



CCPMN



Commissioned Corps Pharmacy Mentoring Network

CCPMN Application Form

Officer Name (including rank) _____

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

Current job title _____

Is your current job supervisory or non-supervisory? _____

Current practice setting _____

Current discipline/specialization _____

Current agency _____

Current duty station city/state _____

Current duty station phone number _____

Work e-mail _____

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

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

What was your commissioning rank? _____

What year was your last promotion? _____

Are you basic ready? _____

Please list degrees, board certifications, specialized training, or formal leadership training

How did you hear about CCPMN? _____

Have you participated as a mentee in CCPMN previously? If yes, please comment

Please list your PharmPAC involvement

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 and Performance Management
- Professional Organizations and Affiliations
- Perspective on PHS Agencies and Details
- Career Track Issues
- Readiness and Deployment

Other, please specify

For mentees, if you are requesting a specific officer to be your mentor, please list the officer's name (including rank) and e-mail. Please note that the requested officer should NOT be in your direct chain of command.

For mentees, please list any preferences for being matched with a mentor (e.g., certain geographic location, Agency, specialized knowledge, experience, skill, or ability, etc.)

For mentors, please rank how comfortable you would feel on mentoring in each area below (Rank on a scale from 0 to 5 with 0 being not comfortable and 5 being very comfortable)

- Advancement/Promotion in the Commissioned Corps
- Continuing and Advanced Education
- Career Development and Performance Management
- Professional Organizations and Affiliations
- Perspective on PHS Agencies and Details

_____ Career Track Issues

_____ Readiness and Deployment

Please email this form and any applicable attachments (see information below) to the [CCPMN mailbox \(PharmPACMentoring@gmail.com\)](mailto:PharmPACMentoring@gmail.com)

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

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

Thank you for your interest in CCPMN!