



Mentor Program Enrollment Form
Mentee

Mentee Profile

Name: _____

Date: _____

Cell Phone: _____ Work Phone: _____

Best time to call: _____

Current Job/University Attending: _____

San Antonio MGMA Member: Yes _____ No _____

Medical Practice Management Interests (based on the ACMPE Body of Knowledge)

Area(s) you would like to learn more about:

- Operations Management
- Financial Management
- Human Resource Management
- Risk & Compliance Management
- Transformative Healthcare Delivery
- Organizational Governance

Why do you want to participate in the Mentor Program? _____

Education

University: _____

Degree or Current Major: _____

Year in School (if applicable): _____

Expected Graduation Date (if applicable): _____

_____ I am currently working in medical practice management and would like to be mentored by a seasoned medical practice manager.

Please return completed form to Tom Tidwell, CMPE at thomas.tidwell@att.net