

# Pennsylvania Association for Health Care Risk Management (PAHCRM)

2017 Membership/Renewal Application  
(January 1, 2017 – December 31, 2017\*)

*Note: It is not necessary to be a member of ASHRM to become a member of PAHCRM.*

**ANNUAL PAHCRM DUES ARE \$50.00 – due by 3/31/2017 (Discounted memberships due by 3/1/16)**

**Please make checks payable to PAHCRM.**

New Member  Renewal  Amount enclosed: \$ \_\_\_\_\_

(Please print or type)

Name: \_\_\_\_\_  
Last First MI

Position or Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ ext: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

## MEMBER PROFILE

ASHRM  RIMS  NAHQ  OTHER: \_\_\_\_\_

### Check the organization that best describes your employer:

Hospital/Health System <input type="checkbox"/>	Broker/Agency <input type="checkbox"/>
Hospital – Psychiatric <input type="checkbox"/>	Law Firm <input type="checkbox"/>
Hospital – Rehabilitation <input type="checkbox"/>	School/University <input type="checkbox"/>
HMO/Managed Care Organization <input type="checkbox"/>	Government Agency <input type="checkbox"/>
Home Care Provider <input type="checkbox"/>	Risk Management Consultant <input type="checkbox"/>
Skilled Nursing/Long Term Care Facility <input type="checkbox"/>	Self Employed/Business Owner <input type="checkbox"/>
Insurance Company <input type="checkbox"/>	

### Check the responsibilities that are included in your job:

Risk Management <input type="checkbox"/>	Corporate Compliance <input type="checkbox"/>	Medical Staff Credentialing <input type="checkbox"/>
Risk Financing <input type="checkbox"/>	Performance Improvement <input type="checkbox"/>	Patient Relations <input type="checkbox"/>
Insurance <input type="checkbox"/>	Infection Control <input type="checkbox"/>	Security <input type="checkbox"/>
Claims Management <input type="checkbox"/>	Nursing Administration <input type="checkbox"/>	Worker's Comp <input type="checkbox"/>
Litigation <input type="checkbox"/>	Safety <input type="checkbox"/>	Information Mgmt/Med Rec <input type="checkbox"/>

### Check the degree(s) or designation(s) that you hold:

BA  BS  MA  MS  RN  MD  JD  ARM  CPCU  CPHQ  CPHRM

FASHRM  DFASHRM  OTHER: \_\_\_\_\_

**Send completed application and membership dues to:** Debra Valent, PAHCRM Treasurer, 5520 3<sup>rd</sup> Ave,  
Altoona, PA 16602; Questions? Contact Deb at: Phone: 814-944-8485 debra.valent@cna.com

**\*Please note that membership in PAHCRM runs from January 1<sup>st</sup> through December 31<sup>st</sup>.** Dues are non-refundable. Membership may not be transferred to another individual. Termination from the Association shall be presumed if dues are not paid within 60 days of the due date unless a dues waiver has been approved by the Board of Directors.