SABM Mentorship Application Form

Are you a current member of SABM: YES  NO  Note: Mentorship matching is only available to those who are members of SABM
Are you interested in becoming a:  □ MENTEES or  □ MENTORS

Dr./Mrs./Mr./Ms.  First: ______________________________  Last: __________________________________________

☐ Title or Role: ______________________________________________________

Degree/Credentials:  □ MD  □ PhD  □ RN  □ MS  □ NP  □ CCP  □ Other:________________________________________

Institution: __________________________________________________________________________________

Department: __________________________________________________________________________________

Office Address: __________________________________________________________________________________

City: _______________________________________State/Province: ________ Zip/Postal Code: __________________________

☐ E-mail: __________________________________________  ☐ Phone: ______________________________________________

In order to help us find the most ideal match for you, please answer the following questions:

• MENTEES: what kind of support are you looking for? What do you hope to achieve?
• MENTORS: what type of support or expertise do you hope to offer?
• ALL: what is your experience, interest or involvement in Blood Management?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Certifications/Specialties: Please indicate those which apply to you:

☐ Anesthesiology  ☐ Blood Banking/Transfusion Medicine  ☐ Critical Care
☐ Emergency Medicine  ☐ Family Practice  ☐ Hematology
☐ Internal Medicine  ☐ Nephrology  ☐ Obstetrics/Gynecology
☐ Oncology  ☐ Pathology  ☐ Pediatrics
☐ Perfusion  ☐ Preventative Medicine  ☐ Physical Medicine and Rehabilitation
☐ Radiology

☐ Other (please indicate):

Surgery

☐ Cardiac  ☐ Colon and Rectal  ☐ General
☐ Neurological  ☐ Orthopedic  ☐ Plastic Surgery
☐ Thoracic  ☐ Urological  ☐ Vascular

☐ Other (please indicate):

Please complete and return your Mentorship application to sabm@sabm.org. Once approved, a SABM Mentorship committee member will contact you with information about your Mentor or Mentee.

SABM Mentorships are one year in length and available only to current SABM members. Mentors and Mentees are encouraged to meet at the SABM Annual Meeting.