

Connecticut Association of Healthcare Executives [CTAHE]

Mentor Profile Questionnaire

Introduction:

The Connecticut Association of Healthcare Executives' [CTAHE] Leadership Mentoring Program is actively seeking Connecticut chapter members with experience in mid to top level - C-suite positions who would be willing to serve as mentors. CTAHE chapter members have expressed a need for assistance in certain skills areas that would best be met by being mentored by a CTAHE Leadership Mentoring Program Mentor.

To qualify as a mentee, the individual's needs must first meet the protocol of the CTAHE Leadership Mentoring Program.

These CTAHE members could be: (a) students in the CTAHE Higher Education Network's [HEN] student chapters, (b) individuals in lower to mid-level positions in the healthcare industry or (c) others with special skills needs. If you would consider serving as a mentor, please provide and submit the following information:

Personal & contact information:

1. Name: Mr. Ms. Dr. Other _____

First _____ Middle initial ___ Last _____

PhD MD DO DMD Other: _____

2. Address: Street: _____

Street: _____

Town/City: _____

State: _____ Zip code: _____

3. Home phone: _____ Cell phone: _____

4. Personal e-mail: _____

5. Academic degrees and major(s): _____

Healthcare Industry Employment, Activities, Skills:

1. **Current ACHE status: Member Fellow Life Fellow**
 2. **Current/highest position held/position title: _____**

 3. **Prior positions held: _____**
 4. **Current organization: _____**
Organization location and mailing address: _____

 5. **Work phone: _____ Work e-mail: _____**
 6. **Years of healthcare experience: _____**
 7. **List what you consider to be your strongest skill areas: _____**

 8. **Preference in mentee/protégé:**
Type of Experience: Important: _____ Not Important: _____
Career goals: Important: _____ Not important: _____
Developmental needs: Important: _____ Not important: _____
Other: _____
_____ **Important: _____ Not important: _____**
 9. **Willingness to mentor more than 1 person at a time: Yes: ___ No: ___**
 10. **List any circumstances in which you would prefer not to serve as a mentor: _____**

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CTAHE Leadership Mentoring Program Operating Protocol

We will immediately acknowledge receipt of your completed questionnaire and work with you to find a suitable mentee for your mentoring partnership. To ensure that the CTAHE Leadership Mentoring Program has the most complete profile possible, we may personally contact you to clarify or obtain additional information.

Please note that your identify and all information that you have submitted is considered CONFIDENTIAL by the CTAHE Leadership Mentoring Program and will be used solely for the purposes of matching your mentoring skills with the specific goals, objectives and skills needs of a mentee.

The CTAHE Leadership Mentoring Program will provide you with the information provided by a suitable Mentee based upon his/her goals, objectives and perceived skills needs and obtain your approval.

The identity of both individuals will be released only when a mentor – mentee match has been agreed upon by both parties.

During the mentoring process, you will be contacted to determine the partnership's effectiveness and receive input from you regarding your perceived value of the mentoring experience and obtain your suggestions on how the mentoring program can be improved.

Identifying Employment Opportunities:

The focus of the CTAHE Leadership Mentoring Program is helping mentees prepare themselves for greater leadership opportunities and obligations and becoming more knowledgeable about the healthcare industry; however, the program specifically does not have any role in identifying employment opportunities for mentees.

The Leadership Mentoring program appreciates the valuable time contributed by its mentors. If it is established that the primary agenda of the Mentee is seeking employment opportunities, the mentor must immediately notify the CTAHE Leadership Mentoring Program and terminate the partnership.

Return completed Mentor Profile Questionnaire to:

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