**2024-2025 HIMSS National Capital Area (NCA) Mentorship Program**

Please make sure to sign the pledge on the last page. Once completed, send to the Mentee Lead, Jasmine Kaur, at jkaur.ncr@gmail.com

**Mentee Application**

|  |  |
| --- | --- |
| Name: |  |
| HIMSS Membership Number (required): |  |
| Best phone number by which to reach you: |  |
| Location: |  |
| Have you participated in the Program before? |  |
| Are you a current US Citizen? |  |
| Current Employer or School (mention the school year): |  |
| Current Position or Degree: |  |
| Please list in order of priority what you would like to achieve as part of the HIMSS NCA Mentorship Program (e.g., improve soft skills, connect with HIMSS community, seek internship and job opportunities, etc.)? |  |
| Are there any limitations in your ability to be attend the required in-person meetings? If so, please describe: |  |
| Provide your Fall class schedule – we will ask for an update for the Spring semester. |  |
| Indicate holidays, Spring Break, and any other dates such as planned vacation where you will be unavailable now through May 2025. |  |

1. What are your career aspirations? What is your current job function, if applicable?
2. What are your greatest strengths?
3. Where would you like to grow your area of expertise?
4. What is the #1 thing you would like to get out of your mentorship?
5. How would you prefer to communicate with your mentor?
6. Describe yourself and any of your hobbies.
7. Describe your ideal mentor:
8. What does mentorship mean to you?

**Please provide a Bio in the format outlined in the Sample Bios below:**

**Sample Mentee Bio**

Name: Mr. YY

School/ Program: George Mason University

Work Experience: Since August 2012 intern at Children’s National Medical Center, CIQN network. I have created a consent level list for the pediatric and adolescent psychiatry disorders, alcohol and substance abuse, and HIV/AIDS with ICD –9 coding. Further I have worked in ehx rollouts at community pediatric practices and helped in implementation and support of eclinicalworks EHR and eclinicalworks ehx. I have also created drug lists to be blocked on ehx on STDs, AIDS/HIV, adolescent and pediatric psychiatry including alcohol and drug abuse. My work with CIQN network also includes ehx data entry testing with CIQN quality assurance coordinator. I also made a FAQ’s on eclinicalEHR/Ehx from the experience I gained at community practices.

Interest in health IT/health informatics: My interest is to master eclinicalsEHR/Ehx, and meaningful use. I want to learn more about security and Vitera. Statistical data analysis and support is also a part of my interest.

Something interesting about myself:I like to cook.

**2024-2025 HIMSS NCA Mentorship Program Mentee Pledge**

Thank you for your interest in participating as a Mentee in the HIMSS NCA Mentorship Program. This program is an opportunity for local interested Undergraduate Juniors, Seniors, and Graduate students, majoring in healthcare related fields, to be mentored by healthcare information technology professionals.

The HIMSS NCA Student Mentorship Program objectives are four-fold:

-**L**everage industry relationships to learn and develop a professional network,

-**E**ncourage student participation in professional association activities,

-**A**pply classroom knowledge to real life experiences, and

-**P**rovide opportunities for students to grow professionally.

I pledge as a mentee that I will actively participate in Program activities, genuinely seek to understand my development needs and apply what I learn, and complete tasks during the established time frames.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Digital signature by typing initials acceptable)