

Engineering Your Success with



California Society for Healthcare Engineering, Inc. (CSHE)



Benefits of CSHE and Application



CSHE

The California Society for Healthcare Engineering (CSHE) is a professional society representing more than 1200 individuals who are actively employed in the field of health care facility engineering in California.

History

CSHE began with a regional chapter in San Francisco founded in 1956. CSHE incorporated as a statewide entity in 1970, and has since grown to 11 active chapters throughout California. CSHE is the California Chapter of the American Society for Healthcare Engineering (ASHE), which represents health care engineers nationally.

Board of Directors

The CSHE Board of Directors meets quarterly to conduct the business of the society. Each chapter has a representative on the CSHE Board. CSHE has established committees to review bylaws, codes, educational opportunities, finances, membership and publications. The California Hospital Association (CHA) recommends appointments to the Hospital Building Safety Board and the California Building Standards Commission Healthcare Facilities Committee in consultation with CSHE.

Benefits

CSHE offers a eBulletin and website (www.cshe.org) to assist engineers with key health care issues. The website also posts important publications. Annually, since 1971, the CSHE Annual Institute has been held in various cities throughout California. CSHE members also are eligible to participate in the Mechanic Evaluation and Certification for Healthcare (MECH) Program, which offers health care mechanics the opportunity to become certified. Chapter meetings allow an excellent opportunity to discuss issues and develop educational opportunities with your peers. Through its affiliation with the California Hospital Association (CHA), CSHE members play a role in formulating regulator and legislative policy affecting health care engineering. Another benefit is monthly educational facility webinars for hospital engineers.



CSHE Mission

To serve as a resource for the personal and professional development of members, so that they are the best in the health care environment and qualified to address the unique needs of health care organizations.

CSHE Vision Statement

To be the preferred professional organization for the health care environment in California.

CSHE Meets The Need

The operational cost of a health care facility is related to its environment and equipment, which are the responsibility of plant engineering personnel. Health care engineering personnel have a personal responsibility to advance skills, awareness and knowledge to maintain a proper level of effectiveness and efficiency for optimal patient care. CSHE provides members opportunities to learn, network and exchange ideas to keep abreast of operational disciplines through local chapter meetings, the Annual Institute, e-mails, eBulletins and seminars. We invite you to join CSHE, a progressive professional educational society.





Facility Member (\$50 Annually)

Facility designation is for an individual whose principal employment is directly related to hospital engineering or a related discipline in a health care facility or health care system. Each member shall have one vote, may be appointed to committees and elected to any chapter or state office.

Affiliate (\$150 Annually)

Affiliate designation for an individual who provides a consultative or advisory service to health care facilities. This category includes architect, consulting engineer, independent consultant, inspector of record, construction manager and employee of state agencies such as OSHPD, Fire Marshal's Office and OSHA. Affiliates may be appointed to committees and elected to the chapter secretary office.

OR

Affiliate designation is for an individual who provides a product or equipment to health care facilities. This category could include distributors or original equipment manufacturers. Affiliates may be appointed to committees and elected to the chapter secretary office.



Retired Facility Member

(\$25 – Retired Facility Member) or (\$75 – Retired Affiliate)

Retired designation is for a retiree who wishes to continue his/her association with CSHE and have been with CSHE a minimum of ten years. Each retired facility member shall have one vote, and may be appointed to committees and elected to any chapter or state office for which their category is eligible.

Student (\$20 Annually)

Student designation is for an individual whose educational pursuit is directly related to hospital engineering or a related discipline. Each student may be appointed to a chapter committee, but may not vote or hold any office.



**California Society for
Healthcare Engineering, Inc. (CSHE)**

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Fax: 916-552-7617

Website: www.cshe.org

CSHE is a non-profit 501(c)6 professional society.

Application *(categories are defined on the reverse)*

NAME: <i>(First)</i> _____ <i>(Initial)</i> _____ <i>(Last)</i> _____	TITLE: _____		
EMPLOYER: _____			
EMPLOYER ADDRESS: _____	WORK PHONE: () CELL PHONE: ()		
CITY, STATE, ZIP CODE: _____	WORK EMAIL: _____		
HOME ADDRESS: _____	HOME PHONE: ()		
CITY, STATE, ZIP CODE: _____	HOME E-MAIL: _____		
PREFERRED MAILING ADDRESS: <input type="checkbox"/> WORK <input type="checkbox"/> HOME REFERRED TO CSHE BY: _____			
BRIEFLY DESCRIBE YOUR PRESENT DUTIES: _____ _____	# OF YEARS IN CURRENT POSITION: _____	# OF EMPLOYEES UNDER YOUR SUPERVISION: _____	
LIST AREAS OF SPECIAL INTEREST/EXPERTISE RELATIVE TO FACILITIES MANAGEMENT, HEALTH FACILITIES AND/OR ENVIRONMENTAL ISSUES: _____ _____			
ARE YOU A MEMBER OF THE AMERICAN SOCIETY FOR HOSPITAL ENGINEERING (ASHE)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE INDICATE YOUR CHAPTER PREFERENCE: <i>(please select only one chapter; note that you may attend any chapter meeting)</i>	<input type="checkbox"/> Central Coastal <input type="checkbox"/> Central Valley <input type="checkbox"/> Inland <input type="checkbox"/> Kings River	<input type="checkbox"/> Los Angeles <input type="checkbox"/> Northeastern <input type="checkbox"/> Orange County <input type="checkbox"/> Redwood	<input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco <input type="checkbox"/> South Bay Counties
PLEASE INDICATE CATEGORY FOR WHICH YOU ARE APPLYING: <i>(categories are defined on the reverse)</i>			
CATEGORY	<input type="checkbox"/> Facility – \$50/year <input type="checkbox"/> Retired Facility – \$25/year	<input type="checkbox"/> Affiliate – \$150/year <input type="checkbox"/> Retired Affiliate – \$75/year	<input type="checkbox"/> Student – \$20/year
PAYMENT METHOD <input type="checkbox"/> CHECK MADE PAYABLE TO CSHE, 1215 K STREET, SUITE 800, SACRAMENTO, CA 95814 <input type="checkbox"/> CHECK HERE FOR A RECEIPT. EMAIL ADDRESS FOR RECEIPT _____		OFFICE USE ONLY	
AMOUNT _____ CHECK No. _____ CHECK DATE _____			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <i>(For an Amex invoice email tfrost@calhospital.org)</i>			
Acct #: _____ - _____ - _____ - _____			
SECURITY CODE: _____ EXP. DATE: _____ BILLING ZIP CODE: _____			
SIGNATURE OF APPLICANT: _____			