



ACHE of Massachusetts Early Careerist Mentor Program
Early Careerist Questionnaire

** Please complete and return to Jaclene Coit at jcoit@partners.org*

PERSONAL INFORMATION	
Name: _____	Date: _____
Email: _____	Phone: _____
<i>Mailing Address</i>	
Street: _____	
City: _____	State: _____ Zip: _____

PROFESSIONAL INFORMATION
Current Employment Location: _____
Current Title: _____
Brief description of Current and Past Work Experience: (For example acute care, long-term care, information systems, planning, marketing, etc.)

Professional Activities:

Career Goals/Interests:

MATCH QUESTIONS

Please answer the following questions in regard to your interests and needs. Be sure to indicate the items that are of most importance to you. (Rank 1-5, 1= most important, 5= least important)

___ Areas of professional interest:

___ Gender of Mentor

___ Commitment from Mentor: (ex. one in-person meeting per month, two phone calls per month, etc.)

___ Mentor's experience level: (ex. early career, mid-careerist, seasoned)

Thank you for your interest in the ACHE of Massachusetts Early Careerist Mentor Program.

