

SIG FORMATION

AASLD staff are committed to supporting the work of the SIGs by advancing the study of the individual specialties they represent. While AASLD currently has 16 Special Interest Groups, the organization actively encourages the exploration of new topic areas in Hepatology that are not yet represented. Any AASLD member interested in forming a new Special Interest Group must adhere to the SIG Formation criteria below.

SIG FORMATION PROCESS

To establish a new Special Interest Group, AASLD members are required to follow the steps below:

- 1) Pre-proposal Application:** The **pre-proposal application form** ensures that the proposed SIG application submitted is relevant to the AASLD membership and does not have a significant overlap with existing SIGs. All submitted pre-proposal applications, will be reviewed, and approved by the AASLD Governing Board. If approved, the submitter will be invited to submit a Formal Application.
- 2) Formal Application:** If the pre-proposal application was approved, please complete a **formal application**. The formal application process ensures SIG applicants provide all relevant information to allow the Governing Board to make an informed decision about the final approval of the formation of a SIG.

» **Important Note:**

The proposed focus of the SIG must be relevant to the AASLD member body garnering interest for joining the group. Additionally, the petitioners should be multidisciplinary (e.g. specialty, career level, etc.).

APPENDIX I: SIG PRE-PROPOSAL FORM

OVERVIEW

This form is to be completed for the proposal of a new SIG.

SUBMITTER INFORMATION

Name: _____

Email: _____

AASLD Membership # _____

ABOUT THE SIG

Proposed Name of the SIG: _____

Rationale for forming the SIG: Describe the professional need for this SIG. How does the proposed SIG relate to relevant and current issues in the field? How will the new SIG help researchers and clinicians in addressing the clinical unmet need or current clinical practice. What are the major goals of this SIG? What needs will this SIG address that are currently not being met by an existing SIG? List of current AASLD SIGs can be found [here](#). Any questions, please email SIGs@asld.org.

How many AASLD members are in favor of forming this SIG? _____

How many AASLD members do you anticipate will become members of this SIG, if approved? _____

END OF FORM

Signature: _____ Date: _____

Email completed form and Bio/CV of the submitter to AASLD Staff: SIGs@asld.org.

APPENDIX II: SIG FORMAL APPLICATION

OVERVIEW

Complete this form if your SIG Pre-Proposal form has been accepted by the AASLD Governing Board. Email completed form to SIGs@asld.org.

SUBMITTER INFORMATION

Name: _____ Email: _____

Cell #: _____

PROPOSED SIG STEERING COMMITTEE

Include the names and information of at least six (6) AASLD members who are in support of the SIG's formation and agree to serve on the SIG Steering Committee if the application is accepted. Each committee member will be asked for written confirmation (via an online link) that they are in support of and agree to join the SIG.

Name	Email	Intended SIG Steering Committee Role	Do you have a prior AASLD SIG or Committee involvement? Yes or No.
		Chair	
		Vice Chair	
		Education Lead	
		Communication Lead	
		Trainee Lead	
		Associate Lead*	

* Basic Science focused SIGs do not require an Associate lead position.

SIG MISSION AND GOALS

The benefit of a SIG is to allow members with a common interest to share the latest innovations, research, and discourse on a specific topic. Undoubtedly, the topic of this SIG will serve to enhance the goals and missions of the AASLD and the field of hepatology. Please provide the mission and goals of the proposed SIG and explain how the creation of this new SIG fits within the vision and strategic plan of AASLD.

SIG MEMBER SUPPORT

Identify at least 20 individuals in support of the SIG's formation. Supporters must include a mixture of junior and senior members (i.e., FAASLD). By including their names below, petitioners agree to join the SIG if this application is accepted.

Name	Email

END OF FORM

Signature: _____ Date: _____