

EXECUTIVE MENTORSHIP PROGRAM
MENTOR/MENTEE QUESTIONNAIRE

Name: _____ Title: _____ Date: _____

Department: _____

Employer: _____

Address: _____

Phone: _____ Please Indicate: ☐ Cell ☐ Home ☐ Office

E-Mail: _____ Preferred method of communication: _____

Are you applying for:

☐ Mentor

☐ Mentee

☐ Both

Your responses to the following questions will be used for the sole purpose of matching you with a Mentor or Mentee.

- 1. If a Mentor, what aspects of the current healthcare environment are you most involved in/have the most experience? (Please rank top 3). If a Mentee, what aspects of the current healthcare environment are you most interested in? (Please rank top 3).**

<input type="checkbox"/> Alternative Care	<input type="checkbox"/> Business Development	<input type="checkbox"/> Physician Practices	<input type="checkbox"/> Marketing
<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Mergers/Acquisitions	<input type="checkbox"/> For-Profit	<input type="checkbox"/> Other (i.e. Six Sigma, Lean, negotiation, conflict management, team building, clinical practice, leadership)
<input type="checkbox"/> Ambulatory Care	<input type="checkbox"/> Corporate Compliance	<input type="checkbox"/> Quality Assurance	
<input type="checkbox"/> Managed Care	<input type="checkbox"/> Operations	<input type="checkbox"/> Human Resources	
<input type="checkbox"/> Behavioral Care	<input type="checkbox"/> Finance	<input type="checkbox"/> Strategic Planning	
<input type="checkbox"/> Logistics	<input type="checkbox"/> Information Systems		

- 2. What is your current status in the American College of Healthcare Executives?**

☐ Member

☐ Fellow (FACHE)

☐ Student Member

- 3. How many years of Healthcare Management experience do you have?**

☐ <5 years

☐ 6-8 years

☐ 8-11 years

☐ 11-15 years

☐ 15+ years

- 4. Please list academic degrees and school (s) attended/-ing: _____**

- 5. Have you been a mentor/mentee before (for any organization)?** ☐ Yes ☐ No

If so, which organization? _____

- 6. If a Mentor, please indicate the number of protégés you would be interested in mentoring during the course of a year:** ☐ 1 ☐ 2 ☐ 3

- 7. If a Mentee, very briefly, what are your career goals? _____**

- 8. Indicate the duration of the mentoring relationship you prefer:**

☐ 4 months (2x per month recommended)

☐ 6 months

☐ 12 months

- 9. Please provide any other information you feel would be important:**