



R. PAUL VENZKE AWARD

In recognition of outstanding performance in the field of healthcare risk management

NOMINATION FORM

Candidate Name: _____
Candidate must be an active MSHRM member

Title/Position: _____

Credentials/Designations/Certifications:

Certified Professional in Healthcare Risk Management (CPHRM): Yes No

Organization: _____

Address: _____

Telephone: _____

Length of Employment: _____

Nominated by: _____

Title/Position: _____

Relation to Candidate: _____

Reason for Nomination: _____

Your Signature and Date: _____

Thank you for your time and interest.

Please return the nomination form postmarked by February 28th, 2023 to:

MSHRM Awards
PO Box 598
Oxford, MI 48371
Email: info@mshrm.org