

## **AMERICAN GERIATRICS SOCIETY Student & Resident Chapter Application**

**Thank you for your interest in starting a student or resident chapter at your institution! AGS trainee chapters help foster an interest in geriatrics at a local level. We're thankful to collaborate with you.**

The following are some guidelines to help your chapter's launch and ensure success. These guidelines serve as a structure that has brought success to other chapters; however we understand that some institutions may operate differently depending on what works best for their chapter (for example: many chapters have a co-president/co-leadership structure). If you have any questions about these guidelines, please contact Ashley Evans, [aevans@americangeriatrics.org](mailto:aevans@americangeriatrics.org)

### **Guidelines for Establishing & Maintaining a Student or Resident Chapter**

1. Faculty members should be selected to serve as Chapter Advisors and to provide continuity to Chapters. At least one advisor must be a member of the American Geriatrics Society. Advisors may be selected from:
  - a. Full-time faculty from the school of medicine, interested in geriatrics
  - b. Volunteer faculty members interested in geriatrics
2. The Chapter should have the following student officers:
  - a. President
  - b. Vice President
  - c. Secretary/Treasurer
3. A Chapter Council should be appointed, consisting of the officers and members from each class. The Council will determine the program activities of the Chapter.
4. Chapters are to be organized primarily for service, educational and scientific purposes. No substantial part of the activities of the Chapter shall consist of lobbying or otherwise attempting to influence legislation. The Chapter shall not participate in any political campaign on behalf of any candidate for public office.
5. Chapters must act in accordance with the rules and regulations of the university and the AGS.
6. Chapters are encouraged to submit a roster of chapter members to the AGS Office on an annual basis. This list will be used to register for AGS student or resident membership. AGS staff will reach out to chapters annually for this information.
7. An accurate account of receipts and disbursements for Chapter activities should be maintained. Monies must be kept in a university account. The AGS headquarters office in New York must be notified if the fund balance exceeds \$5,000 at any time.
8. Chapters are expected to submit annual progress reports on past, current, and planned activities. AGS staff will reach out to chapters annually for this information.
9. Chapters are responsible for notifying the AGS of any change in Faculty Advisor(s) or Student Officers. This can be done annually, at the time that the progress report is submitted.

**AMERICAN GERIATRICS SOCIETY  
Student & Resident Chapter Application**

**Please Indicate Type of Chapter You are Applying For**

- AGS Student Chapter  
 AGS Resident Chapter  
 AGS Chapter for both Students AND Residents

**Institution Information** (where all information should be sent)

Institution: \_\_\_\_\_  
Department: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Make Stipend Checks Payable To: \_\_\_\_\_  
(cannot be an individual)

**Which of the following groups make up your membership? (please check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> medical               | <input type="checkbox"/> pharmacy              |
| <input type="checkbox"/> nursing               | <input type="checkbox"/> physical therapy      |
| <input type="checkbox"/> social work           | <input type="checkbox"/> occupational therapy  |
| <input type="checkbox"/> undergraduate         | <input type="checkbox"/> other, please specify |
| <input type="checkbox"/> physician's assistant | _____  |

**Faculty Information**

Name of Faculty Advisor: \_\_\_\_\_ Degree: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Officer Information**

President: \_\_\_\_\_ Year of Study: \_\_\_\_\_  
Discipline: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Vice President: \_\_\_\_\_ Year of Study: \_\_\_\_\_  
Discipline: \_\_\_\_\_ E-mail: \_\_\_\_\_

**On a separate sheet, please provide the following:**

1. A summary of your organization's general goals and objectives;
2. A description of the nomination and election process for chapter officers;
3. A description of the process for maintaining records of the chapter's finances and activities.

**Please return complete application form to:**

Ashley Evans  
E-mail: [aevens@americangeriatrics.org](mailto:aevens@americangeriatrics.org)