

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"/> Long Term Care <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Managed Care <input type="checkbox"/> Behavioral Care <input type="checkbox"/> Logistics	<input type="checkbox"/> Business Development <input type="checkbox"/> Mergers/Acquisitions <input type="checkbox"/> Corporate Compliance <input type="checkbox"/> Operations <input type="checkbox"/> Finance <input type="checkbox"/> Information Systems	<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"/> Marketing <input type="checkbox"/> Other (i.e. Six Sigma, Lean, negotiation, conflict management, team building, clinical practice, leadership) _____
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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 6 months 12 months

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