



ASSOCIATION OF PROGRAM COORDINATORS IN RADIOLOGY

Mentoring Program

Sign-up form for Mentors and Mentees

Check One: I am signing up to be a: Mentor Mentee

Name: _____

Title: _____

Length of time in current position: _____

E-Mail: _____

Phone: _____

Program Name: _____

Program Affiliation: _____

Program Size: _____

Match Quota: _____

Practice Type: _____

If you have any questions, please contact:

Basia Nowakowski
Chair, Mentoring Program
Committee Phone: 434-982-0428
Email: basian@virginia.edu

Please send completed form to:

Basia Nowakowski
University of Virginia
basian@virginia.edu