

# Mentor/Mentee Application



Thank you for your interest in in the mentor/mentee program with the USPHS Veterinary Category. Please complete the form below. Submit completed forms electronically, by clicking on the Submit button above. All forms will be returned to CDR Brianna Skinner (gbi6@cdc.gov).

USPHS Veterinary Category  
<http://www.usphs.gov/corpslinks/veterinarian>

Date:

- New Application  
 Update old application

Name (First, Mi, Last):

Rank

Category:

Years of Service:

Employment Status:

Agency/OPDIV:

Work Address:

State/Province:

Zip/Postal Code:

Email Address:

Work Phone:

Work Fax:

## Career Assignment/Discipline

- |   |   |
|---|---|
| <input type="checkbox"/> Laboratory Animal  | <input type="checkbox"/> Epidemiology         |
| <input type="checkbox"/> Regulatory Affairs | <input type="checkbox"/> Pathology            |
| <input type="checkbox"/> Toxicology         | <input type="checkbox"/> Quarantine           |
| <input type="checkbox"/> Food Safety        | <input type="checkbox"/> Environmental Health |
| <input type="checkbox"/> Biosafety          | <input type="checkbox"/> Other (specify)      |

Please describe your training and experience in your profession:

Would you like to be a mentor?

- yes  no

Term length of interest  
(recommended >1 year) :

What area(s) of expertise or experience do you feel you are able to provide council on?

PHS Officer you would like as a mentor (if applicable):

Would you like to be a mentee?

- yes  no

Rater:

Reviewer: