



2018 EXECUTIVE MENTORSHIP PROGRAM

PROTÉGÉ QUESTIONNAIRE

Name: _____ Title: _____ Date: _____

Employer/University: _____

Address: _____

Phone: _____ Please Indicate: Cellular Home Office

E-Mail: _____ Preferred method of communication: _____

Please Note: Protégés must be healthcare graduate students or recently graduated graduate students or careerists in good standing with ACHE national. Your responses to the following questions will be used for the sole purpose of matching you 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)

Table with 4 columns of healthcare topics for ranking: Alternative Care, Business Development, Physician Practices, Information Systems, Long Term Care, Mergers/Acquisitions, For-profit, Marketing, Ambulatory Care, Corporate Compliance, Quality Assurance, Other - (please list), Managed Care, Hospital Operations, Human Resources, Behavioral Care, Finance, Strategic Planning.

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

Table with 4 columns of professional associations for selection: ACHE (National), AHA, Civic Clubs, AMA, ACE - SETC, NAHSE, United Way, Other - (please list), Chamber of Commerce, MGMA, AHHE, Fraternal Organizations, HFMA, AONE, Youth Organizations, THA, Other.

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 Yes, 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)

Return completed form to:

McClellan, FACHE Executive Officer

The Woman’s Hospital of Texas • 7600 Fannin • Houston, TX 77054

Office: 713-791-7150 • Fax: 713-790-0469

ashley.mcclellan@hcahealthcare.com