**Mentorship Program Survey: Mentors**

Email completed form to: div50ecp@gmail.com

1. First and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your career stage?
	1. Post doc
	2. Early career faculty member
	3. Early career clinician
	4. Mid-career faculty member
	5. Mid-career clinician
	6. Senior-level faculty member
	7. Senior-level clinician
	8. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Please check all items below that represent the specific topic areas you would feel comfortable discussing with a mentee.
* Navigating the internship application process
* Navigating the postdoctoral fellowship application process
* Navigating the funding environment (e.g., grant writing)
* Starting a clinical practice
* Choosing a career path
* Applying to faculty positions that are primarily research-focused
* Applying to faculty positions that are both research- and teaching-focused
* Applying to faculty positions that are teaching oriented
* Having a family and balancing work demands
* Women in academia
* Advocacy (in what area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Psychology governance
* Leadership and management
* Business development
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Would you like a mentee that matches your research or clinical area of expertise (e.g., adolescent cigarette smoker, opiate use, development of behavioral interventions)?
	1. Yes
	2. No preference

If yes, what is your area of expertise/interest? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How often would you be interested in talking with a mentee?
	1. One time only
	2. More than once
	3. No preference

If more than once, how frequently?

1. One time per month
2. Every other month
3. 4 times per year
4. No preference
5. Are you willing to have more than one mentee?
	1. Yes
	2. No
6. Please tell us anything else you would like us to know about the mentorship program.

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