



J. Robert Cladden Orthopaedic Society  
a MultiCultural Organization



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# Mentee Application

Date \_\_\_\_\_

***Please check one of the following:***

- Student with level of study \_\_\_\_\_  
and expected graduation date of \_\_\_\_\_
- Resident with expected completion date of residency \_\_\_\_\_
- Fellow with expected completion date of fellowship \_\_\_\_\_

Name \_\_\_\_\_

Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Best day(s) to shadow mentor \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***At the time you become a practicing physician, would you be interested in serving as a mentor to others?***

- Yes***       ***No***       ***Maybe***

**A JRGOS Mentoring Committee Initiative**

Bonnie Simpson Mason, MD, Chair  
Phone: 202-421-4115  
Email: drsimpson2@gmail.com

**Administrative Office**

6300 N. River Rd, Suite 727  
Rosemont, IL 60018-4226  
Phone 847-698-1633 – Fax: 847-823-4921  
email: swift@aaos.org