

URSC Mentoring Program
Mentor Application Form

Name _____
Mailing Address _____
Email Address _____
Telephone number _____
Work Facility _____ Clinical Area _____
Years working as RT _____

1. Briefly describe your career, including types of positions held and length of service.
2. In which of the following areas would you be well-equipped to mentor another employee?
Please mark all that apply.

- | | |
|---|---|
| <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 your career field and/or the specific expertise that you are prepared to share with a Mentee and anything else that would be helpful in matching you to an appropriate Mentee.

3. What personal characteristics or qualities enhance your ability to serve as a mentor?
4. What do you want to achieve by participating in this program?

5. What type of Mentee do you think you could benefit the most? (e.g. new employee, employee in a particular technical specialty, new Division Chief, etc., or an employee of a specific gender or cultural background)

By signing this, I commit to making time to spend with my mentee and helping him/her meet his/her learning objectives.

Nominee's Electronic Signature _____

Date _____