

Northern New England Society of Healthcare Risk Management

ASHRM/REGIONAL CONFERENCE and CPHRM EXAM SUBSIDIZATION APPLICATION PROCEDURE

Selection Criteria

Requirements:

- Candidate must be a current member of NNESHHRM
- Candidate must have at least 12 months of continuous membership prior to application

Factors considered:

- Attendance at NNESHHRM annual, education and regional meetings
- Participation in NNESHHRM Board Meetings or on Board Committees
- Prior subsidization

Selection Process:

1. Applicant completes application and submits to the NNESHHRM Secretary by midnight of applicable submission deadline below.
2. The NNESHHRM Secretary will remove identifiers such that the Review Committee will conduct a blind evaluation.
3. The Review Committee will be comprised of 3 non-applying members; the NNESHHRM President-Elect (chair) and (1) member of the Finance Committee and (1) member of the Membership Committee.
4. The Review Committee will review all subsidization applications and notify the recipients within 30 days of the applicable Deadline for Application.

APPLICATION DEADLINES:

NESHHRM REGIONAL CONFERENCE:

30 days prior to the close of early bird registration date.

ASHRM ANNUAL MEETING:

60 days prior to the close of early bird registration.

CPHRM Examination:

Apply upon successful passing of examination.

**Please return the application by email to Tatum O'Sullivan at
TKOSullivan@partners.org**

NORTHERN NEW ENGLAND SOCIETY FOR HEALTHCARE RISK MANAGEMENT

APPLICATION FOR CONFERENCE/CPHRM EXAM SUBSIDIZATION

I request NNESHHRM subsidization for:

_____ ASHRM _____ CPHRM _____ New England Regional Conference

Name _____ Title _____

Organization _____

Address _____

Phone _____ Fax _____ Email _____

I have been a member of NNESHHRM since (month/year) _____

During the past 12 months, I have attended NNESHHRM meetings in (month/year):

During the past 12 months, I have participated in the following NNESHHRM activities:

I believe I should be considered for subsidization because: _____

Have you received prior funding from NNESHHRM? Yes No

If yes, when? _____

Will you receive any reimbursement from your employer? Yes No

If yes, how much? _____

Signature of applicant

Date

Review Committee Approval: Yes No Date _____

President-Elect, NNESHHRM

Date