



**Executive Mentor Program
Mentee Application**

Date: _____

Name: _____ Title: _____
Employer: _____
Address: _____
Phone: _____ Please circle: Cellular Home Work
Office Fax: _____
E-Mail: _____
Preferred method of communication: _____

Your responses to the following questions will be used for the sole purpose of matching you (Mentee) with a Mentor. The MiMGMA Mentorship Committee will implement and monitor this program.

1. What aspects of the current healthcare environment are you most interested in (i.e. Business Development; Physician Practices; Information Systems; Mergers/Acquisitions; Ambulatory Care; Corporate Compliance; Managed Care; Human Resources; Risk Management; Finance; Strategic Planning)? Please list your top three choices:

- _____
- _____
- _____

2. In which professional/community associations are you involved, or have been involved?

- _____
- _____
- _____
- _____

3. How far are you willing to travel (one way) to meet with your mentor? ___ 1 – 10 Miles ___ More

4. What is your highest level of education? _____

5. How many years of healthcare management experience do you have? _____

6. In what year do you plan to apply for CMPE or FACMPE designation? _____

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7. What are your career goals? _____

8. Please attach any additional information that you feel would be important for your mentor to know about you to help make your mentee/mentor experience be the most successful.

Please return this form along with any additional documents to:

**Michigan Medical Group Management Association
2123 University Park Drive, Suite 100
Okemos, MI 48864
(Phone) 517-253-8036
(Fax) 517-708-7250
mlamarre@MiMGMA.org**