

DePAC Mentor Application

Required Field	Candidate Information
First Name:	
Last Name:	
Email:	
Years of Service:	
Rank:	
Duty Station:	
Work Phone:	
Work Address:	
Current Agency (<i>circle one</i>)	IHS, BOP, CG, IHSC, CDC, HRSA, NIH, FDA, Other _____
Previous Agencies (<i>please list</i>)	
Agency you would like your Protégé to be from (<i>circle all that apply</i>)	IHS, BOP, CG, IHSC, CDC, HRSA, NIH, FDA, Other _____
Current Career Track (<i>circle one</i>)	Clinical, Administrative, Research, Other _____
If you have a specific protégé in mind, please enter his/her name:	

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Please provide a brief summary of your motivation to become a Dental Category Mentor:

The following information is **Optional!!!** Only answer these if you want to have the information used to help make a selection of your protégé.

Optional Field	Candidate Information
Please provide a list of any current or past DePAC experience:	
Please provide a list of your awards history (past 5 years):	
Please provide a list of any deployments/ OFRD activities in which you have participated:	
Ethnicity:	
Gender:	

For Further information contact:

The current Chair and/or Co-Chair of the Mentoring and Retention WG found here:

<https://dcp.psc.gov/OSG/dentist/scwg-mentoring.aspx>