

ASLMS Mentorship Program Application

STEP 1 – COMPLETE YOUR INFORMATION

MENTEE INFORMATION *ASLMS Membership Required*

First Name (Given) _____ Last Name (Family) _____ Degree _____
 Address _____ City _____
 State/Province _____ Zip/Postal Code _____ Country _____
 Email _____ Phone _____ Fax _____

STEP 2 – SELECT PROJECT

Enter project name **-OR-** provide project idea:

I've already made arrangements with a Mentor
 Suggested Mentor: _____

For this project I would prefer to:

Work one-on-one with Mentor
 Work with other Mentees and Mentor _____

STEP 3 – SIGN, DATE AND SUBMIT APPLICATION WITH REQUIRED ATTACHMENTS

Work with Mentor to complete application and obtain necessary signatures.

REQUIRED ATTACHMENTS

- » Current Curriculum Vitae
- » Essay (1000 words or less) outlining career, educational goals and how the mentorship opportunity will impact your future or current practice of using lasers and other related technologies in medical and/or surgical applications
- » Signed and dated Mentee and Mentor Release Forms (both available online)

APPLICATION SUBMISSION

- » Email your application to information@aslms.org -OR-
- » Mail your application to ASLMS, Attention: Mentorship Program, 100 N. 72nd Ave., Wausau, WI 54401
- » Questions, call (715) 845-9283 or Toll Free (877) 258-6028

OUTCOME EXPECTATIONS *To be determined by Mentor and Mentee(s) during planning conversations*

- » Time commitment of Mentor: _____ (hours) Time commitment of Mentee: _____ (hours)
- » Project Start Date: _____ Project End Date: _____
- » Research ready for abstract presentation at future ASLMS Annual Conference (____ year)
- » All activities between mentor and mentee are expected to be conducted online or by phone (not in person)

I understand any expenses incurred will be my responsibility.

Sign Full Name _____ Date _____

MENTORSHIP DETAILS *ASLMS will work with the Mentor and Mentee to arrange the initial project set up. The Awards Committee will make the final approval of the project.*

MENTOR INFORMATION

First Name (Given) _____ Last Name (Family) _____ Degree _____
 Address _____ City _____
 State/Province _____ Zip/Postal Code _____ Country _____
 Email _____ Phone _____ Fax _____

Sign Full Name _____ Date _____