

**OREGON SOCIETY FOR HEALTHCARE RISK MANAGEMENT  
MEMBERSHIP RENEWAL APPLICATION  
CY 2012**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MEMBERSHIP TYPE/ANNUAL DUES:

INDIVIDUAL - \$75                       STUDENT - \$45

ARE YOU CURRENTLY A MEMBER OF ASHRM: (YES) (NO)

**In which of the following areas would you consider yourself a good resource person for other OSHRM members & which do you see as being an interest for education topics? Include any that are not listed. Use an X if for resources and a Y for education.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Claims Management     | <input type="checkbox"/> Legal issues/Legislation       | <input type="checkbox"/> Policy and Procedures    |
| <input type="checkbox"/> COBRA                 | <input type="checkbox"/> Long-Term Care                 | <input type="checkbox"/> QI/UR                    |
| <input type="checkbox"/> Consent               | <input type="checkbox"/> Loss Prevention/Control        | <input type="checkbox"/> Risk Financing           |
| <input type="checkbox"/> Corporate Compliance  | <input type="checkbox"/> Office Practice                | <input type="checkbox"/> RM Computer Programs     |
| <input type="checkbox"/> Forms Development     | <input type="checkbox"/> Patient Relations/Advocacy     | <input type="checkbox"/> RM/QI Integration        |
| <input type="checkbox"/> Fraud & Abuse         | <input type="checkbox"/> Patient Self-Determination Act | <input type="checkbox"/> Safety/Disaster Planning |
| <input type="checkbox"/> Inservice Development | <input type="checkbox"/> Peer Review                    | <input type="checkbox"/> Sentinel Events          |
|  |   | <input type="checkbox"/> Never Events             |

**Other (specify)** \_\_\_\_\_

Please put an asterisk (\*) beside the boxes checked for topic on which you would be willing to be a speaker.

My preference for a committee assignment would be: (Number in order of preference)

Education     Nominations     Membership     Bylaws     Communications

Would you be interested in participating in the OSHRM Mentoring Program for new risk managers or students?  Yes     No

Please make your check payable to:

**OREGON SOCIETY FOR HEALTHCARE RISK MANAGEMENT (OSHRM)**

Send Application and check to:

Birgit Becker  
OSHRM  
4000 Kruse Way Pl #2-100  
Lake Oswego OR 97035