

Professional Recognition Program Application Form



Instructions

1. Please complete the entire application process. Include all supporting documentation. ASHRM staff may request additional documentation at a later date. Required documentation includes the following:
 - Documents that demonstrate compliance with continuing education requirements (transcripts, certificates, etc.)
 - Employment experience summary and current job description signed by the person you report to. Indicate number of years of experience in position(s) with primary responsibilities related to risk management.
 - Documentation of contributions to the field (CV, resume, etc.)
 - Two letters of reference.
2. Payment must be submitted separately from the application and supporting materials. Applicants will receive an email containing a link to pay by credit card and check payment instructions once the application materials are received. Fees are non-refundable and non-transferable.

Application Fees

Distinguished Fellow (DFASHRM)

\$125 - First time applicants to designation process

\$50 - Applicants with current FASHRM status

Fellow (FASHRM)

\$100

Reapplication After One Year

\$50*

*Applicants who reapply for either designation within 12 months of the decision are exempt from the application fee.

3. Fellow Applications and published papers may be submitted to ASHRM via email at ASHRM@aha.org provided that payment is sent via e-mail or mail. All payments and supporting documentation must be e-mailed or mailed with a copy of the completed application.
4. Fellow and Distinguished Fellow recognition awards are presented at ASHRM's Annual Conference & Exhibition. **To be recognized at the conference for that year, Fellow applications must be submitted by July 1 of the calendar year.** If you cannot attend the conference, your award will be sent to you following the conference.

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Complete and return this application and supplemental materials to ASHRM at ASHRM@aha.org

Contact information:

Name:		Date joined ASHRM:
Title:		E-mail:
Organization:	Phone:	
Address:		
City:	State:	Zip:

Please check the correct box below:

Applying for:

- Fellow
 Distinguished Fellow

Submission as:

- First-time application
 Reapplication
 Application for Distinguished Fellow

List two professional references:

Reference 1:

Name:		
Title:		E-mail:
Organization:	Phone:	
Address:		
City:	State:	Zip:

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Reference 2:

Name:		
Title:	E-mail:	
Organization:	Phone:	
Address:		
City:	State:	Zip:

To see a detailed summary of the professional designation criteria and requirements please visit <http://www.ashrm.org/education/fashrm-dfashrm.dhtml>

Please list academic/professional designations obtained, in addition to the CPHRM:

1. CPHRM _____
2. _____
3. _____
4. _____
5. _____

(Applicable designations are listed at <http://www.ashrm.org/education/fashrm-dfashrm.dhtml>)

Number of continuing education hours:

List total number of education hours in the box below. Documentation must be provided for all education hours with the correct content category. [Download the continuing education reporting form here.](#)

Education hours

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Please briefly describe (or list) the enclosed documents that demonstrate compliance with the requirements in the following areas:

Leadership:

Applicant must provide **at least two** examples of health care risk management-related leadership positions totaling **at least four years** of service, that are not a matter of routine job responsibilities, not held concurrently and are each at least one year in duration.

Written verification is required of title and leadership position held provided by the organization cited.

	<u>Activity Performed</u>	<u>Position Held</u>	<u>Dates of service</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

Publishing:

To meet the publishing requirement, you must submit two scholarly articles which clearly relate to patient safety and/or risk management; and are peer reviewed with cited resources (e.g., through citations, a bibliography, list of references, etc.) and published within five years prior to the date the application is submitted.

	<u>Title</u>	<u>Publisher</u>	<u>Date Published</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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Lecturing:

Applicant must provide at least two examples of participation as a speaker or faculty member in risk management programs, conducted within five years prior to the date the applicant is applying for recognition (cite **Content Category Code** listed above in **Continuing Education Criteria** section). At least one presentation must be at national or state level and at least one must offer continuing education credits.

	<u>Title</u>	<u>Location</u>	<u>Date(s)</u>	<u>Content Code</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Upon your award of a certification of recognition, ASHRM staff will send press releases to your hospital or organization announcing your achievement. Please list names and addresses of your CEO/Administrator and public relations officer.

Name:

Title:

Organization:

Address:

City, State, ZIP:

E-mail:

Phone:

Name:

Title:

Organization:

Address:

City, State, ZIP:

E-mail:

Phone:

I hereby certify that all statements and responses I have made in this application, and all documents enclosed herewith, are true, accurate and authentic to the best of my knowledge.

