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PRESIDENT'S COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED,  
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## **INFECTION CONTROL COORDINATOR**

The person filling this position will be responsible for the daily coordination of hospital-wide infection control program activity, including staff supervision in a stimulating academic environment. They will work closely with the Hospital Epidemiologist, and report to the Quality Management Department Director. This is a full time position at the \$16.66/hr to \$21.99/hr salary range.

### **QUALIFICATIONS**

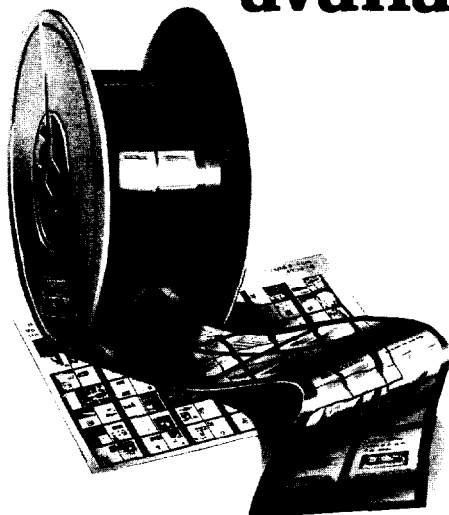
- RN, Bachelor of Science Degree with Nurse Epidemiologist experience required
- Utilization Reviewer, Quality Assurance, and/or CQI experience preferred
- Computer proficiency preferred

Send application to, or call:

Nancy Hoyt, Nursing Employment Coordinator  
Oregon Health Sciences University, UHS-8  
3181 SW Sam Jackson Park Road  
Portland, Oregon 97201  
(503)494-7884

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# Membership Application

The **Society** for Hospital Epidemiology of America



Name \_\_\_\_\_

Degree  MD  CI PhD  CI Other \_\_\_\_\_

Title (in hospital epidemiology) \_\_\_\_\_

Institution(s) name and address \_\_\_\_\_

City

State

Zip code

Business telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Area of interest within hospital epidemiology

- Hospital-acquired pneumonia
- Intravascular device-associated infection
- Nosocomial urinary tract infection
- Other (specify) \_\_\_\_\_

Bed size \_\_\_\_\_ Category  Non-Teaching  Teaching

Home address \_\_\_\_\_

City

State

Zip code

Home telephone (\_\_\_\_\_) \_\_\_\_\_

Indicate preferred address for membership directory  Home  Business

### Membership fees

Non-US members please pay with draft for US dollars.

**Active membership**—Calendar year dues: \$85

Applicants must hold a doctoral degree and should either work in the field of hospital epidemiology or have a direct interest in hospital epidemiology.

**Associate membership**—Calendar year dues: \$35 Fellowship ends (month)/(year) \_\_\_\_\_

Applicants must hold a doctoral degree and be participating in an appropriate training program in the field of hospital epidemiology. Proof of training must accompany this application.

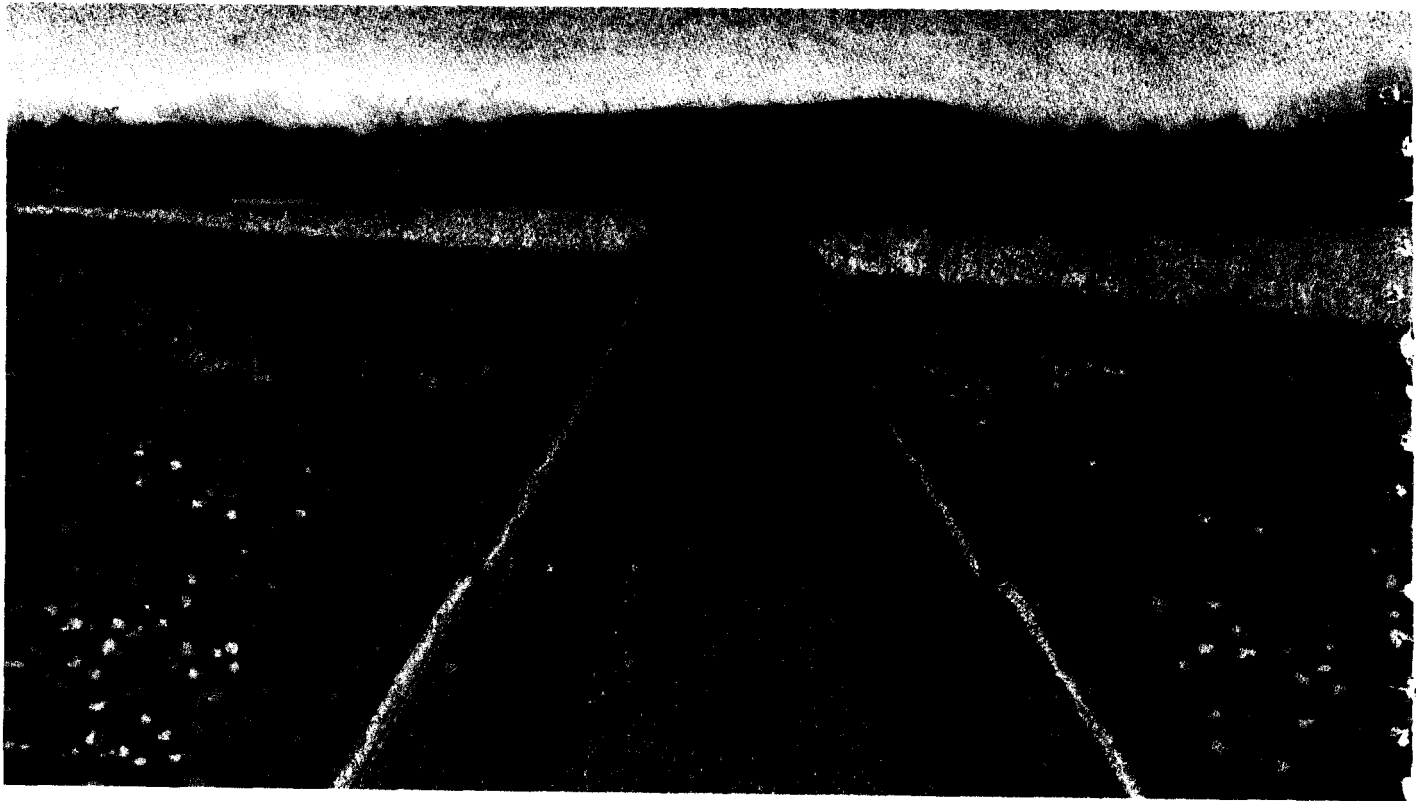
Your membership fee includes a subscription to the Society's official journal  
*Infection Control and Hospital Epidemiology.*

Please make checks payable to The Society for Hospital Epidemiology of America.

**Send application and remittance to:**

SHEA Membership  
875 Kings Highway, Suite 200  
West Dentford N.J 08096

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