shm | MEMBERSHIP Chapters *Local Education & Networking*

SHM Chapters Program
Application for Provisional Recognition

SECTION 1

About the Chapter **Date:**

Name of Chapter: _____
(based on geography)

Type of Chapter: _____
(statewide, city/metro area, multi-state)

Proposed Geography: _____
(please provide a list of counties if not an entire state)

Primary Contact for Application:
Your Name: _____ _____ _____
First Name **MI** **Last Name**
Designation

Organization: _____

Daytime Phone: ( ) _____ -_____ Fax: ( ) _____ -_____

E-mail Address: _____

SECTION 2

Work Plan

Please use this space to describe your chapter's initial plans for holding your first two meetings and how you will conduct local outreach. 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.

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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)

_____ **SHM Member**

Name

_____ ☐ Yes ☐ No

Contact Information (Phone/E-mail)

_____

Organization

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

_____ **SHM Member**

Name

_____ ☐ Yes ☐ No

Contact Information (Phone/E-mail)

_____

Organization

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

_____ **SHM Member**

Name

_____ ☐ Yes ☐ No

Contact Information (Phone/E-mail)

_____

Organization

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

_____ **SHM Member**

Name

_____ ☐ Yes ☐ No

Contact Information (Phone/E-mail)

_____

Organization

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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.

SECTION 5

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

For questions, please contact SHM at 800-843-3360 or Chapters@hospitalmedicine.org.

RETURN YOUR APPLICATION

MAIL TO: **SOCIETY OF HOSPITAL MEDICINE**
1500 SPRING GARDEN ST, SUITE 501
PHILADELPHIA PA 19130

FAX TO: 267-702-2690

PHONE: 800-843-3360

www.hospitalmedicine.org/chapters