# Commissioned Corps Pharmacy Mentoring Network
# **Mentor Training Evaluation**

**Thank you** for taking the CCPMN Mentor Training. Please complete this form and **use the submit button** at the bottom of the form to email your data. If for any reason, you cannot email your form data, please print out your evaluation and send it to:

CAPT David Racine
FDA/CTP
Room 220K
9200 Corporate Blvd
Rockville, MD 20850

Date Training Completed

PHS Serial #

Rank

First Name

Last Name

Agency

Please rate your satisfaction level with each of the following statements.

1 = strongly disagree 2 = disagree 3 = neutral 4 = agree 5 = strongly agree

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. The training was well-designed (pacing, adequate time for Q&A, etc.). | | | | | |
| 2. I received information that answered my questions about mentoring. | | | | | |
| 3. The presentation slides provided useful content both in the session and for future reference. | | | | | |
| 4. The trainer was knowledgeable and helpful. | | | | | |
| 5. I have a better sense of what it takes to be a mentor. | | | | | |
| 6. This type of remote learning is a useful tool for me to receive future training. | | | | | |
| 7. This training was valuable and I would recommend it to others. | | | | | |
| 8. The audio portion of the presention was clear and easy to listen to. | | | | | |

9. Please tell us what topics you would like to have more information on to assist you with your mentoring responsibilities.

Submit by E-mail

Print Form

For Additional Information about the Pharmacy Mentoring Program, please visit our website at: http://www.usphs.gov/corpslinks/pharmacy/sc_career_mentoring.aspx