



Mentee Application

Program Date: July 15, 2013 - July 15, 2014

1. Last Name: _____ First Name: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Cell Number: _____

Dermatology Residency Program: _____

3. Choose one that best describes your practice interest:

- Solo Practice
- Single Specialty Group Practice
- Multi-Specialty Group Practice
- Academic

4. Please choose three topics below that you are interested in:

- The challenges and rewards of a:
 - Academic practice
 - Solo practice,
 - Single Specialty Group Practice
 - Multi-Specialty Group Practice
- Practice Management (Policies and Procedures, Staffing, Administration, Billing)
- Negotiating contracts, leases, etc.
- Surgical Procedures
 - Mohs micrographic surgery
 - Cosmetic procedures
 - Other
- Public Relations and Public Education
- Public Speaking at National Meetings (ASDS, AAD, etc.)
- Research
 - Clinical Trials
 - Basic Science
- Professional Society Leadership (ASDS, AAD, State and Regional Derm Society)



- Volunteering
 - Domestically
 - Internationally
 - Advocacy (Political and Patient Safety)

 - Other _____
5. Please provide the following required material below with your application:
- a. Curriculum vitae (please limit to 2 pages)
 - b. Brief essay describing your career goals.

Please submit this form by fax or email to ASDS attention Helen Prostko at 847/956-0999 or hprostko@asds.net