



# MENTOR 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 **expertise** (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.

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](mailto:kboyer@michigan.gov)  
(Fax) 517/335-9461