Board

Our Editorial Board comprises clinicians, researchers, educators, and leaders with extensive records of service in collegiate EMS and emergency medicine. Editorial Board members include experts in EMS, emergency medicine, and related fields. Editorial Board members are re-evaluated annually to confirm their continued interest and commitment to *JCEMS*. Editorial Board positions are typically fulfilled via invitation by the Editor-in-Chief. Individuals interested in serving on our Editorial Board are encouraged to send their CV and a Letter of Interest to the Editor-in-Chief via email (JCEMS@JCEMS.org).

Responsibilities of the Editorial Board:

1. Coordinate with reviewers during the peer review process, as requested by the Editors
2. Review and edit submitted manuscripts that undergo editorial review, as requested by the Editors
3. Advise on journal policy, design, and scope
4. Attract new authors and manuscript submissions
5. Assist in the selection process of new reviewers and Editorial Board members at the recommendation of the Editor-in-Chief

Benefits of Editorial Board Membership

JCEMS Editorial Board members enjoy the following benefits:

1. Professional development, establishment of expertise, improvement of scholarly reputation, and contribution to the collegiate EMS community
2. Recognition in every *JCEMS* print issue and on our website

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