



ASHHRA 2012 - 2013 Mentoring Program Registration

Full Name: _____

Title: _____ Designation: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Alternate email : _____ Telephone: _____

Length of experience in health care HR field: _____ Length of experience in HR field: _____

ASHHRA Membership ID: _____ Approximate size of your organization: _____

Please describe your interest in the ASHHRA Mentoring Program:

I am interested in becoming an: ASHHRA Mentee ASHHRA Mentor

My current areas of responsibility include:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Diversity | <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Employee Relations | <input type="checkbox"/> Payroll | <input type="checkbox"/> Training and Development |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Generalist | <input type="checkbox"/> Recruitment | <input type="checkbox"/> Other: _____ |

My current workplace is a:

- Hospital
- Health Care System
- Non-Hospital (acute care, clinic, hospice center, long term care facility, physician practice, or treatment center)
- Other, please explain: _____



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Bi-Monthly Mentoring Group Conference Call Schedule & Agenda

- Tuesday, September 11, 2012, or October 9, 2012 – Topic: Orientation to the ASHHRA Mentoring Program
- Tuesday, October 16, 2012 – HR Delivery: Reach Beyond the Expected, Topic: Healthcare HR 101, Metrics & Benchmarking
- Tuesday, December 4, 2012 – Healthcare Business Knowledge: Embrace New Learning, Topic: Leadership Development
- Tuesday, February 5, 2013 – Community Citizenship, Topic: Employee Engagement
- Tuesday, April 2, 2013 – People Strategies: Lead with your Heart, Topic: Employee Retention
- Tuesday, June 4, 2013 – Personal Leadership: Exemplify Excellence, Topic: Wellness Initiatives
- Tuesday, August 6, 2013 – Topic: Year in Review, Celebrate Your Success and Share Best Practices

All bi-monthly conference calls are approximately one hour in length and will take place at 2pm CT (3pm ET, 1pm MT, & 12pm PT) Participants have a choice of attending either orientation sessions but must participate in one.

Share your Success

Upon successful completion of the 2012-2013 ASHHRA Mentoring Program, your manager/supervisor can receive, with your permission, a communication of your successful participation and completion of the mentoring program. Please provide the following information so communication can be delivered.

Manager/Supervisor Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Program Requirement

In order to successfully complete the Mentoring Program, ASHHRA requests that you participate in at least **five** of the seven bi-monthly mentoring group conference calls and complete all of the self assessment activities during the program. Program guidelines recommend that the individual mentor and mentee pairs connect at least once a month for one year, evaluate their progress, and determine whether further mentoring is needed. A Certificate of Completion will be presented to those who adhere to the program requirements. By signing below, you agree to adhere to the ASHHRA mentoring program requirements of the year long program from September 11, 2012 to August 6, 2013. Please check the following box and sign below:

- I agree to the program requirements for the 2012-2013 ASHHRA Mentoring Group.

Registrant Signature

Date