



Graduate Medical Education Application for Mentoring Support

Mentor 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	Years' experience as program coordinator
TAGME Certified	

Mentoring – Is it for you?

Please keep answers brief

1. Why do you want to be a mentor?
 2. What do you hope to gain personally from mentoring? What do you hope to offer as a mentor?
 3. What issues, topics, or questions would you feel comfortable covering as a mentor?
 4. What concerns to you have about mentoring or your participation in the program?
 5. Would you consider working on a team in presenting a mentoring session?
- YES NO MAYBE
6. Would you be available to work directly with a “not-so-seasoned” coordinator with specific tasks or office logistics necessary from meeting ACGME or GME requirements?
- YES NO MAYBE
7. Do you feel you would receive the support of your program director and/or immediate supervisor to be involved in the mentoring program?
- YES NO MAYBE

8. Based on your current responsibilities how much time do you feel you could commit to the mentoring program? (check all that apply)

An hour a week

On an “as needed” basis.

A couple hours a month

It will be difficult but I will try to make time.

A couple times a year

Thank you for your application!

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

GME Office: 909-558-6131