



## Mentor Application

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Name	
ACHE Status	<input type="checkbox"/> Member <input type="checkbox"/> Fellow <input type="checkbox"/> Life Fellow
Title	
Employer	
Are of Responsibility	<hr/> <hr/>
Address, City, Zip	
Phone	
Email	

Preference in Mentee (Mark all that apply):

<input type="checkbox"/> Student (2 <sup>nd</sup> Yr Graduate Student)	<input type="checkbox"/> Early Careerist (1 – 5 Years work experience)	<input type="checkbox"/> Mid – Careerist (Established professional )
Willingness to mentor more than 1 person at a time: <input type="checkbox"/> Yes <input type="checkbox"/> No		

List any circumstances in which you prefer not to serve as a mentor:

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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"/> Financial/Contracting | <input type="checkbox"/> General Management  | <input type="checkbox"/> Physician Practice Mgmt |
| <input type="checkbox"/> Payor               | <input type="checkbox"/> Home Health           | <input type="checkbox"/> Government          | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Marketing           | <input type="checkbox"/> Long Term Care        | <input type="checkbox"/> University/Research |  |
| <input type="checkbox"/> Consulting          | <input type="checkbox"/> Managed Care          | <input type="checkbox"/> Health Technology   |  |

How many years have you participated in this program (please list years if possible):

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Email this application and a **copy of your resume** to: [info@achentx.org](mailto:info@achentx.org)