

SHM Special Interest Groups (SIGs) Application Form

Section 1

Basic Information

About the SIG

Name of SIG	Date
Type of SIG (membership type, practice interest, N/A)	

Primary Contact for Application

First Name	MI	Last Name
Organization		
Phone Number	Fax	
Email Address		

Section 2

Workplan

SHM is looking for a general sense of how the SIG will be structured, as well as the goals, plans and benefits. Please use this space to answer the following:

1. What is the need for the SIG
2. What is/are the initial proposed goal(s)
3. How will those goals be achieved
4. What benefits will the SIG provide to the hospital medicine community?
5. How will you engage the SHM community and grow the SIG?

Note: Decisions on SIG status are determined by the Board of Directors based on recommendations from the Membership Committee. SIGs granted status will be notified via email by the Membership Engagement Manager at SHM. SIGs should hold their first meeting must be held within the first three (3) months of recognition. SIGs need to hold a minimum of 4 meetings (quarterly) a year, use their HMX community as the main vehicle to document their work and communicate with the SHM membership to remain in good status.

Section 3

SIG Leadership

In order to be recognized as a SIG, there must be at least two (2) founding members who agree to be responsible for the formation responsibilities, who are also current members of SHM. Formation responsibilities include identifying a minimum of two (2) additional leaders with identified roles (Chair, Vice-Chair, Executive Council Member, etc.).

SIG Executive Committee Chair:

Name
Contact Information (phone/email)
Organization

SIG Executive Committee Vice-Chair:

Name
Contact Information (phone/email)
Organization

SIG Executive Committee Member:

Name
Contact Information (phone/email)
Organization

SIG Executive Committee Member:

Name
Contact Information (phone/email)
Organization



Section 4

Expression of Interest

In addition to the formation of the SIG Executive Council, SHM needs to confirm interest for the SIG within the overall hospital medicine community. SHM requires an a minimum of five (5) active SHM members from at least two different institutions to express interest to be members at large in your proposed SIG. Please utilize the petition template on page five to acquire your signatures.

[Go to petition](#)

For questions, please contact SHM via phone or email.

 800-843-3360  membership@hospitalmedicine.org

Acknowledgement of Requirements

By signing this application, you are acknowledging that you understand the requirements as outlined in Section 2 of this form for being an active SIG and agree to put forth your best efforts to achieve your proposed goals. You understand that full recognition of your proposed SIG is at the discretion of SHM's Board of Directors.

Print Name	
Signature	Date

To return your application:

 Society of Hospital Medicine
1500 Spring Garden St., Suite 501
Philadelphia, PA 19130

 267-702-2690

 membership@hospitalmedicine.org

 Upload your application at hospitalmedicine.org/sigs

Section 5

Petition

By entering my name below, I agree to support the future _____
Special Interest Group (SIG) of the Society of Hospital Medicine by being a member at
large of the SIG.

First Name	Last Name	Hospital	Email Address