 AAOP

Mentorship Program

2023-2024

Welcome to the American Academy of Orofacial Pain Mentorship Program! Thank you for taking an interest in sharing knowledge for the betterment of our members, our organization, and our field of dentistry.

Please indicate what is your preference?

**Mentor** or **Mentee**

Please submit the following information by e-mail: [AAOPmentorship@gmail.com](mailto:AAOPmentorship@gmail.com)

**Deadline March 3rd, 2023**

1. Name
2. Complete address (indicate home or office)
3. E-mail address
4. Phone number(s) (indicate home, office, cell)
5. Website
6. Age (optional)
7. Gender (optional)
8. Languages spoken
9. Ethnicity (optional, include if you feel this is important in your mentorship relationship)
10. Education (college / university, dental or other medical training, orofacial pain or other advanced / post graduate education, degrees earned and year)
11. Status : AAOP Fellow, ABOP Diplomate, ABOP Board Eligible
    1. If not ABOP Diplomate, are you preparing to take the board exam and are you looking for guidance within the mentorship relationship?
    2. If you are an ABOP Diplomate, are you willing to make board exam preparation part of the mentorship relationship?
12. Other specialty or board certifications
13. Place of employment (and/or school attending)
14. Brief description of current career
15. Where do you see your career in three years?  In ten years?
16. Percent of current career dedicated to:
    1. orofacial pain patient care
    2. sleep medicine patient care
    3. oral medicine patient care
    4. general dentistry patient care
    5. other patient care:
    6. teaching
    7. research
    8. other:
    9. if involved in teaching or research, briefly describe:
17. Areas of orofacial pain and/or dentistry or medicine of particular interest to you, or that you hope to learn more about?
18. What do you hope to gain from the mentorship program?
19. Any specific challenges you are currently facing in your career?
20. Your greatest strengths
21. Areas you hope to improve on
22. Are you willing to travel to visit the practice of your mentor?  (note: all travel is at the expense of the participants and strictly between them to arrange; AAOP does not provide any funding or official oversight of travel)
23. Hobbies and other Interests
24. AAOP committee membership (every participant is required to be a member of an AAOP committee; if you are not already, indicate which committee you would like to join, and the chair will contact you.
25. Other involvement/leadership in AAOP
26. Do you have any concerns that may impact your ability to participate fully for the one-year duration of this program?
27. Any additional factors that you would like to have considered in mentorship matching?
28. How often would you like to communicate with your mentor?
29. Days or times that work best to communicate:
30. Preferred length of communication:
31. Preferred Method of Communication
    1. phone
    2. e-mail
    3. Skype / Facetime / Zoom
    4. Other:
32. Attach a photograph (optional)