



2013 EXECUTIVE MENTORSHIP PROGRAM

PROTÉGÉ QUESTIONNAIRE

Name: _____ Title: _____ Date: _____

Employer/University: _____

Address: _____

Phone: _____ Please circle – Cellular Home Office Fax: _____

E-Mail: _____ Preferred method of communication: _____

Please Note: Protégés must be graduate students or recently graduated graduate students in good standing with ACHE national.

Your responses to the following questions will be used for the sole purpose of matching you (Protégé) with a Mentor. The ACHE – SETC Executive Mentorship Program Committee will implement this mentorship program, with strategic oversight from the ACHE – SETC Board of Directors.

1. What aspects of the current healthcare environment are you most interested in? (Please rank your top 3 choices)

<input type="checkbox"/> Alternative Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Managed Care <input type="checkbox"/> Behavioral Care	<input type="checkbox"/> Business Development <input type="checkbox"/> Mergers/Acquisitions <input type="checkbox"/> Corporate Compliance <input type="checkbox"/> Hospital Operations <input type="checkbox"/> Finance	<input type="checkbox"/> Physician Practices <input type="checkbox"/> For-profit <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Human Resources <input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Information Systems <input type="checkbox"/> Marketing <input type="checkbox"/> Other - (please list) _____ _____
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2. In which professional/community associations are you involved, or have been involved. (Check all that apply)

<input type="checkbox"/> ACHE (National) <input type="checkbox"/> ACHE – SETC <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Fraternal Organizations <input type="checkbox"/> Youth Organizations	<input type="checkbox"/> AHA <input type="checkbox"/> NAHSE <input type="checkbox"/> MGMA <input type="checkbox"/> HFMA <input type="checkbox"/> THA	<input type="checkbox"/> Civic Clubs <input type="checkbox"/> United Way <input type="checkbox"/> AHHE <input type="checkbox"/> AONE <input type="checkbox"/> Other	<input type="checkbox"/> AMA <input type="checkbox"/> Other - (please list) _____ _____
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3. Please identify your university and list all the healthcare courses you are currently enrolled in.

4. What year are you in graduate school?

1st year graduate student 2nd year graduate student completed graduate school in _____

5. How far are you willing to travel (one way) to meet with your mentor? 1 – 5 Miles 6 – 10 Miles More

6. What is your graduate degree? (In progress or completed) (Please check all that apply)?

MHA MBA MPH other – please specify _____

7. How many years of healthcare management experience do you have?

None < 2 years 2-5 years more than 5 years

8. Have you been a mentee or protégé before (for any organization)? yes no

If so, which organization? _____

9. Very briefly, what are your career goals? _____

10. Please provide any other information that you feel would be important for your mentor to know about you:

If currently enrolled in a University Program, Faculty Advisor Signature (required): _____

Print Name of Your Advisor: _____

(Faculty Advisor, by signing this, you endorse this student as a candidate for the ACHE Executive Mentorship Program)

Thank you. Please return this questionnaire completed ASAP to:

Revised 3/4/2013

Jeanna Barnard, FACHE

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