Your Signature _____ Date _____

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Professional Recognition Checklist

FASHRM	DFASHRM
Application Form <input type="checkbox"/>	Application Form <input type="checkbox"/>
Application Fee* <input type="checkbox"/>	Application Fee* <input type="checkbox"/>
Member for at least 5 years <input type="checkbox"/>	Member for at least 10 years <input type="checkbox"/>
Designations – minimum of 2 <input type="checkbox"/> CPHRM <input type="checkbox"/> Additional Designation	Designations – minimum of 3 <input type="checkbox"/> CPHRM <input type="checkbox"/> Additional Designation <input type="checkbox"/> Additional Designation
Continuing Education Credits <input type="checkbox"/> Continuing education form complete <input type="checkbox"/> 75 hours <input type="checkbox"/> Within past 5 years <input type="checkbox"/> Copies w/ o Name of program o Date of program o # of contact hours o Content code (1-6) Contact hour = 60 minutes of educational experience	Continuing Education Credits <input type="checkbox"/> Continuing education form complete <input type="checkbox"/> 150 hours <input type="checkbox"/> Within past 10 years <input type="checkbox"/> Copies w/ o Name of program o Date of program o # of contact hours o Content code (1-6) Contact hour = 60 minutes of educational experience
Employment Experience <input type="checkbox"/> 5 years minimum experience <input type="checkbox"/> Current job description <input type="checkbox"/> 2 letters of reference <input type="checkbox"/> Typed summary of RM experience (ie: resume or CV) indicating growth of responsibility/authority	Employment Experience <input type="checkbox"/> 10 years minimum experience <input type="checkbox"/> Current job description <input type="checkbox"/> 2 letters of reference <input type="checkbox"/> Typed summary of RM experience (ie: resume or CV) indicating growth of responsibility/authority
Contributions to the field ALL REQUIREMENTS in 2 categories <u>Leadership</u> <input type="checkbox"/> 2 examples totaling 4 years (each at least 1 year in duration) <input type="checkbox"/> W/in past 10 years <input type="checkbox"/> Dates of service <input type="checkbox"/> Activities performed <input type="checkbox"/> Written verification of title/leadership position held provided by the organization <input type="checkbox"/> Examples not work related	Contributions to the field ALL REQUIREMENTS in ALL 3 categories <u>Leadership</u> <input type="checkbox"/> 2 examples totaling 4 years (each at least 1 year in duration) <input type="checkbox"/> W/in past 10 years <input type="checkbox"/> Dates of service <input type="checkbox"/> Activities performed <input type="checkbox"/> Written verification of title/leadership position held provided by the organization <input type="checkbox"/> Examples not work related

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<p><u>Publishing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of book chapter (as primary or co-author) OR <input type="checkbox"/> 2 articles published in journals/periodicals with circulation of 1000 readers or more (as primary author of at least one of the submissions) <input type="checkbox"/> Published w/in 5 years of date of application <input type="checkbox"/> Related to the field of risk management <input type="checkbox"/> Articles or book chapters must bear the publication's name and date of publication <input type="checkbox"/> Publications not work related <p><u>Lecturing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 examples as speaker or faculty for risk management programs <ul style="list-style-type: none"> o One must be national/state o One must offer continuing educational credit <input type="checkbox"/> Conducted w/in 5 years of application <input type="checkbox"/> Documentation verifying purpose or occasion of the presentation (program brochure or correspondence from program sponsors) <input type="checkbox"/> Presentation is not work related 	<p><u>Publishing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of book chapter (as primary or co-author) OR <input type="checkbox"/> 2 articles published in journals/periodicals with circulation of 1000 readers or more (as primary author of at least one of the submissions) <input type="checkbox"/> Published w/in 5 years of date of application <input type="checkbox"/> Related to the field of risk management <input type="checkbox"/> Articles or book chapters must bear the publication's name and date of publication <input type="checkbox"/> Publications not work related <p><u>Lecturing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 examples as speaker or faculty for risk management programs <ul style="list-style-type: none"> o One must be national/state o One must offer continuing educational credit <input type="checkbox"/> Conducted w/in 5 years of application <input type="checkbox"/> Documentation verifying purpose or occasion of the presentation (program brochure or correspondence from program sponsors) <input type="checkbox"/> Presentation is not work related
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