



MENTORING PROGRAM

The LPA Mentoring Program

The LPA Mentoring Program is designed to connect young practitioners with experienced, leading practitioners. The program allows mentees to begin networking and developing careers and leadership roles through the relationship built with knowledgeable mentors. The program will help young pharmacists transition to the profession and better their potential for growth and success in the future. Mentors will also have the opportunity to share their experiences as members and leaders of LPA and other local and national organizations.

Mentees are matched to mentors based on their location, practice setting(s) of interest, and personal goals. Communications may be made through in-person meetings, phone calls, or email exchanges. Once the mentor-mentee relationship is established, LPA recommends the mentor contacting their mentee upon initial meeting and as often as needed in the future. Key discussion topics may include: Mentee Career goals, networking opportunities, professional development, financial planning, balancing work-life issues, or entrepreneurial advice. The LPA Mentoring Program is flexible to meet the needs and ambitions of both mentees and mentors. The mentoring relationship may last for a period of 5 years.

Be a Mentor

Mentors must be a member of LPA in good standing, currently licensed by the Louisiana Board of Pharmacy as a pharmacist or pharmacy technician, and regularly attend meetings and events hosted by LPA. Mentors should be a positive ethical role model and demonstrate leadership in pharmacy and the community.

Responsibilities of mentors include contacting mentees on a regular basis, inviting and accompanying mentees to association and pharmacy events and meetings, and provide guidance.

Get a Mentor

Mentees must be currently enrolled in either University of Louisiana at Monroe College of Pharmacy or Xavier University College of Pharmacy, or have graduated from any College/School of Pharmacy within the last five years, or a Pharmacy Technician with less than 5 years of experience and licensed by the Louisiana Board of Pharmacy. Mentees must be a member LPA in good standing.

Responsibilities of mentees include remaining in contact with mentors on a regular basis and honor and attend extended invitations. Mentees are encouraged to attend association events and meetings with mentors. To maximize the benefits of this program, mentees should be ready to communicate their goals to mentors and be willing to ask questions about the profession, practice settings, and other areas of interest.

Sign Up



Signing up as a mentor or mentee is quick and easy. You may complete the reverse side of this form, or you may visit www.louisianapharmacists.com and click on the mentoring program icon. Complete the appropriate form and LPA will connect you!

Why Mentor?

Strengthen leadership skills.

Professional development.

Network with colleagues.

Gain new perspectives with new techniques.

Give back to the profession.

Share your expertise.



Why Be Mentored?

Begin building your network.

Learn to problem solve with practical knowledge.

Have one-on-one counseling.

Gain knowledge about leadership within the pharmaceutical industry.

Learn more about specific practice settings.



Please complete the appropriate information below and submit to the LPA staff at the registration desk, or you may email to lpa@pperron.com, or fax to (225) 344-1132.

Contact Information

Name: _____ Email Address: _____

Physical Address: _____

Primary Phone: _____ (Work / Home / Cell) Secondary Phone: _____ (Work / Home / Cell)

Preferred Method of Communication: Email Phone In-Person

How often would you like to be in contact with your mentor/mentee? Weekly Monthly Other: _____

If you would like to request a specific mentor/mentee, please provide their name here: _____

Sign up as a MENTOR

Current Practice Site: _____ Position/Title: _____

Year of Graduation: _____ Alma Mater: _____

Maximum number of mentees you would like to assist: _____ Number of Hours Available per Month: _____

What areas of Pharmacy would you be willing to provide mentorship? (Please list all that apply.)

Please indicate the pharmacy designation(s) you are willing to mentor: Pharmacy Technician
 Pharmacy Student
 Pharmacist (<5)
 Pharmacist (>5 years) looking for a career change

Based on your mentees goals, what area(s) would you feel comfortable discussing with your mentee? (Please check all that apply.)

- Professional Development
- Networking Opportunities (notification of LPA events, etc.)
- Financial Planning
- Work-life Balance
- Entrepreneurial Advice
- Advocacy
- Additional (including specific skills, expertise): _____

Sign up as a MENTEE

Year of Graduation: _____ School/Current Practice Site: _____

What areas of Pharmacy are you interested in? (Please list all that apply.)

Please indicate your pharmacy designation: Pharmacy Technician
 Pharmacy Student
 Pharmacist (<5)
 Pharmacist (>5 years) looking for a career change

What specific goal(s) would you like addressed from your mentor? (Please check all that apply.)

- Professional Development
- Networking Opportunities (notification of LPA events, etc.)
- Financial Planning
- Work-life Balance
- Entrepreneurial Advice
- Advocacy
- Additional (including specific skills, expertise): _____