



CCPMN



Commissioned Corps Pharmacy Mentoring Network

Mentor Agreement

Thank you for expressing an interest in serving as a mentor in the Commissioned Corps Pharmacy Mentoring Network (CCPMN). Your willingness to commit time and 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 mailbox \(PharmPACMentoring@gmail.com\)](mailto:PharmPACMentoring@gmail.com).

- I will contact my mentee within 2 weeks of receiving notification from CCPMN that I have been selected to be a mentor.
- Prior to the first meeting with my mentee, I will review the CCPMN Program Guide and be prepared to discuss a wide range of topics throughout the mentoring period.
- 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 and correspondences with my mentee confidential.
- I will contact the [CCPMN mailbox \(PharmPACMentoring@gmail.com\)](mailto:PharmPACMentoring@gmail.com) at the earliest opportunity for any assistance that I need or if any areas of conflict develop.
- I will return the Mentor Evaluation Form within 2 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

Signature

Date

Name of Mentee

Return to [CCPMN mailbox \(PharmPACMentoring@gmail.com\)](mailto:PharmPACMentoring@gmail.com)