



2021 ACHE-SETC Mentorship Program

ACHE-SETC recognizes the challenges that COVID-19 has presented to every walk of life. We are proud to announce that our Mentorship Committee has continued in its journey to find mentorship opportunities for the mentees that had applied in 2020. The chapter and its mentors have shown the resiliency that is needed for continued success. As we re-energize our ACHE Mentorship Program, we are grateful to all the members who continue to volunteer to be an ACHE Mentor for 2021. This program has made some great strides towards fostering guidance and partnerships and we are certain that it will continue to make a positive impact.

ACHE-SETC 2021 will welcome mentee participants in its mentorship program starting Jan 2021 through September 2021. The purpose of the mentorship program is twofold: to assist students and early healthcare careerists in their growth and development; and to give mentors a satisfying and enriching relationship in which to share their wisdom, insights, and experiences.

Criteria for mentor participation:

- Membership in ACHE and a current member of ACHE-SETC with
 - A position as Vice-President, Sr. Executive, Faculty or Director in his/her organization **OR**
 - Minimum of five years of Healthcare Management experience
- Willingness to help develop students or early healthcare careerists

Criteria for student mentee participation:

Student Associate **Criteria for Early healthcare careerists:**

- Less than three years of healthcare leadership experience

Program Timeline:

March first week	Matches Announced
Sept TBD	End of Program Celebration

Applications due February 15, 2021 to: The selection committee at
ACHESetCMentorship@gmail.com

MENTOR/MENTEE QUESTIONNAIRE

Name: _____ Title: _____ Date: _____

Department: _____

Employer: _____

Address: _____

Phone: _____ Please Indicate: Cell Home Office

E-Mail: _____ Preferred method of communication: _____

Application 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 interest? (Please rank top 3). If a Mentee, what aspects of the current healthcare environment are you most interested in? (Please rank top 3). (Any question with more than one choice could be formatted as drop down on the on line application version)

<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 lth <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?

a. <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 Org _____ No _____

If a Mentor, please indicate the number of protégés you would be interested in mentoring during the course of a year: 1 2

6. If a Mentee, very briefly, what are your career goals? _____

7. Please provide any other information you feel would be important, such as past mentorships, internships. _____

If currently enrolled in a University Program, Submit Statement of Commitment with the application

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 application, statement of commitment & CV by February 15th, 2021 to:

ACHESETCMentorship@gmail.com