

**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 - \$50

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"/> Policy and Procedures |
| <input type="checkbox"/> COBRA | <input type="checkbox"/> Loss Prevention/Control | <input type="checkbox"/> QI/UR |
| <input type="checkbox"/> Consent | <input type="checkbox"/> Office Practice | <input type="checkbox"/> Risk Financing |
| <input type="checkbox"/> Corporate Compliance | <input type="checkbox"/> Patient | <input type="checkbox"/> RM Computer Programs |
| <input type="checkbox"/> Forms Development | Relations/Advocacy | <input type="checkbox"/> RM/QI Integration |
| <input type="checkbox"/> Fraud & Abuse | <input type="checkbox"/> Patient Self- | <input type="checkbox"/> Safety/Disaster Planning |
| <input type="checkbox"/> Inservice Development | Determination Act | <input type="checkbox"/> Sentinel Events |
| <input type="checkbox"/> Legal issues/Legislation | <input type="checkbox"/> Peer Review | |

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