

TO: UMAB Juniors

FROM: Dr. Ann Christopher
Colleen Fowler, Assistant Executive Director/Membership Services

I am pleased to provide you with information regarding the Maryland State Dental Association's Mentorship Program. Working with your school's ASDA leaders and Office of Student Affairs, the Membership Committee of the Maryland State Dental Association invites you to participate in the MSDA Mentorship Program. By taking part in the program, you will be paired with a dentist/MSDA member who will serve as your mentor, advisor, colleague, and friend.

Your responsibilities to participate in the MSDA's mentorship program will include:

1. Forming a personal relationship with an MSDA member dentist.
2. Making a commitment to meet with your mentor for practical experience in the professional and economic management of a dental practice.
3. Attending professional conferences with your mentor, when appropriate.
4. Maintaining your commitment to the Mentor Program by maintaining contact between you and your mentor.
5. Being polite, courteous, responsible, and professional when interacting with your mentor.

If you are interested in **actively** participating in this program, **and you are willing to devote the time to make it work, then please submit an application.** You will receive notification regarding your assigned mentor.

MSDA Mentorship Program

Student Application

We think this program is a golden opportunity for students to form a closer relationship with a practicing dentist and become familiar with the world of dentistry. If you are interested in **actively** participating in this program, **and you are willing to devote the time to make it work, then please submit an application.** This information will be used to match you with a practicing dentist.

Please Print

Name _____

Current Address _____

Current Phone Number _____

Permanent Address _____

Permanent Phone _____

E-Mail _____

Expected Graduation Date _____

Would like mentor in what area? _____

Do you have transportation? _____

Special Request/Interests/Needs _____

Are you an ASDA member ? _____

SIGNATURE _____ DATE _____

Please return to:

Colleen Fowler, MSDA, 6410 Dobbin Road, Columbia, MD 21045; Fax 410-964-0583 or go to www.msda.com under the UMAB Dental School tab to apply for the mentor program.