



2009 MENTOR PARTICIPATION FORM

Name:

Current Position:

Address:

Telephone number:

Email address:

Number of years practicing in the healthcare field:

Number of years as a licensed attorney:

State licenses:

Areas of current practice:

What skills or knowledge would you bring to the mentoring relationship that would benefit a mentee's personal growth?

Please describe any relevant managerial experience or other mentoring experience you have had.

Are you willing to commit to *at least* two interactions per quarter with your mentee?

In what areas do you believe you have specific strengths that would be valuable to a mentee (e.g., networking, research, pro bono, teaching, communication, billing, firm experience, in-house experience etc.)?

Do you now anticipate attending at least one AHLA conference next year at which you could connect with your mentee?

Please list (by date of participation) all AHLA activities in which you are currently involved or have been involved in the last 5 years (e.g., Practice Group(s) member/leader; presenter at AHLA seminars; author of AHLA articles; etc).

Do you have a preference as to the area of healthcare law and years of practice in the field of your mentee?

Are you willing to serve as a mentor for more than one mentee? If yes, please indicate the maximum number of mentees you are willing to accept.

Please identify any questions you have about the Mentoring Program?