



MentorLink Program

Application for Mentors

Thank you for your interest in becoming a mentor with the College of Pharmacists of British Columbia. Please complete this application form and fax it to the College office at 604.733.2493 or 800.377.8129. Should you have questions, please contact the College by phone or email: 604.733.2440 or 800.663.1940; [info@bcpharmacists.org](mailto:info@bcpharmacists.org)

Pharmacist Information (please print clearly):			
Name		Reg #	
Apt. # (if applicable)		Street Address	
City	Province	Postal Code	
Phone Number		Email Address	

How many years have you been a practising pharmacist?				
<input type="checkbox"/> 1 – 5 years	<input type="checkbox"/> 6 – 10 years	<input type="checkbox"/> 11 – 15 years	<input type="checkbox"/> 16 – 20 years	<input type="checkbox"/> More than 20 years
Which is your primary practice setting?				
<input type="checkbox"/> Community	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other (please specify) _____		

What are your areas of expertise or special interests?
_____
_____
_____

Why would you like to be a mentor?
_____
_____
_____

What special skills or attributes would you bring to the mentoring process?
_____
_____
_____

Have you ever served as a mentor, instructor, trainer or preceptor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe your experience and provide dates: _____		
_____		
_____		

Do you speak a language other than English?  Yes  No

If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide the names of two people who could speak to your ability to support and mentor others:

Title	Name		
Apt. # (if applicable)	Street Address		
City	Province	Postal Code	
Phone Number		Email Address	

Title	Name		
Apt. # (if applicable)	Street Address		
City	Province	Postal Code	
Phone Number		Email Address	

Please provide any additional information about yourself that would be relevant to your work as a mentor.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Pharmacist

\_\_\_\_\_  
 Date Signed

Please fax or email this form to: **College of Pharmacists of B.C.**  
 Fax: 604.733.2493 or toll free 800.377.8129  
 Email: [info@bcpharmacists.org](mailto:info@bcpharmacists.org)

**Thank you for your interest in the MentorLink Program**