

**Maine Osteopathic Association/UNECOM  
Mentor Program  
Osteopathic Physician Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

EMAIL \_\_\_\_\_ Preferred contact day/location \_\_\_\_\_

Medical School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Specialty(s) \_\_\_\_\_

Would you prefer to mentor students/interns/residents in this specialty?      \_\_\_ Yes      \_\_\_ No

Would you be willing to mentor students interested in another specialty?      \_\_\_ Yes      \_\_\_ No

How many students/interns/residents would you be willing to mentor at any given time? \_\_\_\_\_

Home Town : \_\_\_\_\_ (city) \_\_\_\_\_ (state)

1) Were there any unique circumstances in your life during your training that would give you extra insight into the needs of your student? (Married, children, previous occupation)

\_\_\_\_\_

2) Where you involved in any clubs/organizations at medical school? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

3) What organizations are you involved in now (professional and non-professional) \_\_\_\_\_

\_\_\_\_\_

4) What special interests do you have outside of medicine that would help us match you with a student?

\_\_\_\_\_

\_\_\_\_\_

5) What makes this project something you would like to be involved in? \_\_\_\_\_

\_\_\_\_\_

6) Do you require any special accommodations (interpreter, hearing impaired, materials in other formats, etc)?

\_\_\_\_\_

**Thank you for you interest in the MOA /UNECOM Mentoring Program. Please send your completed form to:**

**Maine Osteopathic Association, 693 Western Avenue, Manchester, Maine 04351**  
**Fax: 207-623-4228 or email: [info@mainedo.org](mailto:info@mainedo.org)**  
**Thank you!!!!**