

USRC Mentoring Program
Mentee Application (Student)

Name _____

Mailing Address _____

Email Address _____

Telephone number _____

College/University: _____

Class Standing: entry level advanced

Cumulative GPA: _____

Please list all relevant extracurricular activities and professional experiences below:

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:

_____ Neonatal

_____ Pediatric

_____ Adult Acute Care

_____ Homecare DME

_____ Pulmonary Rehabilitation

_____ Asthma Education

_____ USRC Board

_____ Transport

_____ Long Term Acute Care/Subacute Care

_____ Education

_____ Pulmonary Function Testing

_____ Research

_____ Management

_____ COPD Education

_____ Article writing

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_____