

**USRC Mentoring Program**  
**Mentee Application (Practitioner)**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Work Facility: \_\_\_\_\_ Years as RT \_\_\_\_\_

1. What are your short term (1-3 years) career goals?
  
2. What are your long-term (3-5 years) career goals?
  
3. Please select up to 3 of the following discipline-specific areas that you want to focus your mentoring activities on and fill in the required narrative.

**Discipline-specific Areas:**

- |   |   |
|---|---|
| <input type="checkbox"/> Neonatal                 | <input type="checkbox"/> Long Term Acute Care/Subacute Care |
| <input type="checkbox"/> Pediatric                | <input type="checkbox"/> Education                          |
| <input type="checkbox"/> Adult Acute Care         | <input type="checkbox"/> Pulmonary Function Testing         |
| <input type="checkbox"/> Homecare DME             | <input type="checkbox"/> Research                           |
| <input type="checkbox"/> Pulmonary Rehabilitation | <input type="checkbox"/> Management                         |
| <input type="checkbox"/> Asthma Education         | <input type="checkbox"/> COPD Education                     |
| <input type="checkbox"/> USRC Board               | <input type="checkbox"/> Article writing                    |
| <input type="checkbox"/> Transport                |   |

**Narrative Required: Please describe career field and/or specific knowledge to be gained and anything else that would be helpful in selecting an appropriate mentor for you.**

4. Is there anything else that you want to share about your ideal mentor, including specific traits, characteristics, background, or expertise? If you have a preference for a mentor of a specific gender or cultural background, please share that here.
  
5. Do you have anyone in mind to be your mentor? If so, please contact him/her and have an exploratory conversation. Describe the result of that conversation here.

By signing this, I commit to making time in my schedule to focus on my learning goals and spend time with my mentor.

Nominee's Electronic signature \_\_\_\_\_ Date \_\_\_\_\_