



Shared Interest Group Application

The following information must be assembled and submitted by the identified Shared Interest Group chair for review by the AAPM Executive Committee. Submit your completed application to info@painmed.org.

1. **Name:** Proposed name for this SIG?

2. **Purpose:** Description of the need for and expected contributions of this SIG?

3. **Relevance:** Describe how this SIG supports AAPM's mission and strategic goals.

4. **Activities:** Describe the potential activities and focus of the SIG.

5. **Expected Membership:** Describe who would be likely to be interested in joining this SIG, and estimate the number of anticipated members.

6. **Indication of Interest:** Provide a list of names of AAPM members who have expressed interest in joining the SIG. Include e-mail contact information.

Name	Email

7. **Leadership:** Identify the member(s) who would be willing to preside as chair.

Submitted By:

Name of person submitting the application

E-mail Address:

E-mail address of person submitting the application

Phone Number:

Phone number of person submitting the application

Based on the information provided and number of members indicating interest, the AAPM Executive Committee will review the application, confirm that the purpose, relevance and activities are not duplicative of currently established AAPM groups, and if appropriate, recommend establishment of the Shared Interest Group to the Board of Directors for approval.