



Korean America Dental Assn. Mentorship Program Form

Please fill out the form completely and return to the KADA.

F: (213) 383-8151

E: kadaofsc@gmail.com

MENTOR

Contact information:

Name: _____ Gender: _____ Phone number: _____ Email: _____

Practice address: _____ City/zip: _____

Practice type:

- ☐ Private
- ☐ Corporate/ Large group practice
- ☐ Community health
- ☐ Dental school/Academia

Size of practice:

- ☐ 1-5 staff
- ☐ 6-10 staff
- ☐ 11-25 staff
- ☐ >26 staff

Undergraduate School: _____ Dental School: _____

Specialty: _____ Years in practice: _____ Years as an ADA member: _____

Membership in other associations:

Volunteer positions at local, state, or national associations:

Tell us about yourself! What are your interests outside of dentistry?

Number of mentees you would like _____

Please include a current photo of yourself and attach it to this form.