



### Mentee Application Form

To participate as a mentee in the NCPDP Mentorship Program, please complete this application and forward to [jpowers@ncpdp.org](mailto:jpowers@ncpdp.org) or fax to 480-222-7555.

#### **Mentee Objectives/Requirements:**

Mentee is committed to achieving NCPDP goals and is comfortable gaining visibility within the organization. Mentee seeks coaching, accepts candid feedback and is willing to enhance communication skills. Mentee is willing to be accountable for performing specific activities to achieve mutually agreed upon results.

Mentee must have at least one year of NCPDP membership with active participation. Other requirements include:

- Attendance at quarterly work group meetings
- Willingness to learn
- Desire to seek a leadership position (any)
- Basic understanding of NCPDP
- Strong healthcare background or, in lieu of experience, a strong desire to learn

Mentee will communicate with mentor at least once a month and periodically update the Mentorship Program Subcommittee of accomplishments.

First name

Last name

email address

Briefly describe your leadership goals relative to NCPDP (e.g. WG co-chair, task group lead, Board).

Briefly describe healthcare or other industry experience/skill sets.

See next page

To help develop your mentoring program, please indicate your area(s) of interest.

Specific areas:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Facilitation skills | <input type="checkbox"/> Presentation skills | <input type="checkbox"/> General leadership skills | <input type="checkbox"/> Obtaining consensus |
| <input type="checkbox"/> NCPDP Bylaws        | <input type="checkbox"/> Regulatory          | <input type="checkbox"/> Roberts Rules of Order    | <input type="checkbox"/> Project Management  |
| <input type="checkbox"/> Standards           | <input type="checkbox"/> Other               | <input type="checkbox"/> All of the above          |  |

If other, please specify):