



Mentor Application Form

To volunteer as a mentor in the NCPDP Mentorship Program, please complete this application and forward to jpowers@ncpdp.org or fax to 480-222-7555.

Mentor Objectives/Requirements:

Prepare a rising leader to interact with NCPDP members in order to achieve organizational goals. Help mentee gain visibility, enhance communication skills that apply to our diverse membership, and identify professional contacts (i.e., the “go-to” experts) within the various healthcare disciplines. Provide candid feedback and maintain discretion at all times.

Mentor must have at least three years of NCPDP membership with active participation. Other requirements include:

- Familiarity with NCPDP’s membership base
- Familiarity with NCPDP’s organizational objectives
- Strong healthcare background (desirable)

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

First name

Last name

email address

Briefly describe leadership experience/skill sets.

Briefly describe healthcare industry experience/skill sets.

See next page

Briefly describe NCPDP experience/skill sets.

If you prefer to focus your mentorship in particular areas, please indicate them below.

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: