



Professional Resource Information Form

For Participating Experienced Professionals and Mentors

Thank you for your interest in the “Professional Resource Pool” and participating as an experienced professional/mentor. Individuals needing help will have access to this list and may call upon you for “quick advice or information” as needed.

Name: _____ Title: _____

Organization: _____

Primary Responsibilities in Organization: _____

Areas of Experience/Expertise: *(Check all that apply. If multiple, number in order of greatest expertise.)*

- _____ Operations/Management
- _____ Financial Management
- _____ Human Resource Management
- _____ Risk and Compliance Management
- _____ Organizational Governance
- _____ Patient Centered Care

Would you be interested in supervising a practicum experience for health care management, HIM, etc. students?

_____ YES _____ NO

Contact Information:

E-mail: _____

Phone: _____

*Please complete this form and email it to **Karen Schechter** at kschechter@maryville.edu and CC the Chapter Administrator at administrator@mgmastl.org. Thanks!*