



## 2010 EXECUTIVE MENTORSHIP PROGRAM

### PROTÉGÉ QUESTIONNAIRE

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

Employer/University: \_\_\_\_\_

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

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

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

**Please Note: Protégés must be graduate students or recently graduated graduate students in good standing with the Chapter.**

Your responses to the following questions will be used for the sole purpose of matching you (Protégé) 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)**

<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) _____ _____
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**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"/> 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"/> Other	<input type="checkbox"/> AMA <input type="checkbox"/> Other - (please list) _____ _____
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**3. Please identify your university and list all the healthcare courses you are currently enrolled in.**

\_\_\_\_\_

**4. What year are you in graduate school?**

1<sup>st</sup> year graduate student     2<sup>nd</sup> 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 so, 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)*

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

Revised 1/18/2010

**Daniel Gonzalez**  
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