

DePAC Mentor Agreement

Thank you for expressing an interest to serve as a mentor in the DePAC Commissioned Corps Mentoring Program. Your willingness to commit time, to impart wisdom, knowledge, and experience to another officer is to be commended.

Prior to beginning your mentoring relationship, please review the following program guidelines, sign this document and return to your assigned point of contact. Mentors who fulfill these guidelines will receive a letter of thank you that can be placed in the eOPF.

- I will contact my protégé within 2 weeks of receiving notification from DePAC Commissioned Corps Mentoring Program that I have been selected to be a mentor.
- Prior to my first meeting, I will review the information on website for Mentors <https://dcp.psc.gov/osg/dentist/mentoring.aspx>
- I will become familiar with and discuss the topics on the checklist (see Appendix A).
- I will assist the protégé in developing his/her individual development plan (see Appendix B).
- I will make every effort to interact with my protégé a minimum of two times per month.
- I will be responsive to the learning needs of the protégé and be sensitive to the time and energy needed for a successful mentoring relationship.
- I will contact the DePAC Mentoring WG Chair at the earliest opportunity for any assistance that I need or if any areas of conflict develop.
- I will return the 6 month and 12 month Evaluation Surveys within the designated deadlines.

Thank you again for your participation. Officers who share their knowledge, experience and skills provide valuable leadership for the Corps and help create a cadre of confident, competent, well informed officers who are a source of strength and pride for the United States Public Health Service.

Print Name Signature PHS #

Date

Appendix A. CHECKLIST FOR MENTORS

Officers who are mentoring dental officers in DePAC Commissioned Corps Dental Mentoring Program should be familiar with and be prepared to discuss a wide range of topics. Although some of this material is covered by other training courses the protégés may have attended, the mentor has the opportunity to reinforce these topics through a one-to-one mentoring relationship. To ensure that all protégés have exposure to the same material, please use this checklist and return with your evaluation at the end of the 12-month mentoring period to your assigned point of contact.

Mentor Name: _____

Protégé Name: _____

Date Checklist Completed: _____

COMPLETED ACTIVITIES

- Names and Ranks of Corps, DePAC Leadership
- Name and Rank of Chief Dental Officer for Dental Category
- CC Resources and Information**
 - Organizational offices of the CC and their roles (i.e., OCCFM, OCCO, OCCSS, etc.)
 - RedDOG
 - DePAC
 - Tricare
 - Benefits (TSP, life insurance, etc.)
 - Personnel (e.g. types of leave, licensure, pay, special pay, etc.)
- Career Development**
 - Readiness Standards
 - Benchmarks
 - COERs
 - CVs
 - Promotion requirements
 - Billets
 - Training (e.g. OBC)
 - Awards
 - eOPF

Appendix B. Individual Development Plan

These questions are designed to assist the protégé to think about his/her individual development plan. Responses to these questions can guide the mentor to better assist the protégé.

1. Short-term, where do you want to be in the next two years?
2. Long-term, where do you want to be in the next five years?
3. What actions will you take to achieve your five year goal (e.g. advanced degree, different job, different geographic location and different billet type)?
4. What areas of professional development are you working on or see a need to work on, for example communication skills, time management etc.?

Thank you,

For Further information contact:

[The current Chair and/or Co-Chair of the Mentoring and Retention WG found here](#)