**National Capital Area (NCA) HIMSS Chapter**

**Mentor Application**

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| Name: |  |
| HIMSS Membership Number: |  |
| Current Employer: |  |
| Current Position: |  |
| Please describe the amount and type of experience you are willing to share: |  |
| Are you willing to provide in-person mentorship? |  |
| Are you willing to provide virtual mentorship? |  |
| Are there any major events/dates that would keep you from attending the HIMSS NCA Mentorship program regularly? |  |
| Are there any limitations in your ability to be a mentor? If so, please describe: |  |