The mission of the MD-DC Society for Healthcare Risk Management is to “advance the art of healthcare risk management by promoting the development of the risk management and patient safety professionals in Maryland and DC.” Our mentorship program furthers our mission by partnering with those who are new to our profession and developing collaborative relationships that encourage opportunities for learning.

Complete the attached form to nominate an individual who is a MD-DC SHRM member and meets the following criteria:

Five years or less experience in:

- Risk Management
- Patient Safety
- Professional Liability Claims Management
- Medical Malpractice Defense Attorney

Nominees will be collected, reviewed and selected by the Nominating Committee. Those selected will be assigned a Mentor and receive free registration to all MD-DC SHRM Education Meetings for 2020. Mentors will hold periodic meetings with the mentee throughout the year to provide encouragement, support and coaching. Mentors will provide opportunities for the mentee to get involved in the activities of the MD-DC SHRM.

Return the completed Nomination Form to: hjoycebyers@mmcip.umm.edu
NOMINATION FOR MENTORSHIP PROGRAM

Name _____________________________________________________________

Address ___________________________________________________________

Phone _____________________________________________________________

Email _____________________________________________________________

Current Employment _________________________________________________

Nominee has Five Years or Less experience in one or more of the following (check all that apply):

- Risk Management
- Patient Safety
- Professional Liability Claims Management
- Medical Malpractice Defense Attorney
- Other ___________________________

Current MD-DC SHRM Member (circle)  YES  NO

This Nominee should participate in the MD-DC SHRM Mentorship Program because:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Nominated by:

____________________________ ____________________  __________
Name    Employer    Date