



CANADIAN VETERINARY
MEDICAL ASSOCIATION
L'ASSOCIATION CANADIENNE
DES MÉDECINS VÉTÉRINAIRES



Mentoring Program

Mentee Profile Form

The information you provide on this form is for the administrative purposes of CVMA only. Access to your profile information will not be made available. Once you've completed the form, please email it to communications@cvma-acmv.org. We thank you for your expression of interest in the CVMA Mentoring Program.

Contact Information

First name: _____ Last name: _____

Gender: male female College and year of graduation as DVM: _____

Clinic or Company name: _____ City, Province: _____

Phone: work home cell _____ Email: _____

Language proficiency: English French Other (specify) _____

Professional Background

Current employment type (select one):

- | | |
|--|--|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Non-Governmental Organization |
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Canadian Food Inspection Agency | <input type="checkbox"/> Private Clinical Practice |
| <input type="checkbox"/> Government – Federal | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Government – Provincial/Territorial | <input type="checkbox"/> Student |
| <input type="checkbox"/> Industry / Commercial | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Not Employed |
| | <input type="checkbox"/> Other (specify) _____ |

Professional Background *(continued)*

Current position type (select one):

- Administrator / Manager / Director
- Associate
- Consultant
- Hospital Manager
- Inspector / Regulator / Analyst
- Locum

- Practice Owner / Partner
- Programs / Policies – Animal Health – Public Health
- Professor / Educator
- Researcher
- Student
- Other (specify) _____

Current area of practice self-classification (select one):

- Companion animals only
- Food animals only
- Mixed animals

- Equine only
- Other (specify) _____
- Not applicable

Diplomate/Specialist designation:

- Yes (specify) _____
- No

Other professional associations or organizations to which you belong (please list):

I wish to enroll as a mentee in the CVMA Mentoring Program and I understand and accept in full the following:

1. The information I receive in the course of mentoring will not be relied upon by me as a substitute for my own independent judgment or professional opinions.
2. The mentor and mentee will promptly disclose to each other any conflicts of interest of which either becomes aware during the mentoring relationship.
3. Both mentor and mentee will keep confidential all information disclosed by one to the other that is not in the public domain.
4. Either party has the right to terminate the mentoring relationship, by notice given orally or in writing to the other.
5. CVMA acts as a facilitator and once the parties come together in a mentoring relationship, CVMA has no influence over the actions of the mentors and the mentees in the program.
6. CVMA does not undertake a screening process to assess the qualities and competencies of the mentors.
7. The mentor and mentee will provide confidential feedback on their experience in the CVMA Mentoring Program, as requested by CVMA (via online survey), to help evaluate the Program's effectiveness and value to members.

I declare that I currently hold a general practice license, or am eligible to obtain such a license from a Canadian provincial veterinary licensing body.

By choosing to proceed with this mentee application, I express my understanding and intent to release and hold harmless the Canadian Veterinary Medical Association and the volunteer mentors of this program from any liability or claims, including but not limited to, any loss, damages, injuries, libel, slander, defamation, breach of privacy, arising out of the use of services offered under the CVMA Mentoring Program.