

SHM Fellow Application Program

Application Information

Submission No:

Applicant:

ID:

Nurse Practitioner/Physician Assistant Fellow Application

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Profile Information

First Name:

Last Name:

Employer:

Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Preferred Phone:

Fax:

Email:

Attendance at one SHM Annual Meeting plus one of the following is required:

- One additional SHM Annual Conference
- SHM Academic Hospitalist Academy
- SHM Leadership Academy
- SHM Quality & Safety Educators Academy
- Adult Hospital Medicine Boot Camp (co-sponsored by AAPA)
- Canadian Hospital Medicine Meeting
- Pediatric Hospital Medicine (tri-sponsored by SHM, AAP, or APA)
- SHM approved regional meeting (e.g. Midwest, Southern, UCSF, Mid-Atlantic, etc.)
- 5 or more SHM Chapter Meetings (details required below)

*If you answered **5 or more SHM Chapter Meetings** above, you must answer the following question:*

Please enter the chapter name, year(s) for meetings attended, and the approximate number of meetings each year:
(Example: Greater Philadelphia Area Chapter: 2018-2 meetings, 2019-3 meetings, etc.)

How did you hear about the Fellows Program?

- SHM member/colleague/mentor
- SHM website
- Information in SHM online publications
- Other

Does the applicant have any infractions which may have led to probation during practice history?

- No
- Yes

If you answered Yes, please explain the reason for probation.

Note that additional supporting information may be requested upon application submission:

Dedication in Leadership and Team work in Hospital Medicine

Eligible applicants must complete the Point Scoring Worksheet and amass a minimum total of 15 points. At least 3 points must be generated from activities comprising the "Dedication in Leadership and Team work in Hospital Medicine" category, at least 3 points must be generated from activities comprising the "Dedication to Quality and Process Improvement" category.

Hospital Committee, Work Group, or Task Force Leadership (5 points each year served):

Description of Qualification:

Points Claimed:

Hospital Committee, Work Group, or Task Force Participation (2 points each year served):

Description of Qualification:

Points Claimed:

SHM Committee Leadership (5 points each year served):

Description of Qualification:

Points Claimed:

SHM Committee Participation (2 points each year served):

Description of Qualification:

Points Claimed:

SHM Task Force or Work Group Leadership (3 points each year served):

Description of Qualification:

Points Claimed:

SHM Task Force or Work Group Participation (1 point each year served):

Description of Qualification:

Points Claimed:

SHM Special Interest Group (SIG) Leadership (e.g., Chair or Vice Chair) (4 points each year served):

Description of Qualification:

Points Claimed:

SHM Special Interest Group (SIG) Participation (e.g., Executive Council Member) (2 points each year served):

Description of Qualification:

Points Claimed:

SHM Local Chapter Leader or Officer (3 points each year served):

Description of Qualification:

Points Claimed:

SHM Leadership Certification (3 points each):

Description of Qualification:

Points Claimed:

TOTAL POINTS CLAIMED (**You must generate at least 3 points.**):

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Dedication to Quality and Process Improvement

Eligible applicants must complete the Point Scoring Worksheet and amass a minimum total of 15 points. At least 3 points must be generated from activities comprising the "Dedication in Leadership and Team work in Hospital Medicine" category, at least 3 points must be generated from activities comprising the "Dedication to Quality and Process Improvement" category.

Leader of Project Dedicated to Quality Improvement, Process Improvement, Patient Safety, Patient Education, or Hospital Information Technology Systems (e.g., SHM Project BOOST) (5 points each project):

Description of Qualification:

Points Claimed:

Participate in Project Dedicated to Quality Improvement, Process Improvement, Patient Safety, Patient Education, or Hospital Information Technology Systems (e.g., SHM Project BOOST) (3 points each project):

Description of Qualification:

Points Claimed:

TOTAL POINTS CLAIMED (**You must generate at least 3 points.**):

Sponsor Endorsement

Endorsement required via letters of recommendation by two active SHM members who have been in good standing for at least two years.

1st Endorser's Information:

First Name:

Last Name:

Email:

2nd Endorser's Information:

First Name:

Last Name:

Email:

Upon submitting your application, your endorsers will be sent emails notifying them of your application and request for endorsement.

Application page 5 of 6 is Terms and Agreement

Application page 6 of 6 is Application Fee Payment