

SHM Chapters Program Application Form

for Provisional Recognition

Section 1

Basic Information

About the Chapter

Name of Chapter (based on geography)	Date
Type of Chapter (statewide, city/metro, multi-state)	
Proposed Geography (please provide a list of counties if not an entire state)	

Primary Contact for Application

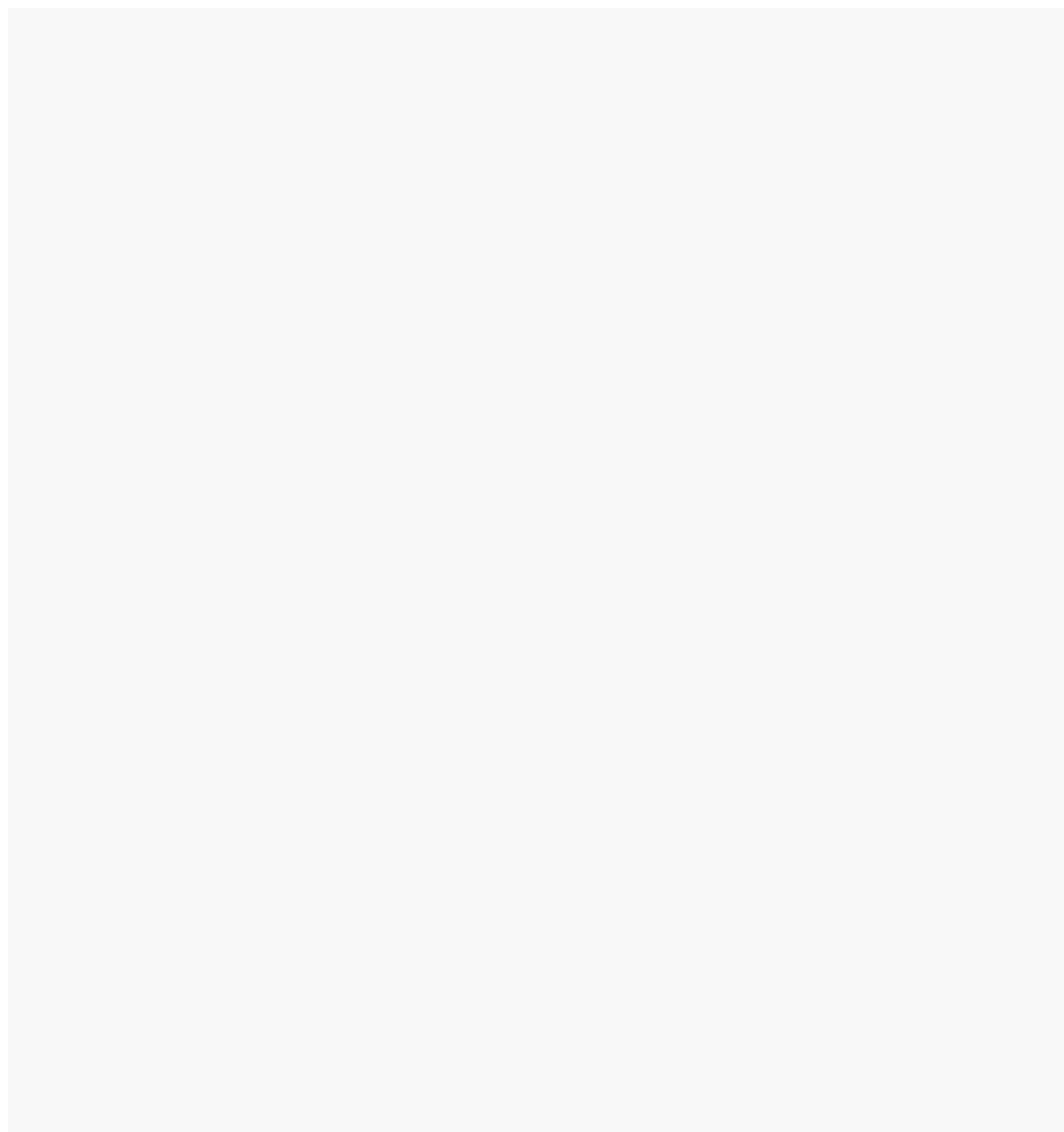
First Name	MI	Last Name
Organization		
Phone Number	Fax	
Email Address		

Section 2

Workplan

Please use this space to describe your chapter's initial plans for holding your first two meetings, how you will conduct local outreach and how you will develop your leadership. SHM is looking for a general sense of how your meetings will be structured (time, location, topic, funding, etc.)

Note: Inaugural meetings must be held within the first six (6) months of provisional recognition. Chapters need to hold a minimum of 2 meetings to receive Full Status.



Section 3

Chapter Leadership

In order to be recognized as a provisional chapter, there must be at least two (2) founding members who agree to be responsible for formation responsibilities, who are also current members of SHM. Formation responsibilities include identifying a minimum of three (3) leaders with identified roles and terms (President, President-Elect, Secretary/Treasurer, etc.) in order to receive Full Status.

Chapter Leader #1 *(list leadership position if known)*

Name		SHM Member: <input type="checkbox"/> Y <input type="checkbox"/> N
Phone Number	Email Address	
Organization	Chapter Position Title	

Chapter Leader #2 *(list leadership position if known)*

Name		SHM Member: <input type="checkbox"/> Y <input type="checkbox"/> N
Phone Number	Email Address	
Organization	Chapter Position Title	

Chapter Leader #3 *(list leadership position if known)*

Name		SHM Member: <input type="checkbox"/> Y <input type="checkbox"/> N
Phone Number	Email Address	
Organization	Chapter Position Title	

Chapter Leader #4 *(list leadership position if known)*

Name		SHM Member: <input type="checkbox"/> Y <input type="checkbox"/> N
Phone Number	Email Address	
Organization	Chapter Position Title	

Section 4

Expression of Interest

To be considered for provisional recognition, SHM needs to confirm interest within your local hospital medicine community for your proposed chapter. SHM requires a minimum of ten (10) hospitalists from at least two institutions to express interest in your proposed chapter. Please utilize the petition template to acquire your signatures.

[Go to petition](#)

For questions, please contact SHM via phone or email.

 800-843-3360  chapters@hospitalmedicine.org

Acknowledgement of Requirements

By signing this application, you are acknowledging that you understand the requirements as outlined on page one (1) of this packet for being an active chapter and agree to put forth your best efforts to achieve these milestones. You understand that full recognition of your proposed chapter is at the discretion of SHM's Board of Directors.

Print Name	
Signature	Date

To return your application:

 Society of Hospital Medicine
1500 Spring Garden St., Suite 501
Philadelphia, PA 19130

 267-702-2690

 chapters@hospitalmedicine.org

 Upload your application at hospitalmedicine.org/chapters

Section 5

