



MENTORING PROGRAM – MENTOR PROFILE

Please complete the information below so we can match your skills with the appropriate student.

Name _____ telephone _____

Address _____ e-mail _____

City, State, Zip _____

Years in practice _____ Specialty (if applicable) _____

What do you hope to achieve by being a participant in a mentoring program?

Please place a check mark on the line for answers to each question.

What are your preferences for the student assigned to you?

____ Male ____ Female ____ General Dentist ____ Specialist

If you checked specialist, please indicate what type. _____

How would you like to communicate with the student? (Check all that apply.)

____ telephone ____ e-mail ____ in person

Please check what aspects of dentistry for which you can offer assistance.

____ Education debt ____ Starting a practice

____ Finding an associateship ____ Negotiating salaries

____ Learning about partnerships ____ Teaching/research

Please email this form to Dr. Ruby Gelman at rubygelman@gmail.com or call (212) 682-9555.