



CCPMN



Commissioned Corps Pharmacy Mentoring Network

CCPMN Application Form

Officer Name _____

PHS Number _____

What role are you applying for? (mentee, mentor or both) _____

Current job title _____

Current practice setting _____

Current discipline/specialization _____

Current agency _____

Current duty station address _____

Current duty station phone number _____

Current duty station fax number _____

Work e-mail _____

Personal e-mail _____

Do you have prior military service? If yes, please comment

For mentees, what topics are you interested in learning from your mentor? Mark all that apply

_____ Advancement/Promotion in the Commissioned Corps

_____ Continuing and Advanced Education

_____ Career Development

_____ Professional Organizations and Affiliations

_____ Perspective on PHS Agencies and Details

_____ Career Track Issues

Other, please specify

Please list previous jobs (Agency, job title, city/state, years at job)

What year was your last promotion? _____

What was your commissioning rank? _____

Are you basic ready? _____

Please list degrees, board certifications, and specialized training

Have you attended OBC, BOTC, or IOTC? _____

Have you participated as a mentee in CCPMN previously? _____

Please list your PharmPAC involvement

**For mentees, if you are requesting a specific mentor, please list the officer's e-mail.
If there are certain things that you prefer when being matched with a mentor,
please list (examples – certain geographic location, certain Agency, etc.)**

**For mentors, please attach a copy of the e-mail from your supervisor indicating that
you have supervisory approval to participate as a mentor in CCPMN**

Please attach a copy of your current CV (optional for mentees)

Please email this form and any applicable attachments to:
LCDR Julie Neshiewat, Coordinator CCPMN
Email: Julie.Neshiewat@fda.hhs.gov

Thank you for your interest in CCPMN!