

Mentor of the Year Award
Mentor Nomination Form
(Paper Form Submittal)

All mentor nominees must be an AOA member in good standing.

Please use this form as a guide to share the mentor experience with us. Your stories will be used to identify outstanding mentors within the osteopathic profession. Please look forward to feature mentor stories on the mentor website, and in future issues of The D.O.

Your Information:

First Name:	Last Name:	
City:	State:	Zip:
E-mail Address:	Phone:	
College of Osteopathic Medicine attended:		

Mentor Information:

First Name:	Last Name:		
College of Osteopathic Medicine attended:			
Year of Graduation:			
Is the Mentor a member of a specialty college?	Yes	No	don't know

Mentors will be evaluated based upon the following criteria:

1. The mentor fosters the long-term development from mentee to D.O. colleague, encouraging mentees to develop individual talents and strengths by acting as an advisor and guide.
 - a. At what point in your career did this person mentor you?

 - b. What qualities made this person a good mentor?

2. The mentor facilitates mentees in acquiring the skills and resources needed to succeed as scholars and professionals.
 - a. Did you choose this person as a mentor? If so, what characteristics made you choose him/her? If not, how did the mentorship begin?

 - b. Have you picked up any personal/professional traits or characteristics from your mentor?

3. The mentor acts as an advocate and leader in professional matters, such as presentation of research findings, post-doctoral options and job placement.
 - a. What activities did you share with your mentor?

4. The mentor demonstrates respect and a sincere and active interest in the well-being of mentees.
 - a. How has your mentor had an impact on your life?

Please share your favorite mentor story(ies):