

MENTORING UNDERREPRESENTED FACULTY FOR ACADEMIC EXCELLENCE (MUFAE)

Mentor Background/Interests

Name: _____ Date: _____

Contact number(s): _____

Email: _____ Years in Family Medicine Education: _____

Location:

Institution: _____

City/State: _____

Title(s): _____

Job description(s): _____

Academic appointments (if applicable): _____

Major areas/topics of interest:

• Teaching _____

• Research _____

• Other _____

1. Describe your racial/ethnic/cultural background: _____

2. Why are you interested in this project? _____

3. Previous mentoring experience or work with underrepresented populations (if applicable): _____

4. Tell us about your approach/philosophy as a(n):

• Mentor _____

• Educator _____

5. Favorite thing about your job: _____

6. Biggest challenge at your job: _____

7. Hobbies: _____

8. I am available to meet (check all that apply):

During business hours (9-5)

After business hours

Before business hours

9. How would you best be able to communicate with your mentor (check all that apply)?

Phone

Video Call (such as Zoom, Facetime, Google Hangouts, Microsoft Teams)

10. Are you available to take two mentees if necessary? Y N