



# CCPMN



## *Commissioned Corps Pharmacy Mentoring Network*

### CCPMN Evaluation Form for Mentors

In an effort to evaluate the effectiveness of the Commissioned Corps Pharmacy Mentoring Network, please complete and return this evaluation form 6 months after the start of your mentoring relationship. Your comments and suggestions will be carefully reviewed and considered for incorporation into the mentoring program. Thank you for your input and support.

1. Have you had contact with your mentee?

- Yes (Go to Question 3)
- No (Go to Question 2)

2. Why have you not had contact with your mentee?

- I am waiting for my mentee to contact me.
- I have tried to initiate contact, but my mentee has not responded.
- Other, specify \_\_\_\_\_  
(Go to question 10)

3. On average, how often do you interact with your mentee?

- 3 or more times per month
- Once or twice per month
- Once or twice per quarter
- Initial contact only

4. On which of the following topics have you provided information to your mentee? (Check all that apply)

- Public Health Service Overview (Mission Statement, History, Leadership Structure)
- Navigating Commissioned Corps Website
- Deployment Topics
- Professional Advisory Committees (PAC) and Chartered Advisory Groups (CAG)
- Basic Readiness and Clinical Hours
- Benefits (Tricare, TSP, Life Insurance, USAA)
- Personnel (e.g., types of leave, licensure, special pay)
- Advocacy Resources (Role of Commissioned Corps Liaisons, Managing Workplace Conflict, COA, MOAA)
- Promotion Benchmarks
- Career Goal Setting
- Leadership Self-Assessment and Leadership Training Programs
- Other, please specify \_\_\_\_\_

5. Did the mentoring relationship meet your expectations?

Yes

No

Please describe how or why not?

6. List 3 things you learned as a direct result of being in this mentoring relationship.

7. List 3 things you liked about your mentee.

8. What was least satisfying about the mentoring relationship?

9. Was the six-month mentor/mentee match satisfactory?

Yes

No

10. Your name (for tracking purposes only)

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Other comments and or suggestions:

Note: All comments and suggestions made on this form will be kept confidential. All information collected will be used to identify problems and develop ways to improve the program.

Please email this form to the [CCPMN mailbox](mailto:CCPMN_mailbox) ([PharmPACMentoring@gmail.com](mailto:PharmPACMentoring@gmail.com))

Thank you for participating!