

# 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:**

**Connecticut Medical Group Management Association**

**info@cmgma.org**

