



Mentee Application

Name	
Address, City, Zip	
Phone	
Email	
Career Status	<input type="checkbox"/> Student Program: _____ <input type="checkbox"/> Early Careerist <input type="checkbox"/> Mid – Careerist <input type="checkbox"/> Reapplying Mentee <input type="checkbox"/> Military
Title	
Organization	

Objectives/goals while participating in the mentoring program:

Briefly describe your career goals:

What are your strongest skill sets?

What areas would you like support in developing?

What has been your involvement in the North Texas Chapter?*



If you are a reapplying Mentee, what year were you paired and who was your Mentor?

Did you complete all 16 hours per the mentorship meeting requirement?*

Check your areas of interest:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Operations | <input type="checkbox"/> Clinical | <input type="checkbox"/> Legal | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Network Development | <input type="checkbox"/> Finance | <input type="checkbox"/> General Management | <input type="checkbox"/> Physician Practice |
| <input type="checkbox"/> Payor | <input type="checkbox"/> Contracting | <input type="checkbox"/> Government | <input type="checkbox"/> Mgmt Other |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Home Health | <input type="checkbox"/> University/Research | _____ |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Health Technology | |
| | <input type="checkbox"/> Managed Care | | |

What is your experience in healthcare? Years/Months

Email this application and a **copy of your resume** to: info@achentx.org