

## **Mentorship Program Application 2008/2009**

The Mentorship Program is a cooperative project of the College of Dentistry, the UIC College of Dentistry Alumni Association and the Chicago Dental Society. The Program is intended to enhance your educational experience by providing another perspective, that of a practicing dentist who shares some of your interests. In a private office, you can learn practice management, how to deal with staff, dentists' experiences with banks, accountants, attorneys etc. and networking with colleagues.

If you would like to participate, please complete the questionnaire below and return it to:  
Ms. Millie Mendez, Director of Student Services in the Office of Student and Diversity Affairs,  
Room 104C.

All responses are voluntary and will be used only to pair you with a mentor.

Name: \_\_\_\_\_ Class of \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

1. What information are you most interested in attaining from the Mentors Program?  
Rank order with "1" being the most important.  
\_\_\_\_ Practice Management  
\_\_\_\_ Clinical Techniques  
\_\_\_\_ Exposure to a Specialty Practice (Which? \_\_\_\_\_)  
\_\_\_\_ Other (What? \_\_\_\_\_)
  
2. Are you interested in a specific practice location?  
\_\_\_\_ Yes (Where? \_\_\_\_\_)  
\_\_\_\_ No, the location is not a factor for me
  
3. Are there other characteristics of the mentor or the mentor's practice which are important to you?  
\_\_\_\_ Type of Practice (group, solo, other \_\_\_\_\_)  
\_\_\_\_ Other \_\_\_\_\_
  
4. Is there a specific mentor to whom you wish to be assigned?  
Who? \_\_\_\_\_
  
5. How can your mentor contact you? (please print)  
Telephone numbers \_\_\_\_\_  
E-mail \_\_\_\_\_  
Best time to contact you \_\_\_\_\_
  
6. Is there any other information that would be helpful to us in pairing you with an appropriate mentor?