|  |  |  |
| --- | --- | --- |
|  First Name:  |  Last Name: |  Email: |
|  Rank: |  Years of Service: |   |
|  Current agency  (circle one) | IHS, BOP, CG, IHSC, CDC, HRSA, NIH, FDA, Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Duty station: |  Work address: |
|  Work Phone: |  |
|  Do you prefer a mentor of the same agency? |  \_\_\_\_Yes If not, preferred agency \_\_\_\_\_\_\_\_\_\_\_\_ |
|  Current career track  (circle one)  | Clinical, Administrative, Research, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  If you have a specific mentor in mind, please enter his/her name. |  |
|  \*If you have other prefer- ences to consider in pair- ing with a mentor, please list them here. |  |

\*While we try to pair people according to their preferences, limitations on applicants may prevent people from meeting these preferences.

Please contact either CDR Collins or LCDR Huynh with questions or comments:

CDR Joseph Collins LCDR Cam-Van Huynh

Chair, DePAC Mentoring & Co-Chair, DePAC Mentoring &

Retention Workgroup Retention Workgroup

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