



AAOP Mentorship Program 2024-2025

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 your preference

- Mentor**
 Mentee

Please submit the following information by e-mail: AAOPmentorship@gmail.com

Deadline March 15, 2024

1. Name

2. Complete address (indicate home or office)

3. E-mail address

4. Phone number(s) (indicate home, office, cell)

5. Age (optional)

6. Gender (optional)

7. Languages spoken

8. Ethnicity (optional, include if you feel this is important in your mentorship relationship)

9. Education (college / university, dental or other medical training, orofacial pain or other advanced / post graduate education, degrees earned and year)

10. Status : AAOP Fellow, ABOP Diplomate, ABOP Board Eligible

If not ABOP Diplomate, are you preparing to take the board exam and are you looking for guidance within the mentorship relationship?

If you are an ABOP Diplomate, are you willing to make board exam preparation part of the mentorship relationship?

11. Other specialty or board certifications

12. Place of employment (and/or school attending)

13. Brief description of current career

14. Where do you see your career in three years? In ten years?

15. Percent of current career dedicated to:

orofacial pain patient care

sleep medicine patient care

oral medicine patient care

general dentistry patient care

teaching

research

other:

16. Areas of orofacial pain and/or dentistry or medicine of particular interest to you, or that you hope to learn more about or improve on? Any specific challenges you are currently facing in your career?

17. What do you hope to gain from the mentorship program?

18.

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)

19. Hobbies and other Interests

20. 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.

21. Other involvement/leadership in AAOP

22. Do you have any concerns that may impact your ability to participate fully for the one-year duration of this program?

23. Any additional factors that you would like to have considered in mentorship matching?

24. How often would you like to communicate with your mentor?

25. Days or times that work best to communicate:

26. Preferred length of communication:

27. Preferred Method of Communication

- phone
- e-mail
- Skype / Facetime / Zoom
- Other:

28. Attach a photograph (optional)