

MSRC Student Mentor Program Mentor Profile



Thank you for your interest in serving as a Mentor to a Missouri Respiratory Care Student!
Please complete the below form to be matched with a student.

Name

Credentials

Home address (include city, state and zip code):

AARC number (required)

Telephone number (include area code)

Preferred e-mail address

Employer

Employer Location (city)

Current Job Title

Job Category (choose an option that BEST describes your current position)

Educational Background

Respiratory Care School attended

Degree
Earned

Graduation
Year

Other degrees earned: (include school, area of study and date of graduation)

Social Media

Do you utilize the following:

- Facebook Twitter
 LinkedIn Instagram
 Other

Are you willing to be contacted via social media?

- yes
 no

Experience and Areas of Expertise

Notable Career Accomplishments

Professional Awards or Recognition Received

Areas you feel most comfortable providing mentorship (select all that apply):

- Board Exam Preparation Interview and Hiring Process
 Resume Building Career Advancement
 Licensure AARC Membership
 Clinical Topics - Neo/Ped Critical Care Involvement in MSRC/AARC
 Clinical Topics - Adult Critical Care Other

Please list any additional topic (or topics) about which you are particularly knowledgeable or something in particular you would like to share with your mentee?

Misc. Questions

Briefly describe why you want to be a mentor

What extracurricular activities do you enjoy?

Maximum number of times you wish to be contacted each month:

1 2

Other

Please save this form and e-mail to: DanaEvansRRT@gmail.com