# MENTOR INTEREST FORM

**1. In point form, indicate why you are interested in being a pharmacy resident mentor: (max 3 points)**

**2. List below your leadership activities/experience: (if extensive, list 3 highlights)**

**3. List three personal qualities you possess that you feel will contribute to your effectiveness as a mentor:**

**4. Complete the following table related to education:**

|  |  |  |
| --- | --- | --- |
| **Degree name** | **Date received** | **School attended** |
| *Eg. BScPhm* | *2001* | *University of Toronto* |
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|  |  |  |
|  |  |  |

**5. Residency completed: YES NO** (circle appropriate answer)

**If yes, which hospital?** **Year completed?**

**6. Complete the following table related to pharmacy work experience**:

|  |  |  |
| --- | --- | --- |
| **Job title** | **Dates** | **Location** |
| *Eg. Clinical Pharmacist* | *2003-2006* | *UHN-TGH –Surgery* |
|  |  |  |
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**7. Have you been a residency pharmacy mentor in the past 3 years? If yes, who was your mentee?**

**8. (Optional) Indicate below if there is anything else you would like to add: (limit 100 words)**

**Please submit completed form to Residency Coordinator(s) electronically**

*Last updated August 2019*