

Recognizing the Human in Hospitalist



Alone, we are humans. Together, we are humanity — a force, united in a singular mission to improve the lives of patients worldwide. The Society of Hospital Medicine (SHM) is the first and only association dedicated to advancing our field of hospital medicine. SHM helps hospitalists truly connect — to share their success, to offer their support, to elevate care together.



Education

Power your education by utilizing resources by hospitalists for hospitalists, and earn CME and MOC on the go, through the SHM Learning Portal.



Networking

Build impactful connections by networking with your peers through Special Interest Groups, local Chapters, or online in the Hospital Medicine Exchange (HMX) online community.



Career Advancement

Advance your career and attain the esteemed Fellows designations or serve on one of SHM's many committees.



Events

Learn from experts in the field and receive discounts to attend live events throughout the year while reenergizing your practice and expanding your network.



Practice Management

Optimize your hospital medicine group with the tools, resources, and connections you need to effectively lead and manage your group.



Publications

Stay current on hospital medicine trends and receive the latest updates with SHM's publications including the *Journal of Hospital Medicine*, *The Hospitalist*, *The Hospital Leader Blog*, and *The State of Hospital Medicine Report*.

Membership saves you money on professional and educational resources, conferences, and more.

Statement Regarding Rationale for Data Collection

The Society of Hospital Medicine is committed to advancing change that supports **our vision** (see reverse side) for diversity, equity, inclusion, and justice in hospital medicine. To move towards where we want to be, we need to understand where we are right now. To help us effectively serve and engage our members, please provide responses to all of the requested fields. Responses will be kept fully confidential.

Periodically, SHM will make its mailing list available to carefully screened third parties who may share communications with you. The revenue that SHM receives from this program allows us to keep your membership dues at the lowest rate possible.

Opt Out

Learn more about SHM membership or join today.
hospitalmedicine.org/join



Membership Application

Please visit us online or call to join for more than one year. Rates valid through September 30, 2025.

- Physician** \$495⁰⁰/year
- Nurse Practitioner/Physician Assistant** \$245⁰⁰/year
- Affiliate** \$475⁰⁰/year
- Allied Health Professional (PharmD, RN, etc.)** \$245⁰⁰/year
- Practice Administrator** \$245⁰⁰/year
- International Hospitalist** \$125⁰⁰/year

Note: There is a 5% discount for 2 year and 3 year memberships.

Referred by (if applicable)			
First Name		Last Name	Credentials (e.g., MD, NP)
Title		Hospital/Institution (if applicable)	
Specialty <input type="checkbox"/> Adult Hospital Medicine <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Med/Peds <input type="checkbox"/> Pediatric Hospital Medicine <input type="checkbox"/> Other: _____		Hospital Setting <input type="checkbox"/> Academic, Teaching <input type="checkbox"/> Academic, Non-teaching <input type="checkbox"/> Community, Teaching <input type="checkbox"/> Community, Non-teaching <input type="checkbox"/> Unsure <input type="checkbox"/> Not Applicable	
Graduation Date**			
First Year Working in a Hospital Medicine Setting or Anticipated Date			Date of Birth
Mailing Address <input type="checkbox"/> Work <input type="checkbox"/> Home			
City		State/Province	Zip
Country			
Phone	Is this a mobile number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email (required)	
Ethnicity <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (including East Asian, South Asian, and Southeast Asian) <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/a/x <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> My race is not listed <input type="checkbox"/> Prefer not to disclose		Gender <input type="checkbox"/> Female/Cisgender Female <input type="checkbox"/> Gender Non-Binary <input type="checkbox"/> Male/Cisgender Male <input type="checkbox"/> Transgender Man <input type="checkbox"/> Transgender Woman <input type="checkbox"/> My identity is not listed <input type="checkbox"/> Prefer not to disclose	
Sexual Orientation <input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> My orientation is not listed <input type="checkbox"/> Prefer not to disclose			

SHM Diversity and Inclusion Statement

Hospitalists are charged with treating individuals at their most vulnerable moments, when being respected as a whole person is crucial to advance patients' healing and wellness. Within our workforce, diversity is a strength in all its forms, which helps us learn about the human experience, grow as leaders, and ultimately create a respectful environment for all regardless of age, race, religion, national origin, gender identity, sexual orientation, socioeconomic status, appearance, or ability. To this end, the Society of Hospital Medicine will work to eliminate health disparities for our patients and foster inclusive and equitable cultures across our care teams and institutions with the goal of moving medicine and humanity forward.

Payment Information

\$ _____ (Rate Selected Above) + \$10* (Service Charge) = \$ _____ Total Amount Due

Check enclosed (payable to Society of Hospital Medicine).

Please remit in U.S. Funds drawn on U.S. bank.

Charge to the following:



For your security, credit card payments can be made **online** or by **phone**.

Mail to: Society of Hospital Medicine, P.O. Box 822898, Philadelphia, PA 19182

Questions? 800-843-3360

NOTE: Membership dues are non-refundable upon activation and are non-transferable.

*We are committed to delivering the top-quality services and products our members have come to expect and are also committed to being transparent when assessing respective fees. SHM is not immune to the increasing costs of technology, personnel, and other external fees that are beyond our control. To offset some of these increasing costs, the items you have purchased may come with a small \$10 service charge. Thank you for your support. *Service charge not applied to group memberships.*

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Education

Power your education by utilizing resources by hospitalists for hospitalists. SHM's Learning Portal hosts free courses for resident members.



Networking

Build impactful connections by networking with your peers through Special Interest Groups, local Chapters, or online in the Hospital Medicine Exchange (HMX) online community.



Career Center

Discover your next career opportunity and find news and professional advice. Exclusively focused on hospital medicine with content curated to fit your needs.



Events

Learn from experts in the field and receive discounts to attend live events throughout the year while reenergizing your practice and expanding your network.



Conference Grant

Resident and Student members can apply for a \$1,000 conference grant to cover travel and accommodations to attend SHM's Converge conference each year.



Publications

Stay current on hospital medicine trends and receive the latest updates with SHM's publications including the *Journal of Hospital Medicine*, *The Hospitalist*, *The Hospital Leader Blog*, and *The State of Hospital Medicine Report*.

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Membership Application

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Resident/Fellow* \$99⁰⁰/year **Student*** FREE

Referred by (if applicable)			
First Name		Last Name	Credentials (e.g., MD, NP)
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Residency Program Name**			
Medical School Name**		Graduation/Anticipated Graduation Date**	
First Year Working in a Hospital Medicine Setting or Anticipated Date			Date of Birth
Mailing Address <input type="checkbox"/> Work <input type="checkbox"/> Home			
City	State/Province	Zip	Country
Phone	Is this a mobile number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email (required)	
Ethnicity <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (including East Asian, South Asian, and Southeast Asian) <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/a/x <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> My race is not listed <input type="checkbox"/> Prefer not to disclose		Gender <input type="checkbox"/> Female/Cisgender Female <input type="checkbox"/> Gender Non-Binary <input type="checkbox"/> Male/Cisgender Male <input type="checkbox"/> Transgender Man <input type="checkbox"/> Transgender Woman <input type="checkbox"/> My identity is not listed <input type="checkbox"/> Prefer not to disclose	
		Sexual Orientation <input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> My orientation is not listed <input type="checkbox"/> Prefer not to disclose	

* If submitting by mail, you must include proof of current resident/student status. **Required for Resident/Fellow and Student membership.



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Please check if you elect NOT to receive these types of communications.