



MENTEE APPLICATION

Name _____ Discipline _____

Position _____

Agency _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-Mail _____

AADE Membership No. _____ MODE Member Yes No CDE Yes No

1. How long have you worked in your current position?

Areas of **need** (check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> A. Reimbursement | <input type="checkbox"/> J. Personal Interviewing Skills |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Managed |
| <input type="checkbox"/> Private | <input type="checkbox"/> Other |
| <input type="checkbox"/> B. Marketing | <input type="checkbox"/> K. Inpatient Programs |
| <input type="checkbox"/> C. Continuous Quality Improvement Process | <input type="checkbox"/> L. Lay Health Worker Use |
| <input type="checkbox"/> D. Annual Review and Planning Process | <input type="checkbox"/> M. Grant Writing |
| <input type="checkbox"/> E. ADA/MDCH Application Process | <input type="checkbox"/> N. Policy/Procedure Writing |
| <input type="checkbox"/> F. Data Management | <input type="checkbox"/> O. Pediatric Programs |
| <input type="checkbox"/> G. Cultural Issues | <input type="checkbox"/> P. Pregnancy Programs |
| <input type="checkbox"/> H. Pre Diabetes/Metabolic Syndrome Programs | <input type="checkbox"/> Q. Support Groups |
| | <input type="checkbox"/> R. Curriculum Development |

I. Other (Please Describe)

S. Pump Programs

2. Check the mentoring process in which you are willing to participate (check all that apply)

Telephonic In-person site visit E-Mail/Net Conferencing

Limitations to travel Yes No

Additional comments:

3. Are you willing to participate in a group mentoring process (i.e. several individuals are mentored together by a single mentor)?

Yes No

4. Are you willing to commit for a minimum of one year?

Yes No

5. Please include your CV/Resume on a separate page.

6. Additional comments you would like to add.

7. Do you have a preference for a specific mentor?

I have reviewed the mentoring tool kit and agree to the expectations and support the application.

Signature _____ Date _____

An electronic signature may be used and sent via email or fax to:

Karen Boyer
kboyer@michigan.gov
(Fax) 517/335-9461