



2018 EXECUTIVE MENTORSHIP PROGRAM MENTOR QUESTIONNAIRE

Name: Title: Date:

Department:

Employer:

Address:

Phone: Please Indicate: Cellular Office Home Fax:

E-Mail: Preferred method of communication:

Your responses to the following questions will be used for the sole purpose of matching you with a HA graduate student or healthcare careerist. The ACHE – SETC Executive Mentorship Program Committee will implement the Executive Mentorship Program, with strategic oversight from the ACHE – SETC Board of Directors.

1. What aspects of the current healthcare environment are you most involved in? (Check all that apply)

Table with 4 columns: Alternative Care, Business Development, Physician Practices, Information Systems. Includes sub-items like Long Term Care, Mergers/Acquisitions, For-profit, etc.

2. In which professional/community associations are you involved, or have been involved. (Check all that apply)

Table with 4 columns: ACHE (National), AHA, Civic Organizations, AMA. Includes sub-items like ACHE – SETC, NAHSE, United Way, etc.

3. What is your current status in the American College of Healthcare Executives?

Member Fellow (FACHE) Life Fellow (LFACHE)

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

< 5years 6-8 years 8-11 years 11-15 years 15+ years

5. List academic degrees earned and school (s) attended:

7. Have you been a mentor before (for any organization)? Yes No If yes, which organization?

8. Circle the number of protégés you would be interested in mentoring during the course of a year: 1 2 3

9. Indicate the duration of the mentoring relationship your prefer: 6 months 12 months

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

Return this completed form to:

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