OREGON SOCIETY FOR HEALTHCARE RISK MANAGEMENT
MEMBERSHIP RENEWAL APPLICATION
CY 2009

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.

[ ] Claims Management
[ ] COBRA
[ ] Consent
[ ] Corporate Compliance
[ ] Forms Development
[ ] Fraud & Abuse
[ ] Inservice Development
[ ] Legal issues/Legislation
[ ] Loss Prevention/Control
[ ] Patient Relations/Advocacy
[ ] Patient Self-Determination Act
[ ] Policy and Procedures
[ ] Risk Financing
[ ] Safety/Disaster Planning
[ ] Long-Term Care
[ ] Office Practice
[ ] Peer Review
[ ] QI/UR
[ ] RM Computer Programs
[ ] RM/QI Integration
[ ] Sentinel 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:

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