

# SHM Fellow Application Program

## Application Information

Submission No:

Member ID:

## Pharmacist Fellow Application

Application section 1 of 6

## Profile Information

**First Name:**

**Last Name:**

**Employer:**

**Preferred Phone:**

**Email:**

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

- One additional In-Person SHM Annual Conference
- One additional Virtual SHM Annual Conference
- SHM Academic Hospitalist Academy
- SHM Leadership Academy
- SHM Quality & Safety Educators Academy
- SHM Virtual 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)
- PHM20 Virtual Annual Conference
- SHM approved regional meeting (e.g. Midwest, Southern, UCSF, Mid-Atlantic, etc.) (supporting document required)
- 5 or more SHM Chapter Meetings (details required below)

*If you answered **SHM approved regional meeting** above an additional question is activated and you will be required to upload a supporting document:*

**Supporting document for regional meeting attendance is required.**

**Please upload a copy of your regional meeting CME certificate or registration confirmation as proof of your participation.**

*If you answered **5 or more SHM Chapter Meetings** above an additional question is activated and you must note the guidelines in red when completing the additional required details:*

- *Claimed chapter meetings must be within the last 5 years of the current calendar year.*
- *An eligible chapter meeting must have had either a speaker presenting educational content, or the meeting had 1 or more CME credits tied to it.*
- *Networking or Leadership focused meetings (i.e., Chapter Leader Training, District Conference Calls, Chapter Leader Summit, etc.) cannot be claimed as a part of the 5-chapter meetings requirement.*
- *Chapter Meetings listed on your application must be able to be verified via a previous registration or sign-in sheet for them to count towards the requirement.*

**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.

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Application section 2 of 6

## **Dedication in Leadership and Teamwork 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 Teamwork 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, only full completed years may be claimed):**

Description of Qualification:

Points Claimed:

**Hospital Committee, Work Group, or Task Force Participation (2 points each year served, only full completed years may be claimed):**

Description of Qualification:

Points Claimed:

**SHM Committee Leadership (5 points each year served, only full completed years may be claimed):**

Description of Qualification:

Points Claimed:

**SHM Committee Participation (2 points each year served, only full completed years may be claimed):**

Description of Qualification:

Points Claimed:

**SHM Task Force or Work Group Leadership (3 points each year served, only full completed years may be claimed):**

Description of Qualification:

Points Claimed:

**SHM Task Force or Work Group Participation (1 point each year served, only full completed years may be claimed):**

Description of Qualification:

Points Claimed:

SHM Special Interest Group (SIG) Leadership (e.g., Chair or Vice Chair) (4 points each year served, only full completed years may be claimed):

Description of Qualification:

Points Claimed:

SHM Special Interest Group (SIG) Participation (e.g., Executive Council Member) (2 points each year served, only full completed years may be claimed):

Description of Qualification:

Points Claimed:

SHM Local Chapter Leader or Officer (3 points each year served, only full completed years may be claimed):

Description of Qualification:

Points Claimed:

SHM Certificate of Leadership in Hospital Medicine (CLHM) (3 points):

Description of Qualification:

Points Claimed:

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

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Application section 3 of 6

## 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 Teamwork 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.**

**Please provide your CV to each endorser listed on your application.**

*Applicants may not self-endorse and endorsements by family members or direct reports are not permitted. It is the responsibility of the applicant to assure that endorsements are completed.*

### 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 section 5 of 6 is Terms and Agreement

## Terms and Agreement

BY CHECKING THE FOLLOWING BOX, I CERTIFY THAT THE INFORMATION I HAVE PROVIDED WITHIN THIS APPLICATION, AND VIA SUPPORTING MATERIALS, IS TRUTHFUL AND TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I MEET ALL NECESSARY REQUIREMENTS FOR THE FELLOW IN HOSPITAL MEDICINE DESIGNATION AND AGREE TO UPHOLD THE [FELLOW PLEDGE](#) AS OUTLINED WITHIN THESE APPLICATION MATERIALS.

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Application section 6 of 6 is Application Fee Payment

## Application Fee

Payment will be possible once the minimum point requirements have been satisfied and your sponsor endorsement section is completed.

You will be redirected to the SHM Store in order to pay your application fee.

**After payment, you *must* return to your application in order to review and/or submit it.**