

PUBLIC HEALTH SERVICE
THERAPIST CATEGORY
MENTEE APPLICATION

NAME: _____

GRADE/RANK: _____

PERSONNEL SYSTEM: CIVIL SERVICE _____ COMMISSIONED CORPS _____

PHS NUMBER (commissioned Corps): _____

SSN LAST 4 (civilian): _____

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

YEARS IN PHS _____ YEARS IN FEDERAL SERVICE _____

PRIMARY JOB ACTIVITY:

ADMIN _____ CLINICAL _____ RESEARCH _____ OTHER _____

ARE YOU WILLING TO ESTABLISH TWO HOURS PER MONTH WITH YOUR MENTOR TO PARTICIPATE IN THIS PROGRAM? _____

PHS ASSIGNMENTS

AGENCY	JOB TITLE	LOCATION	DATES

WHAT EXPERIENCES, SKILLS, VALUES, OR KNOWLEDGE DO YOU WANT TO GAIN FROM YOUR MENTOR? (Check and list all that apply)

- Practice and information about interviewing
- Information about job opportunities throughout HHS
- Information about job opportunities in non-HHS agencies
- Information concerning non-traditional therapy positions
- Information about how the personnel system works
- Information about setting career direction
- Improving clinical skills
- Preparation and information concerning deployments and readiness
- Improving administrative skills
- Promotion Preparation

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THERAPIST CATEGORY
MENTORING AGREEMENT

I will devote up to two hours per month toward participation in the Therapist Mentoring program as a mentee.

I give permission for the information in this application to be shared with my proposed mentor.

I will maintain confidentiality of all materials related to my mentor, and will destroy these materials at the completion of the program.

Signature: _____ Date: _____

Print Name: _____