



**Advancing Pediatric Educator Excellence (APEX) Teaching Program |  
Mentor Agreement**

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**Applicant Information**

**First Name:**

**Last Name:**

**Your Information**

**First Name:**

**Last Name:**

**Rank:**

**Instructor**

**Assistant Professor**

**Associate Professor**

**Professor**

**Position Title:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Telephone: (Area Code)**

**Phone Number:**

**Cell Phone: (Area Code)**

**Phone Number:**

**Email:**

Please review the checklist below to determine if you are willing to serve as this applicant's mentor for the APEX Teaching Program. The time commitment is outlined below, and we hope that you will be able to serve in this role.

**As a mentor, I agree to the following activities to be completed within the next 12 to 16 months:**

Meet at least once quarterly (in person or by phone) with the APEX Educator to discuss challenges and progress in meeting teaching goals.

Observe and provide feedback for two teaching sessions; each is anticipated to last 1-1.5 hours at the most. (These sessions can be video-recorded if the mentor cannot be present for direct observation.)

**Signature:**

**Today's Date:**

*We thank you in advance for your commitment. **Please provide your Division Chair or Supervisor's name & email so that we may recognize your contributions upon your Educator's completion of the APEX program.***

**Mentor's Division/ Section Chief Name:**

**Mentor's Division/ Section Chief Email:**