Graduate Medical Education
Application for Submission to the
Coordinator Mentoring Program
Mentee Application

Contact Information

Name	
Position/Title	
Department	
Work Phone/Extension	
Email Address	

Tell us about your experience as a program coordinator.

Check/answer all that apply

APE Preparation	ACGME Annual Educational Conference attendance
PIF Preparation	Program Specific Conference Attendance
ACGME Site Visit	How many years' experience as a program coordinator?
TAGME Certification	

What area(s) do you feel you could benefit from by receiving additional training/support?

Check all that apply

Program Requirements	Navigating *MedHub*
File Management	ACGME Annual Updates
Best Practices	APE (Annual Program Evaluation)
Required Data for NAS: ACGME & GME	The Academic Year: Bringing It Full Circle
Support/Networking Resources	

1. What areas would you suggest as possible mentored session topics, issues, or questions?

2. What do you hope to gain as a participant in our mentoring program?

3. What concerns do you have about your participation in the program?

4. **Would you like to be paired with a mentor to help with specific tasks or office logistics necessary for meeting ACGME or GME requirements?**   **YES**

Thank you for your application!

Look for updated schedules on the [Coordinator's Corner](#).