



Mentoring Program Application

IBHRE maintains a team of highly knowledgeable heart rhythm practitioners to provide career counseling and certification guidance to heart rhythm management professionals. These individuals serve as Mentors through the IBHRE Ambassador Program. If you are interested in a Mentorship, please complete this application and email it to Dana Reid, IBHRE's Manager, Certification Services, at info@ibhre.org.

Tell Us About You

Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Home Address: _____ Apt. #: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Office: _____ Cell Phone: _____

Primary Email: _____ Secondary Email: _____

Tell Us About Your Current Employment

Occupation: _____

Employer Name: _____

Job Title: _____

Length of employment in the field of heart rhythm management: _____ Years

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Tell Us About Your Career Goals

What career goal(s) do you strive to achieve? Check all that apply.

- IBHRE Certification
- Please select: CCDS Physician CCDS Allied Professional CEPS Physician - Adult CEPS Physician – Pediatric CEPS Allied Professional
- Career Advancement/Upward Mobility
- Enhance My Professional Skills Other, please specify

What do you expect from this program? (Tell us what you would like to achieve.)

What positive factors (professional and/or personal) impact your ability to achieve your goal(s)?

What challenges do you believe hinder you from achieving your goal(s)?

What specific guidance do you seek from an IBHRE Mentor? (i.e. IBHRE exam preparation, goal setting, career planning, motivation, accountability)

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Acknowledgement & Acceptance

By signing below, I hereby agree to abide by the rules and guidelines governing the IBHRE Mentorship Program. In addition, I acknowledge and agree to the following:

- The IBHRE Mentor assigned to me is a volunteer and not employed by IBHRE or the Heart Rhythm Society (HRS). As such, neither IBHRE nor HRS is liable for any action performed by the Mentor. Further, neither IBHRE nor HRS is responsible or liable for outcomes that my result from may acting on advice offered by the Ambassador.
- All mentoring, consultation and coaching services rendered by the IBHRE Ambassador are free and I should not be solicited for payment for any of the above stated services.
- I agree to indemnify IBHRE and HRS and hold the organizations harmless from and against any claims and damages (including, without limitation, attorneys' fees) that may be levied against the IBHRE Mentor assigned to me.
- I agree, after taking the exam to complete an evaluation questionnaire (begins on next page) that provides a review of the program. Mentors, and my exam experience for the purpose of providing feedback that will be used to contribute to the growth and efficiency of the Mentorship Program.

Signature

Name

Date

