



Academy of Correctional Health Professionals Mentor Information

Name: _____

Educational Degrees/Licensure: _____

Certified Correctional Health Professional certification: CCHP CCHP-A

Job Title/Current Position: _____

Number of years in current position: _____

If less than 3 years, last position: _____

Profession (check all that apply):

Administrator	Nurse practitioner	Psychiatrist
Attorney	Pharmacist	Psychologist
Dentist	Physician	Social worker
Nurse	Physician assistant	Other _____

Areas of expertise: (limit to 10 selections)

Accreditation	hospice care	pharmacy management
Budgeting	infection control	policies & procedures
chronic care clinics	inmate co-pay	procurement
conflict management	juveniles	quality improvement
contracting	juveniles in adult facilities	research
dental health	legal issues	staffing levels
disaster drills	management medical	staff recruitment/retention
discharge planning	records medication	substance abuse
emergency services	management mental	training
end of life issues	health	utilization review
ethics	opioid treatment programs	women's issues
HIPAA	pain management	Other _____

Gender: Male Female

Age: 18-24 25-29 30-39 40-49 50-64 65+

Facility Name/Employer: _____

Work setting (check one):

- | | | |
|---------------------|----------------|--------------|
| Advocacy | Federal-ICE | State prison |
| County or city jail | Hospital | University |
| Dept of health | State DOC | Other _____ |
| Federal prison | State juvenile | |

If you work in a correctional facility, please provide the following information.

Average daily population: _____

Inmate population (check all that apply):

male

female

adult

juvenile

Please return to: ACHP Mentor Committee
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Email: christine.achp@outlook.com
Fax: (774) 553-5955

Please provide a phone number and email address below.