



Request for Mentor

Mentor's are available for any member of Badger APIC, at the member's request.

The purpose of the Mentorship Program is to assist members in becoming familiar with the:

- Association for Professionals in Infection Control and Epidemiology (APIC) and APIC Badger Chapter
- Opportunities and benefits of APIC membership
- Networking with other APIC Badger Chapter members who share similar roles in Infection Prevention and Control.
- Resources within APIC, APIC Text, APIC Badger Chapter, Centers for Disease Control and Prevention (CDC).
- Certification Board of Infection Control and Epidemiology, Inc. (CBIC)

It is hoped that members who receive assistance through the Mentorship Program will consider becoming a mentor in the future.

Member Name _____

Work Phone _____ **Fax #** _____

Email _____

Name of Facility _____

Address of Facility _____

My preference for mentor worksite:

Acute Care ___ LTC ___ Ambulatory Care ___ Home Care/Hospice ___ Employee Health ___

Other (please list): _____

Comments/Needs _____

Do you have a specific member you would like to request as a mentor? _____

Date: _____

Return to: Mary Jo Stokes
Franciscan Skemp Healthcare
Clinical Quality Management
700 West Avenue South
La Crosse, WI 54601
Fax: 608-392-7180
stokes.maryjo@mayo.edu

Date Rec'd _____

Response Date _____

Mentor _____