



MENTOR DIRECTORY FORM

Name and credentials

Current role listed in the AMCP Northeast Mentoring Program Directory:

How many mentees would you have the capacity to mentor?

Open to mentoring students not enrolled in the Northeast region?

Yes

No

Open to in-person meet-ups?

Yes

No

Pharmacy school and year of graduation (optional)

In which city and state are you located?

Description of your current role:

Description of your previous experience (optionally indicate if you had residency or fellowship experience)

Additional information you would like students to know about you:

Please list key areas or activities you would like to mentor mentees on:

Please submit the completed form to the AMCP Northeast Board at Northeast@AMCP.org