

Please complete each section of this form, along with the Inductee Spreadsheet. Please send all materials to <u>jpellettere@gold-foundation.org</u>.

Induction Procedures

Award Winners: If your institution participates in the **Leonard Tow Humanism in Medicine Award**, the faculty award winner should be one of the four elected GHHS faculty members. If your institution participates in the **Student Clinician's Ceremony**, the residents who are awarded the Tow Award and the Humanism and Excellence in Teaching Award should also be inducted at your ceremony. Please include all award winners on the inductee spreadsheet.

*Please note there is a 21 day turnover to generate certificates.

f. Phone number: _____

1.	inform may a	ter in the GHHS Directory each student, resident, fellow and faculty inductee with current contact ation and member type. If you are a new Chapter Advisor/Liaison, please contact us so we dd you to the directory and provide login information. Once you have submitted your on forms you will receive detailed instructions regarding this process.
2. *		of Induction: is outside of the required 21 day period, please provide your FedEx account number:
3.		tion Information: Name of institution (<i>Exactly as it should appear on certificates</i>):
	b.	Contact name and email: (Please include the point person who will facilitate adding your members to the database and relaying information to your chapter)
	C.	Chapter Advisor's name & contact information:
	d.	Mail induction package to:
	e.	Mailing address (No P.O. Box):

4.	Graduation year of students:		
5.	Number of STUDENTS ONLY being inducted. Must be 15% of Class Size.		
6.	Overall Number of inductees. (Including HETA/TOW winners, faculty and residents):		
7.	Overall Class Size at the time of membership selection as defined by the office of the Dean of		
	Medical Students:		
8.			