

Special Interest Group (SIG) Application

Summary of Proposed SIG

Name of SIG: _____ Date of Application: _____

Please provide a brief summary of the SIG's goals:

Please provide a brief summary of the clinical (if any) advancements and areas of collaboration this SIG would promote within our membership:

Please provide a brief summary of the research (if any) advancements and areas of collaboration this SIG would promote within our membership:

How would the creation of this SIG provide a unique benefit to our members that is currently not being met via the Society's other SIGs, meetings, journals, and product offerings?

SIG Membership and Audience

So that the Endocrine Society may assist your Steering Committee in recruiting and maintaining active members, please provide information on the following audiences you think would benefit from the creation of this new SIG.

Below are the current membership types of Endocrine Society. Which of the following would actively participate in this SIG (check all that apply)?

In-Training
Members
☐

Early Career
Members
☐

Full
Members
☐

Associate
Members
☐

Emeritus/Retired
Members
☐

Please identify up to three professional roles your Steering Group envisions being the primary and most active audience within your proposed SIG by checking the below boxes:

Administrator <input type="checkbox"/>	Advanced Practice Provider* <input type="checkbox"/>	Basic Researcher <input type="checkbox"/>	Clinical Researcher <input type="checkbox"/>	Clinical Practitioner <input type="checkbox"/>
Educator <input type="checkbox"/>	Fellow-in-Training <input type="checkbox"/>	Graduate Student/PhD Student <input type="checkbox"/>	Postdoctoral Fellow <input type="checkbox"/>	Intern <input type="checkbox"/>
Medical Student <input type="checkbox"/>	Resident <input type="checkbox"/>	Retired <input type="checkbox"/>		

*Clinical practitioner without an MD, PhD, or global equivalent

Please identify up to three professional roles your Steering Group envisions as being an active secondary audience within your proposed SIG:

Administrator <input type="checkbox"/>	Advanced Practice Provider* <input type="checkbox"/>	Basic Researcher <input type="checkbox"/>	Clinical Researcher <input type="checkbox"/>	Clinical Practitioner <input type="checkbox"/>
Educator <input type="checkbox"/>	Fellow-in-Training <input type="checkbox"/>	Graduate Student/PhD Student <input type="checkbox"/>	Postdoctoral Fellow <input type="checkbox"/>	Intern <input type="checkbox"/>
Medical Student <input type="checkbox"/>	Resident <input type="checkbox"/>	Retired <input type="checkbox"/>		

*Clinical practitioner without an MD, PhD, or global equivalent

Please identify any additional audiences (if any) that would benefit from participating in this SIG and are not represented by the membership categories and/or professional roles:

SIG Steering Group and Leadership

Each SIG is led by a group of 3-5 Steering Group members. Steering Group members are responsible for creating and organizing an annual workplan for the SIGs, monitoring and overseeing the content generated by the SIGs, providing a year-end summary of the SIG's activity and accomplishments to the Board of Directors, and maintaining and nurturing the activity of the SIG (please see the SIG Handbook for a full description of Steering Group roles and responsibilities).

Please identify the 3-5 members who will act as your SIG's Steering Group for the first two years:

CHAIR (Required):	
Name:	
Title:	
Organization:	
Email:	

MEMBER (Required):	
Name:	
Title:	
Organization:	
Email:	

MEMBER (Required):	
Name:	
Title:	
Organization:	
Email:	

MEMBER (Optional):	
Name:	
Title:	
Organization:	
Email:	

MEMBER (Optional):	
Name:	
Title:	
Organization:	
Email:	

Additional Documentation for Submittal

In addition to completing the fields above in this application, please provide documentation of the following when submitting your completed application to community@endocrine.org:

1. Successful SIGs will have a work plan that meets a set of minimum requirements. Please submit a summary of proposed activities the SIG Steering Group will work on for its first two-years to help meet these requirements.
2. Successful SIGs will appeal to the Society membership and encourage active participation. Please provide the names and email address of at least thirty (30) Endocrine Society members who have expressed interest in joining the SIG.

Contact Information	
Name of Member Formally Submitting Application:	
Title:	
Organization:	
Email:	
Phone Number:	

Office Use Only	
Date Received:	
Members Reviewing Application:	
Approval Status:	
NOTES:	