

CMGMA MENTORING APPLICATION

Applicant Name: _____

Name of Practice: _____

Specialty: _____

Contact Information:

Phone: _____ Mobile: _____

Email: _____

Areas of interest and goals to be mentored on:

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

Additional topics of interest:

Please attach a copy of your resume and email to:
Donna Rizzio
Mentoring Program Chair
Connecticut Medical Group Management Association
drizzio@htfdorthosurg.com

