

Name:

Background:

Contact Information:

Area of Interest (*explain in a short paragraph*)

- Training
- Education
- Certification achievement
- Networking
- Job opportunities
- Professional growth
- Leadership development

Area of Healthcare Practice

- Clinical
- Preventive
- Administrative
- Teaching
- Quality
- Patient Safety
- Six Sigma
- Lean
- Public Health
- Policy and Regulation
- Risk Management

HCD Participation Interest

- Discussion
- Blog
- Leadership
- Mentoring

Mentoring Expectations and Outcomes

- What do you expect to get from this mentoring exchange with an HCD mentor?
- Do you have a specific timeline?
- How frequently would you like to be in touch with a colleague and by what means?
- Do you have a specific follow up tool you would like to apply to this mentoring experience?
- Are you willing to mentor others in HCD?
- How can we better serve your current needs?

ASQ Healthcare Division Mentoring Agreement

We are voluntarily entering into a mentoring relationship that we expect to benefit both of us and our organizations. We expect this to be rewarding experience, with most of our time spent in substantive development activities. To ensure a positive relationship, we agree to the following:

We define confidentiality as follows:

Duration of the relationship:

Frequency of meetings:

Length of meeting time:

Method of communication:

We have looked for multiple activities to enhance the mentee's needs based on an action plan and have identified and commit to the following specific opportunities:

Specific role of mentor:

We will offer regular feedback to each other and evaluate the progress.

We agree to a no-fault conclusions of this relationship if, for any reason, it seems appropriate.

Mentee Signature/Date

Mentor Signature/Date