

CDS Mentor Program **DENTIST MENTORSHIP APPLICATION**

The CDS Mentor Program is a cooperative project of the Chicago Dental Society in conjunction with the UIC College of Dentistry, the UIC College of Dentistry Alumni Association and numerous professional dental organizations, such as the Lincoln Dental Society and the Hispanic Dental Association. The CDS Mentor Program is intended to enhance students' educational experiences by providing another perspective, that of a practicing dentist who shares some of their interests.

If you would like to participate, please complete the questionnaire below and return it to the Chicago Dental Society. Please note that all responses are voluntary and will be used only to pair you with a protégé. Please print.

Your Name: _____

Business Address: _____

Type of Practice: General Practice Specialty Other (please specify): _____

Size of Practice: (circle one): Solo Partnership Group (# _____) Other (please specify): _____

Brief description of your practice: _____

Brief description of your career including professional and community recognition: _____

Have you ever served as a mentor? Yes No

Do you currently have a protégé? Yes No

If yes, what is your protégé's name and grade level? _____

Was your mentoring part of a formal mentoring program? Yes No

If yes, who sponsored the mentoring program? (check all that apply)

Religious Organization Youth Serving Organization Professional Dental Association/Society Other: _____

What did you enjoy most about being a mentor? _____

Who are you interested in mentoring?

UIC dental students: Class preference? D-1/D-3 _____ D-2/D-4 _____ Pre-dental students High school students

Number of students you are willing to mentor: _____

(We would like to pair D-1/D-3 and D-2/D-4 students with a single mentor to provide continuity and support for the students.

However, if you prefer to mentor only one student, please indicate such.)

Would you like to request a specific student? Yes No. If yes, who? _____

Are there any other concerns or characteristics of your protégé that would be important to you? _____

How can your protégé contact you?

Home Phone: _____ Office Phone: _____ Mobile Phone: _____

E-mail: _____ Best time to contact you: _____



Please return this application to:

Chicago Dental Society • CDS Mentor Program • 401 N. Michigan Ave., Suite 200 • Chicago, IL 60611 • Fax: 312.836.7317 • www.cds.org