



An Independent Chapter of



American College of
Healthcare Executives
for leaders who care®

CTX ACHE Mentorship Program Application

Full Name: _____ Date: _____
Last _____ First _____ M.I. _____

Address: _____
Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Phone: _____ Email: _____

Career Status: Early Careerist (1-5 yrs Experience, Supvr/Project Mgmt) Mid-Careerist (5-10 yrs Experience, Mgr/Director)

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Certificate: _____ Organization: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Goals & Objectives

Please complete as accurate as possible to ensure best mentor match based on skillset and needs.

Please state your objectives and goals while participating in the mentorship program:

Briefly describe your career goals:

What are your strongest skillsets?

What personal skillsets would you like to improve upon?

What has been your involvement in the CTX ACHE Chapter?

Areas of Interest

Check 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		

How do you want to make an impact in healthcare?

***Mentee applicants must be a member of the Central Texas Chapter for at least one year before applying for the program. Those who have previously participated in the program are not eligible to participate again.**

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please submit your completed application and resume to the following address:

CTX ACHE Mentorship Program
Email: centex.ache@gmail.com