

safe and trusted healthcare

A personal membership group of the American Hospital Association

ASHRM Professional Recognition Checklist

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

Publishing	Publishing
 Copy of book chapter (as primary o co-author) OR 	or Copy of book chapter (as primary or co-author) OR
 2 articles published in journals/periodicals with circulation of 1000 readers or more (as primary author of at least one of the submissions) Published w/in 5 years of date of application Related to the field of risk management 	, 1
 Articles or book chapters must bear the publication's name and date of publication 	C
Publications not work related	Publications not work related
Lecturing	Lecturing
 2 examples as speaker or faculty for risk management programs One must be national/state One must offer continuing educational credit Conducted w/in 5 years of application Documentation verifying purpose of occasion of the presentation (program brochure or correspondence from program 	occasion of the presentation (program brochure or correspondence from program
sponsors) □ Presentation is not work related	sponsors) Presentation is not work related

*Application Fee

(One-time, nonrefundable):

Distinguished Fellow (DFASHRM)

- \$125—First time applicants to designation process
- \$50—Applicants with current FASHRM status
- Fellow (FASHRM)
 - \$100

Reapplication After One Year

- \$50*
- *Unsuccessful applicants who reapply for either designation within 12 months of the decision are exempt from the application fee.