

# MENTOR APPLICATION

Thank you for volunteering to mentor a dental student and/or new dentist (practicing for 10 years or less).

We will collect potential proteges' applications and review them in an attempt to find candidates who are interested in learning about your style of practice and/or geographic location. We will then submit selected applications for your review. Upon receipt of the application, you reserve the right to accept or deny a protege.

Please submit applications to [newdentistasda@gmail.com](mailto:newdentistasda@gmail.com) or mail it to  
Dr. Natalia Hodge  
2924 Kavanaugh Blvd.  
Little Rock, AR 72205

Your name:

Where did you go to dental school?

Business address:

Type of practice:

Size of practice:

Brief description of your practice:

Brief description of your career including professional and community recognition:

Have you ever served as a Mentor?

Do you currently have a protege?

If yes, what is your protege's name and grade level?

Was your mentoring part of a formal mentoring program?

If yes, who sponsored the mentoring program?

What did you enjoy most about being a mentor?

Why are you interested in mentoring?

Number or students/new dentists you are willing to mentor:

Would you like to request a specific student?

Are there any other concerns or characteristics of your protege that would be important for you?

Office phone:

Mobile Phone:

Email:

Best time to contact you: