

Department of Pediatrics - Mentoring Program

Protégé Interest Form

Name: _____

The following will assist the Mentoring Committee with matching mentors and protégés.

1. How long have you been employed by the Saint Louis University Department of Pediatrics?

_____ < 6 months

_____ 6 months to 1 year

_____ 1 year to 5 years

_____ > 5 years

2. Describe your career path.

3. List 1-2 key career goals that you would like to achieve over the next three years:

➤

➤

Department of Pediatrics - Mentoring Program

4. Please rate the following areas in terms of where you would like support from a mentor. Use:

1 = Low Mentor Support Desired
2 = Moderate Mentor Support Desired
3 = High Mentor Support Desired

_____ Research. Explain:

_____ Education/Teaching. Explain:

_____ Clinical Practice. Explain:

_____ Administrative Service &/or Leadership Development. Explain:

_____ Promotion. Explain:

_____ Personal Growth (Work-Life Balance, Time Management, and Self-Development). Explain:

5. Are there any characteristics that you are specifically looking for in a mentor? (Examples: grant writing; experience juggling family-work; external network; proximity; extravert etc.)

6. Please consider matching me with the following mentor:

(Please note that requests should not include your direct supervisor, but may be outside of your specialty or the department. The committee will attempt to accommodate requests.)

7. Additional comments or information that you would like to share with the committee.
-
-