



## 2010 EXECUTIVE MENTORSHIP PROGRAM

# MENTOR QUESTIONNAIRE

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Please circle – Cellular Home Office Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Preferred method of communication: \_\_\_\_\_

Your responses to the following questions will be used for the sole purpose of matching you (Mentor) with a student or early 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? (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) _____ _____
---	---	--	--

**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"/> Religious Organizations <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"/> AMA <input type="checkbox"/> Other – (please list) _____ _____
--	--	---	--

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

Affiliate (Member)       Fellow (FACHE)

**4. How many years of Healthcare Management experience do you have?**

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

**5. Please list academic degrees earned and school (s) attended:** \_\_\_\_\_

**7. Have you been a mentor before (for any organization)?**       Yes       No

If so, which organization? \_\_\_\_\_

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thank you. Please return this questionnaire ASAP to:**

**Daniel Gonzalez**  
 St. Luke's Episcopal  
 Health System  
 3100 Main #656  
 Houston, TX 77002

**Phone: (832) 355-8419**  
**Fax: (832) 355-8640**  
**dgonzalez2@sleh.com**