

HCA of HR	 An independent group open to healthcare professionals wanting to write and publish works about healthcare topics. A membership application is required (see page 4).
Mission	To provide an opportunity for members to network with other authors and to develop their writing and publishing skills
Group	Karol Clark, MSN, RN, Best Selling Author, Speaker, and Entrepreneur
Administrators	at Karol@cfwls.com
	Marilyn Barton, BSN, RN, Editor, Author, and Educator at
	Marilynbarton1@gmail.com
Group Facilitators	 Karol for publishing and marketing topics
	Marilyn for writing topics
Speakers	As invited, depending on the desired topics
Vision	To create a stimulating environment that encourages healthcare authors to learn about writing and publishing so that they can critique each other's work with the goal of developing writings that are published.
Values	 Every author's work has importance and intrinsic value. All types of writing about healthcare are welcomed to be submitted for review, e.g. fiction, nonfiction, poetry, short story, book, educational piece, editorial, research, article, blog, legacy, narrative, reflective writing, or humor.
Membership	Interested authors will provide their contact information, reason for
Application	wanting to join the group, and agree to the terms in this group charter (see page 4).
Format for Critique	 The group has a suggested format for feedback. The purpose of the feedback is for the author to improve upon and develop their work. The critique will be submitted individually to the author as soon as it is completed by the reviewer.
Confidentiality	 All aspects of group participation with remain confidential and within the group. Disclosure of contact information, group discussions, and/or written work will only be possible with the expressed verbal or written consent of the author.
Monthly Meetings	3 rd Wednesday of each month from 7-8 PM at: Center for Weight Loss Success 645 J. Clyde Morris Boulevard Newport News, VA 23601
Skype Meetings	• 1 st Wednesday of each month from 7-8 PM via private Skype
	group



Facebook Page	 HealthCare Authors of Hampton Roads
LinkedIn Page	 HealthCare Authors of Hampton Roads
Publishing Services	 Would be outside the scope of this group but available for a fee as discussed with Karol
Submission of Written Work	 Author will coordinate with selected reviewers via email or other method Due one week prior to the meeting to allow group members
	time to read and provide feedback.
Group Discussion	 Individual author's work will only be discussed within the whole group at a monthly meeting with the author's advance permission.
Word Limit for Submitted Written Work for Review	 Suggested word limit is within the range of 3,500 words (may be a selection of a larger work)
Other Considerations	 The intention of the group is to focus on a limited amount of work.
	 It is outside the scope of this group to provide manuscript review, proofreading, copy editing, or publishing services.
Publishing	 The intention of the group is for authors to develop skills necessary for self-publishing or to seek publishing services. Unless otherwise specified, authors' works will not
	automatically be published by this group.
Skype	 Authors may also wish to Skype with one another in between meetings or to participate in monthly meetings (although it is recommended that authors attend in person).



Format for Reviewers to Provide Feedback about Written Work

Title of Work	
Author	
Name of Reviewer	
Date of Review	

- 1. The title drew me in (scale of 1-3): _____
- 2. The topic was interesting to me (scale of 1-3): ______
- 3. The written work kept my interest (scale of 1-3):
- 4. The written work was the right length (scale of 1-3): _____
- 5. I enjoyed reading this written work (scale of 1-3): _____
- 6. After reading this, I would like to know more about:

7. My recommendations, if any, to improve this written work are:

Rating Scale of 1-3

- 1 = unclear, needs work, not interesting, start over
- 2 = good, has value, could use some work
- 3 = the best or most interesting, fine the way it is, no changes recommended



Membership Application

First and Last Name	
Street Address	
City, State, and Zip Code	
Phone	
Email	
Brief Reason(s) for	
Wanting to Join the	
Group	

I agree to the terms set forth in this Group Charter dated September, 2015

Signature: _____ Date: _____

Please scan/email completed membership application to Karol Clark @ Karol@cfwls.com or Marilyn Barton @ Marilynbarton1@gmail.com or fax to (757) 873-1990.