HARPUR COLLEGE
BINGHAMTON AREA PHYSICIAN MENTOR PROGRAM

The Harpur College Binghamton Area Physician Mentor Program was established in the early 1990s to allow pre-medical juniors to experience the realities of their chosen fields, to allow students to interact with an alumni practitioner, and to build bridges between local alumni practitioners and Harpur College.

The Mentor Program will extend over a full academic year divided into two rotations. The first rotation will begin in September, when students and mentors meet for the first time, and will last until the end of the fall semester. The second rotation, in which the students are paired with a different mentor, will begin in early February and last until the end of the spring semester. Students and mentors should meet once or twice a month at mutually convenient times.

It is anticipated that the students will spend the entirety of a normal working day with their mentors whenever possible. On these occasions, the mentor should not alter his/her schedule, but should expose the student to the regularly scheduled activities of the day (i.e. paperwork, phone calls, meetings, etc.). The frequency of contact should ensure that the student experiences the entire range of the mentor’s activities, without the necessity of the mentor rearranging her/his schedule on any given date. Mentors may also arrange for students to visit fellow practitioners in other specialties to broaden exposure. At the beginning of spring semester there will be a discussion session so that students may share their experiences among themselves.

STUDENT SELECTION

To be eligible for the program, students must have at least a 3.0 gpa in both science and non-science coursework. The selection of student participants in the program will begin in the summer, and may continue into early September, after students have returned. Initial screening of applications will use the criteria that the applicants be good students overall, that they be from non-practitioner families and that they are entering junior year.

Applicants who meet these criteria will be screened based on their maturity, integrity, interest and perceived gain from the program, with the participants being selected from this group.

Once the students have been selected they will be matched with a mentor. Both the mentors and students will be notified, and invited to an orientation session hosted by the Dean. This session will serve to introduce mentors and students to each other and to give everyone an overview of the program and to answer any questions that might arise. No academic credit will be awarded for participation in this program.

Applications may be submitted only between April 15th and June 15th.
HARPUR COLLEGE
BINGHAMTON AREA PHYSICIAN MENTOR PROGRAM APPLICATION

Name: ________________________________________________________________

Local Address: _________________________________________________________

_____________________________________________________________________

Home Address: _________________________________________________________

_____________________________________________________________________

Local Phone Number _______ Home Phone Number ________

Cell Phone Number _______ E-mail __________________________

Please list the e-mail address that you most frequently check.

Class Year: __________ Major(s): __________________________________________

Overall GPA: __________ Science GPA: ______________________

Is any member of your immediate family a physician? __________________

Do you have a reliable automobile for transportation? ____________________

Please list the names, departments, and phone numbers of two faculty members who will be submitting the attached reference forms on your behalf. Remember to sign the reference forms before giving them to faculty members.

Name: __________________________ Dept: ______________________ Telephone: __________

Name: __________________________ Dept: ______________________ Telephone: __________

In 250 words or less, please state the reasons why you wish to participate in the Harpur College Binghamton Area Physician Mentor Program and what you hope to gain from the program. If you have a strong interest in a particular specialty please mention it. (Use the BACK of this page. Type your essay).

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I authorize the Harpur College Binghamton Area Physician Mentor Program Selection Committee to consult with various campus sources and to have access to information related to campus disciplinary sanctions in order to evaluate my application.

Signature ______________________ Date ______________

Submit your application between April 15th and June 15th only.
FACULTY REFERENCE FORM

HARPUR COLLEGE
BINGHAMTON AREA PHYSICIAN MENTOR PROGRAM

Student Name: __________________________________________

Under the provisions of the Family Education Rights and Privacy Act of 1974, I permanently waive my rights to review this evaluation.

Student Signature: ___________________________ Date: ________

PLEASE SUPPLY THE INFORMATION REQUESTED BELOW AS THOROUGHLY AS POSSIBLE. YOUR EFFORTS ARE APPRECIATED.

Length of time and capacity in which you have known the student:

How well do you think the student would perform in a mentor program where he or she would have a one-to-one relationship with a physician and would be shadowing that practitioner on a regular basis?

Excellent____ Good_____ Fair_____ Poor_____ Unable to evaluate_____

In the space below (or on the back), please provide a brief general evaluation of the student’s academic performance and personal characteristics. Also, please supply any other information you feel would enable the Selection Committee to evaluate the student.

Faculty Member Name (please print) __________________________________________

Faculty Member Signature ___________________________________ Date _____________

Please return to W. Thomas Langhorne, Jr., Ph.D., Pre-Health Professions Advisor, Academic Advising Office.
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HARPUR COLLEGE
BINGHAMTON AREA PHYSICIAN MENTOR PROGRAM

Student Name: ______________________________________

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Student Signature: _______________________________ Date: __________

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