



## HEALTH SERVICES PROFESSIONAL ADVISORY COMMITTEE (HSPAC)

*Multidisciplinary in Approach, Connected by Service, Advancing Public Health*

### Official HS Mentoring Program Registration

#### Name and Rank:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Rank \_\_\_\_\_

#### Contact Information:

Primary Email \_\_\_\_\_

Alternate Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Personal Cell \_\_\_\_\_

Agency \_\_\_\_\_

#### Work Information:

Job Title \_\_\_\_\_

Practice Setting (In what type of office or practice do you work?)

\_\_\_\_\_

#### Work Address:

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_



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**Prior Service** (Did you serve in the military prior to joining the USPHS?)

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**Work History:** (Enter the details of your last 3 assignments, not including your current assignment)

	Agency	Job Title	City	State	From Year	To Year
Job 1						
Job 2						
Job 3						

### **Mentoring Information:**

**Role:** Would you like to be a Mentee, Mentor, or Both?

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**Interests: (*Mentees Only*)** Indicate any specific areas in which you would like to receive guidance.

☐ Advancement/Promotion in the Commissioned Corps

☐ Continuing and Advanced Education

☐ Professional Organizations and Affiliations

☐ Career Development

☐ Professional Licensure and Registration

☐ Perspective on PHS Agencies and Details

☐ Career Track Issues

Other (please describe)

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**Max Mentees: (*Mentors Only*)** Select the maximum number of Mentees you would be willing to mentor simultaneously.

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**Discipline:** Select your primary area of specialty

\_\_\_\_\_ If other, please indicate:

**Mentoring Experience: (*Mentors Only*)** Provide a brief summary of your background and mentoring experience. The information you provide will help the subcommittee determine a suitable Mentor-Mentee pairing.

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Please email this form to CDR Jemekia Thornton and LCDR Alberta Mirambeau by clicking on the submit button.