

# SHM Senior Fellow Application Program

## Application Information

Submission No:

Member ID:

## Pharmacist Senior Fellow Application

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## 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
- 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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## **Dedication in Leadership and Teamwork in Hospital Medicine**

Eligible applicants must complete the Point Scoring Worksheet below and amass a minimum total of 130 points. At least 50 points must be generated from activities comprising the "Dedication in Leadership and Teamwork in Hospital Medicine" category, at least 20 points must be generated from activities comprising the "Dedication to Lifelong Learning" category, and at least 20 points must be generated from activities comprising the "Dedication to Quality and Process Improvement" category.

### **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:

### Hospital Committee Leadership (5 points each year served):

Description of Qualification:

Points Claimed:

### Hospital Committee Participation (2 points each year served):

Description of Qualification:

Points Claimed:

### Hospital Medicine Program / Group Committee Leadership (e.g., work performed to enhance operations of a hospitalist program) (5 points each year served):

Description of Qualification:

Points Claimed:

### Hospital Medicine Program / Group Committee Participation (e.g., work performed to enhance operations of a hospitalist program) (2 points each year served):

Description of Qualification:

Points Claimed:

### Hospitalist Group Leadership or Administration (e.g., Hospitalist Medical Director, Chief of Hospital Medicine, Lead Hospitalist) (5 points each year served):

Description of Qualification:

Points Claimed:

### Hospital or Hospital Medical Staff Administration (e.g., CMO, VPMA, Division Chair, President of Medical Staff) (5 points each year served):

Description of Qualification:

Points Claimed:

### Presented Legislative Testimony at Any Level of Government Issues Related to the Profession of Hospital Medicine (2 points each):

Description of Qualification:

Points Claimed:

### Service for a Medical Organization in a Legislative or Public Policy Key Contact Position Advocating on Behalf of the Profession of Hospital Medicine (candidate to define the service and or key contact position) (2 points each year served):

Description of Qualification:

Points Claimed:

### CME or Other Formal Education Related to Leadership and Management Pertinent to the Practice of Hospital Medicine (2 points for every 10 hours of category 1 CME [or equivalent]):

Description of Qualification:

Points Claimed:

## Awards Received for Accomplishments in Leadership, Teamwork, and Service to Hospital Medicine (3 points each):

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 50 points.**):

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## Dedication to Lifelong Learning in Hospital Medicine

Eligible applicants must complete the Point Scoring Worksheet below and amass a minimum total of 130 points. At least 50 points must be generated from activities comprising the "Dedication in Leadership and Teamwork in Hospital Medicine" category, at least 20 points must be generated from activities comprising the "Dedication to Lifelong Learning" category, and at least 20 points must be generated from activities comprising the "Dedication to Quality and Process Improvement" category.

### ORAL PRESENTATIONS

#### National Conferences (3 points each):

Description of Qualification:

Points Claimed:

#### Local Conferences (i.e. grand rounds, dinner meetings, in-service education to hospital personnel) (1 point each):

Description of Qualification:

Points Claimed:

### POSTER PRESENTATIONS

#### National Conferences (2 points each):

Description of Qualification:

Points Claimed:

#### Local Conferences (2 points each):

Description of Qualification:

Points Claimed:

### PUBLICATIONS

#### Peer Reviewed Forums (4 points each):

Description of Qualification:

Points Claimed:

### Non-Peer Reviewed Forums (2 points each):

Description of Qualification:

Points Claimed:

### Textbook Chapters (2 points each):

Description of Qualification:

Points Claimed:

### Curriculum Development (2 points each):

Description of Qualification:

Points Claimed:

### Research Grants (3 points each):

Description of Qualification:

Points Claimed:

### Service as Editor for Publications Related to the Practice of Hospital Medicine (3 points each year served):

Description of Qualification:

Points Claimed:

### Manuscript Reviewer for Publications Related to the Practice of Hospital Medicine (1 point each year served):

Description of Qualification:

Points Claimed:

### Volunteer (not performed in official capacity as Instructor or Professor of Medicine) Preceptor or Mentor to Trainees (e.g., Medical Students, Residents, PA Students, Nurse Practitioner Students, Nurse Trainees) (10 points for each activity):

Description of Qualification:

Points Claimed:

### Certificates of Added Competency Relevant to the Clinical or Administrative Practice of Hospital Medicine (e.g., Palliative Care, Geriatrics, M.B.A., M.M.M.) (2 points each):

Description of Qualification:

Points Claimed:

### Specialty Board Certification in Discipline Related to the Practice of Hospital Medicine (2 points each):

Description of Qualification:

Points Claimed:

### CME Course Directorship (3 points each):

Description of Qualification:

Points Claimed:

### CME Participation Relevant to the Clinical Practice of Hospital Medicine (e.g., meetings, home-study self assessment, video or online activities, procedural skill courses) (2 points for every 10 hours of category 1 CME or equivalent SHMConsults.com):

Description of Qualification:

Points Claimed:

### SHM Local Chapter Meeting Attendance (2 points each):

Description of Qualification:

Points Claimed:

### Awards Received for Accomplishments in Teaching and Education in Hospital Medicine (3 points each):

Description of Qualification:

Points Claimed:

TOTAL POINTS CLAIMED (**You must generate at least 20 points.**):

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## Dedication to Quality and Process Improvement

Eligible applicants must complete the Point Scoring Worksheet below and amass a minimum total of 130 points. At least 50 points must be generated from activities comprising the "Dedication in Leadership and Teamwork in Hospital Medicine" category, at least 20 points must be generated from activities comprising the "Dedication to Lifelong Learning" category, and at least 20 points must be generated from activities comprising the "Dedication to Quality and Process Improvement" category.

### Quality or Process Improvement Project Leader or Project Supervisor (please explain details of project) (e.g., SHM Project BOOST) (5 points each project):

Description of Qualification:

Points Claimed:

### Quality or Process Improvement Project Participant (please explain details of project) (e.g., SHM Project BOOST) (3 points each project):

Description of Qualification:

Points Claimed:

**Committee Leader Specific to Quality or Process Initiatives (e.g., patient safety, best practices, computerized medical record) (5 points each year served):**

Description of Qualification:

Points Claimed:

**Committee Participation Specific to Quality or Process Initiatives (e.g., patient safety, best practices, computerized medical record) (3 points each year served):**

Description of Qualification:

Points Claimed:

**Peer Review Activities (3 points for each activity):**

Description of Qualification:

Points Claimed:

**Education in Quality or Process Improvement Theory and Techniques (e.g., 6-Sigma, Toyota LEAN methodology) (5 points for each additional program completed):**

Description of Qualification:

Points Claimed:

**CME Related to Quality or Process Improvement (3 points for every 10 hours of category 1 CME [or equivalent]):**

Description of Qualification:

Points Claimed:

**Administrative Experience Related to Hospital Quality or Process Improvement (e.g., Chief Quality Officer, Patient Safety Officer, Chief Information Officer) (2 points each year served):**

Description of Qualification:

Points Claimed:

**Awards Received for Accomplishments in Quality Improvement, Process Improvement, and Innovations in Hospital Medicine (3 points each):**

Description of Qualification:

Points Claimed:

**TOTAL POINTS CLAIMED (You must generate at least 20 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.**

*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 page 6 of 7 is Terms and Agreement*

*Application page 7 of 7 is Application Fee Payment*