



*HCMA Early Careerist Mentoring Program*  
*Early Careerist Questionnaire*

*\*Please complete and return to Kerry Ann Phaneuf via email at [kphaneuf@tuftsmedicalcenter.org](mailto:kphaneuf@tuftsmedicalcenter.org)*

PERSONAL INFORMATION	
Name: _____	Date: _____
E-Mail: _____	Phone: _____
<b>Mailing Address</b>	
Street: _____	
City: _____	State: _____ Zip: _____
PROFESSIONAL INFORMATION	
Current Employment Location: _____	
Current Title: _____	
<b>Brief Description of Current and Prior Work Experience:</b> (For example: acute care, long-term care, information systems, planning, marketing, etc.):	
<b>Professional Activities:</b>	
<b>Career Goals / Interests:</b>	
EDUCATIONAL BACKGROUND	
Are you a:	<input type="checkbox"/> Student <input type="checkbox"/> Recent Graduate (1-4 yrs employed full time) <input type="checkbox"/> Experienced Early Careerist (4+ years employed full time)
Degree:	_____
Certifications:	_____

**MATCH QUESTIONS**

*Please answer the following questions in regards to your interests and needs.*

*Use the boxes to the left to rate which items are of most importance to you.  
(1-5, 1=most important, 5=least important)*

**Area(s) of Professional Interest:** *(ex: acute care hospital; consulting; physician practice management)*

**Gender of Mentor:**

**Commitment from Mentor:** *(ex: one in-person meeting per month; two phone calls per month)*

**Mentor's Experience Level:** *(ex: early career, mid-careerist, seasoned)*

***Thank you for your interest in the HCMA Early Careerist Mentoring Program***