



ACHE of Massachusetts Early Careerist Mentor Program
Mentor Profile Form

*** 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: _____
Would you prefer to mentor a:	
<input type="checkbox"/> Student	<input type="checkbox"/> Graduate
<input type="checkbox"/> Experienced Early Careerist <small>(1-4 yrs employed full-time)</small>	<input type="checkbox"/> No Preference <small>(4+ yrs employed full-time)</small>

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

Areas of expertise/focus: (Ex: patient throughput, strategic planning, etc.)

Other Professional Activities: (Please list any other pertinent committees, professional organizations, etc.)

EDUCATIONAL BACKGROUND

Degree(s): _____

Certification(s): _____

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

