**Asian Pre-Pharmacy Association Mentorship Program**

**Purpose**

To establish relationships between qualified mentors who have experience in college or knowledge about pharmacy with mentees who are striving to learn more about pharmacy; to help younger students via class/course work/exam/homework advice/ PCAT/pharm tech license/TSBP advice/pharmacy school admissions applications

**Structure**

Selected mentors will provide information to their mentees and help guide mentees towards their path for pharmacy school

**Requirements**

* Mentors: completed at least 1 year of pre-pharmacy prerequisites or a sophomore; knowledgeable in pharmacy (what pre-requisite classes are needed to take for Texas pharmacy schools, have or will take PCAT, know information about becoming certified as a pharmacy tech and the PTCB exam, etc.), committed in maintaining a relationship with mentees and reasonably available
* Mentees: all paid members of APPA are eligible

Mentors and mentees must maintain contact one another through texting, call, email or any form of communication at and meet up (for lunch, coffee, have a study session, volunteering, etc.) once a month outside of GMs. Mentors and mentees must show proof of their meeting/hang out such as through a picture via text or email. Mentors and mentees must also attend Mentorship Program meetings which will occur once a month after a GM (may be excused with a proof of an exam during that time).

If a mentor/mentee does not maintain contact, he/she will be given a warning first, and then removed from the program if this continues. Any problems should be reported to the VP and any other officers.

At the last Mentorship Program meeting, there will be an evaluation form for the mentees to rate their mentors. If the mentors did not meet the expectations or were unsatisfactory, a new mentor will be provided the next semester if requested or the mentor will be provided guidance to improve.

**Asian Pre-Pharmacy Association Mentorship Program Application**

*Fill out this form if you would like to be a part of the mentorship program. This is due GM#2 (October 12th) and can be emailed to vicepresident.texasappa@gmail.com or turned in at GM*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle which one you would like to be: mentor mentee

How much time do you think you can and will dedicate to this mentorship program (on a scale of 1-10, 1 is very little time while 10 is a lot) \_\_\_\_\_\_\_\_\_\_\_

What would you like to gain and be provided from this program

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Describe your interests in this mentorship program and/or pharmacy

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What are some qualities or personalities that you would like your mentor/mentee to have? Gender preference?

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As a mentor, what would you be able to contribute to the program?

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What days are you most open on?

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Would you be able to/like to have study sessions? \_\_\_\_\_\_\_\_

Is there anything else that you would like us to know about you that would be helpful in matching you with a mentor? (for mentees only)

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