

# SHM Fellow Application Program

## Application Information

Submission No:

Applicant:

ID:

## Pharmacist 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*