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**Physician Champion Coach Inquiry**

Name \_\_\_\_\_

Clinical Specialty \_\_\_\_\_

Location (City) \_\_\_\_\_ (State) \_\_\_\_\_

Number of physicians \_\_\_\_\_ Other clinicians \_\_\_\_\_

Phone Number \_\_\_\_\_ Best time to be reached \_\_\_\_\_AM\_/PM\_

Interested in coaching support for the following:

Selection

Contract terms

Implementation management

Internal politics

Staff resistance/fear

Management resistance

**Mentoring:**

I am interested in being a mentor to a physician champion.