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:

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Please fax this form to Katie Bochenek at (312) 202-5829.