

Mentoring Commitment

If you are interested in mentoring a thoracic surgery resident, please take a few moments to answer the following questions.

Yes, I would like to be listed as a WTS mentor.

Name: _____

Institution: _____

How would you prefer to be contacted:

E-mail – Please provide address: _____

By professional phone – Please provide number: _____

My practice is best defined as (please select one or more):

- Cardiac
- Thoracic
- Congenital/Pediatric
- Heart failure/transplant
- Academic
- Private practice
- HMO practice
- Research
- Industry

The areas that I would feel comfortable giving advice and mentoring (please one or more):

- Surviving CV training
- Preparing for Boards
- Curriculum vitae preparation
- Job search
- Career planning
- Interviewing techniques
- Negotiating contracts
- Further training opportunities
- Research/grant writing
- Crisis intervention
- Personal balance
- Legal crises
- J visa/FMG issues

The level of mentoring that I would feel comfortable with (please select more than one):

- College students
- Medical students
- General surgery residents
- Cardiovascular and thoracic fellows
- Junior faculty
- Established CVTS faculty

Please list any suggestions you may have for the mentoring program:

Please fax this form to the attention of Cynthia Herrington, MD, at (612) 625-4106.