



## **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 Director, at [info@ibhre.org](mailto: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

*(Continued on next page.)*



### **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 ☐ CDRMS 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.)

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

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

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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



## Mentorship Program Questionnaire

This questionnaire provides IBHRE with information regarding your mentoring and exam experiences. As agreed in your application, please complete this brief questionnaire and return to Dana Reid, Director at [info@ibhre.org](mailto:info@ibhre.org).

1. Please place a checkmark beside your exam and enter the appropriate exam date:

- ☐ CCDS Physician / date \_\_\_\_\_
- ☐ CCDS Allied Professional / date \_\_\_\_\_
- ☐ CEPS Physician – Adult / date \_\_\_\_\_
- ☐ CEPS Physician – Pediatric / date \_\_\_\_\_
- ☐ CEPS Allied Professional / date \_\_\_\_\_
- ☐ CDRMS Allied Professional / date \_\_\_\_\_

2. Did you successfully pass the exam?

☐ Yes / ☐ No

3. The exam was challenging as expected

☐   ☐   ☐   ☐   ☐

1       2       3       4       5

Strongly Disagree

Strongly Agree

4. I was well prepared for the exam

☐   ☐   ☐   ☐   ☐

1       2       3       4       5

Strongly Disagree

Strongly Agree

5. The Mentor provided study resources and support as expected

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

Strongly Disagree

Strongly Agree

6. Most of the preparation was done on my own

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

Strongly Disagree

Strongly Agree

7. The exam closely reflected the requirements of my job description

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

Strongly Disagree

Strongly Agree

8. Preparing for and taking the exam has added to my confidence and ability

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

Strongly Disagree

Strongly Agree

9. I would recommend my Mentor (Enter name of your Mentor here: \_\_\_\_\_)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

Strongly Disagree

Strongly Agree

10. I would recommend the Mentoring Program to other exam candidates

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

Strongly Disagree

Strongly Agree

Thank you for taking the time to complete this questionnaire. No personal data will be collected or shared from this questionnaire. If you would like to be contacted by IBHRE please email your request along with this questionnaire to Dana Reid ([info@ibhre.org](mailto:info@ibhre.org)).

**11.6.2023**