

OREGON SOCIETY FOR HEALTHCARE RISK MANAGEMENT

New Member Application

NAME: _____

TITLE: _____

ORGANIZATION: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ FAX #: _____ E-MAIL: _____

MEMBERSHIP TYPE/ANNUAL DUES:

INDIVIDUAL - \$60

STUDENT - \$30

ARE YOU CURRENTLY A MEMBER OF ASHRM: (YES) (NO) HOW MANY YEARS? _____
IF NOT, WOULD YOU LIKE TO RECEIVE INFORMATION ABOUT 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"/> Long-Term Care | <input type="checkbox"/> Risk Financing |
| <input type="checkbox"/> COBRA | <input type="checkbox"/> Loss Prevention/Control | <input type="checkbox"/> RM Computer Programs |
| <input type="checkbox"/> Consent | <input type="checkbox"/> Office Practice | <input type="checkbox"/> RM/QI Integration |
| <input type="checkbox"/> Corporate Compliance | <input type="checkbox"/> Patient Relations/Advocacy | <input type="checkbox"/> Safety/Disaster Planning |
| <input type="checkbox"/> Forms Development | <input type="checkbox"/> Patient Self-Determination Act | <input type="checkbox"/> Sentinel Events |
| <input type="checkbox"/> Fraud & Abuse | <input type="checkbox"/> Peer Review | |
| <input type="checkbox"/> Inservice Development | <input type="checkbox"/> Policy and Procedures | |
| <input type="checkbox"/> Legal issues/Legislation | <input type="checkbox"/> QI/UR | |

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)

- | | | |
|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Nominations | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Communications | |

Please make your check payable to:

OREGON SOCIETY FOR HEALTHCARE RISK MANAGEMENT (OSHRM)

Send Application and check to:

Vicke Stephens
OSHRM
4000 Kruse Way Pl #2-100
Lake Oswego OR 97035