

CCPMN

Commissioned Corps Pharmacy Mentoring Network

Mentor Agreement

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

Prior to beginning your mentoring relationship. Please review the following program guidelines, sign this document and return to the CCPMN program coordinator.

I will contact my mentee within 2 weeks of receiving notification from CCPMN that I have been selected to be a mentor.

Prior to my first meeting, I will review the Checklist for Mentors and become familiar with and be prepared to discuss the topics on the checklist.

I will make every effort to interact with my mentee a minimum of two times per month.

I will be responsive to the learning needs of the mentee and be sensitive to the time and energy needed for a successful mentoring relationship.

I will keep conversations with my mentee confidential.

I will contact the CCPMN coordinator at the earliest opportunity for any assistance that I need or if any areas of conflict develop.

I will return the Mentor Evaluation and Checklist within two weeks of completing the mentoring relationship.

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: _____

PHS #: _____

Signature: _____

Date: _____

Mentee Name: _____

Return to: LCDR Julie Neshiewat, Coordinator CCPMN
Food and Drug Administration, Center for Drug Evaluation and Research
Office of Generic Drugs
10903 New Hampshire Ave.
WO 75, Room 3640
Silver Spring, MD 20993
Email: Julie.Neshiewat@fda.hhs.gov