

Va-DC HFMA Mentorship Interest Survey

This survey is designed to gather your ideas, interest and demographic info that will help encourage positive mentor partnerships. You are not obligated to respond to all questions. Please note we do not view any questions' response to indicate potential mentor quality

ALL RESPONSES WILL BE MAINTAINED CONFIDENTIALLY among membership and education committee members developing this program. No information will be given to potential participants without your express permission.

1. How far you've come:

a. How many years experience do you have in healthcare finance related fields?

b. What has been your most advanced position (job title) in our industry?

c. In what department or specialized area of healthcare finance do you work?

d. What certifications (if any) do you hold?

2. Do you want to be included in events that encourage a potential mentor partnership? *

- Yes
- No

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