



**HCMA Early Careerist Mentoring Program
Mentor Profile Form**

**Please complete and return to Kerry Ann Phaneuf via email at kphaneuf@tuftsmedicalcenter.org*

PERSONAL INFORMATION				
Name: _____	Date: _____			
E-Mail: _____	Phone: _____			
Mailing Address				
Street: _____				
City: _____	State: _____	Zip: _____		
Would you prefer to mentor a:	<input type="checkbox"/> Student	<input type="checkbox"/> Graduate (1-4 yrs employed full time)	<input type="checkbox"/> Experienced Early Careerist (4+ years employed full time)	<input type="checkbox"/> No preference
PROFESSIONAL INFORMATION				
Current Employment Location: _____				
Current Title: _____				
Brief Description of Current and Prior Work Experience: (For example: acute care, long-term care, information systems, planning, marketing, etc.):				
Area of expertise/focus: (For example: patient throughput, strategic planning, etc.)				
Other Professional Activities: (Please list any other pertinent committees, professional organizations, etc.)				
Other "Extracurricular" Interests:				
EDUCATIONAL BACKGROUND				
Degree: _____				
Certifications: _____				

Thank you for your willingness to mentor an early careerist