



SciPAC Mentor/Mentee Application

I would like to be a: Mentor Mentee Submission Date: _____

Officer Information

Rank and Name: _____
Rank Last Name, First Name Middle Name

Degree/Professional Training: _____

Years of Service: In PHS _____ In Other Uniformed Service (_____) _____

Current Agency: _____

Job Title: _____

Address: _____

City State Zip Code

Daytime Phone: _____ Fax: _____

Email: _____

Areas of Interest/Expertise

Mentors: Which of the following areas listed below are you able to provide guidance about to your mentee?

Mentees: Which of the following areas listed below are you interested in receiving guidance in?

Guidance Area of Interest/Expertise

- Advancement/Promotion within PHS CC
- Continuing and Advanced Education
- Professional Organizations and Affiliations
- Professional Licensure and Registration
- Perspective on PHS Agencies and Details
- Career Track Issues
- Other (describe in comments section)

Career Interest/Expertise

- Administration/Program Management
- Epidemiology
- International Health
- Research
- Policy
- Other (describe in comments section)

Additional Comments

Please provide any additional information that will help us match you with the most suitable mentor or mentee.

Application Submission

Please complete and email this application to the Chair of the SciPAC Mentoring Subcommittee.