



Harbor Dental Society Mentorship Program

Mentor Application

First Name _____ Last Name _____

Address: _____

City _____

Phone Number Area Code ____ Phone Number _____

E-mail _____

Undergraduate School _____

Dental School _____

Specialty School _____

Years in Practice _____

Years as an ADA Member _____

Practice Type

Private _____ Associate _____ Corporate/Group Practice _____

Community Health _____ Dental School/ Academia _____

Size of Practice ___1-5 Staff ___6-10 Staff ___11-25 Staff ___> 26 staff

Membership in Other Associations _____

Leadership Positions at Local, State, and National Level _____

Leadership Positions in Other Societies _____

Interests Outside of Dentistry _____

Which areas of dentistry are you most comfortable in mentoring (i.e. Clinical, management, general)? _____

Please send a current photo of yourself (jpeg format) to
Email: Kristin@Harbordentalsociety.org.