

## Under My Wing Mentorship Program

### Be a Mentee

- Mentees must be in good academic standing within his/her academic program.
- Responsibilities of the mentee include:
  - maintain professionalism in all forms of communication with his/her mentor
  - develop an agenda outlining his/her goals for the mentorship term, which should be the focus of regular communication with his/her mentor, and ensuring you are making the most of the mentor's volunteered time.

### Be a Mentor

- Mentors must have at least 2 years of ownership experience
- Responsibilities of mentor include:
  - communicating with mentees on a regular basis
  - provide inside industry expertise
  - provide networking and coaching opportunities

**Pharmacy students** are faced with tough decisions as they consider careers in a wide variety of pharmacy settings, including hospitals, chain pharmacies, and independent pharmacy. Many students are not aware of the benefits of owning their own business, or even thinking about their future career as a pharmacist.

**The Mentorship Program** is designed to connect students and dynamic independent pharmacy owners to explore ownership as a career path; a real world experience where a mentor will take a student under their wing. The focus of this mentorship is in owning/operating independent pharmacy. The Mentorship Program provides the connections between independent pharmacy owners and students, and highlights the importance of being an active member with NCPA and/or PSSNY. More importantly, it helps bridge the gap between current and future owners.

**The program is designed** to inspire ownership and motivate future owners. It is designed to teach and acquire the all-around knowledge of owning and running an independent pharmacy business. For mentors, the program is designed to provide the opportunity for leadership as well as the opportunity to give back to the profession, by having an impact on student lives and career paths. **The program is not designed** to be a job interview, be a requirement for a student to work in the pharmacy, or provide any promise for future employment.

**Pharmacy students** need to hear firsthand from independent community pharmacists why community pharmacy is their best option. Becoming an independent owner, or even working in the community setting, is as rewarding of an experience as you can have as a pharmacist. Help pass on your legacy of helping others by becoming part of the NCPA/PSSNY Mentorship Program today.

Simply fill out the questionnaire and contact information and either email to [studentaffairs@ncpanet.org](mailto:studentaffairs@ncpanet.org), [pharmacist@pssny.org](mailto:pharmacist@pssny.org), or fax back to NCPA at [\(703\) 683-3619](tel:7036833619). You will receive a confirmation email once your application has been approved and you have been accepted into the Mentorship Program.

**Working together in New York State to promote independent pharmacy.**



## Under My Wing Mentorship Program

### Pharmacy Owner Questionnaire & Contact Form:

Please check all that apply	My pharmacy/pharmacies has a specific focus on:	Please check all that apply	My pharmacy/pharmacies has a specific focus on:
<input type="checkbox"/>	Adherence/Compliance	<input type="checkbox"/>	Long Term Care
<input type="checkbox"/>	Compounding	<input type="checkbox"/>	Medication Therapy Management
<input type="checkbox"/>	Diabetes Education	<input type="checkbox"/>	Specialty Medications
<input type="checkbox"/>	Durable Medical Equipment	<input type="checkbox"/>	Transitions of Care/Meds to Beds
<input type="checkbox"/>	Immunizations	<input type="checkbox"/>	Other:

Please check all that apply	I am interested in connecting to students
<input type="checkbox"/>	To inspire independent pharmacy ownership
<input type="checkbox"/>	To partner with chapters in holding health and wellness events and programs at my pharmacy/pharmacies
<input type="checkbox"/>	To be a guest speaker at their school of pharmacy/NCPA student chapter/PSSNY student chapter meeting
<input type="checkbox"/>	As a potential purchaser of my pharmacy/pharmacies
<input type="checkbox"/>	For potential Junior Partnerships down the road

Please Initial	Statements of Understanding
<input type="checkbox"/>	I agree that I am interested in being part of the Mentorship Program in order to inspire, motivate and connect with future pharmacists who are interested in independent pharmacy ownership.
<input type="checkbox"/>	I understand that being matched in the Mentorship Program is a year-long commitment of at least one hour in person, on the phone, or via video call per month with my Mentee.
<input type="checkbox"/>	I understand that I can choose to renew my one year commitment of my Mentee in the Mentorship Program, or decide to be re-matched for a new year-long commitment
<input type="checkbox"/>	I understand that being part of the Mentorship Program is a privilege which can be revoked at any time, if I do not comply with the minimum requirements or standards set forth by the Mentorship Program.
<input type="checkbox"/>	I understand that this is not a job interview for a future employee
<input type="checkbox"/>	I understand that the Mentorship Program does not require students to work in the pharmacy

Contact Information	
Name	
Pharmacy Name	
Email address	
Phone	
License #/ State/ Alma Mater	
Pharmacy Mailing Address	
Pharmacy Website	
Pharmacy Facebook page	
Current member of (please circle)	<b>NCPA                      PSSNY                      Both</b> <small>Mentors must be a member of at least one of the associations in order to be part of program. Membership information can be found at <a href="http://www.ncpanet.org">www.ncpanet.org</a> or <a href="http://www.pssny.org">www.pssny.org</a>.</small>
Signature	

Please contact Diana Courtney, Associate Director Student Affairs at (703) 600-1171 or [diana.courtney@ncpanet.org](mailto:diana.courtney@ncpanet.org) with any questions.

*Completion of application does not guarantee enrollment in the Mentorship Program. Additional information may be required. NCPA and PSSNY expressly reserve the right to revoke an individual's status as a Mentor upon written notice to Mentor. You will receive an email confirmation once your application has been approved.*

**Fall 2017 Application- Program Start Date October 25, 2017**



## Under My Wing Mentorship Program

### Pharmacy Student Questionnaire & Contact Form:

Please check all that apply	I am interested in pharmacies which focus on:	Please check all that apply	I am interested in pharmacies which focus on:
	Adherence/Compliance		Long Term Care
	Compounding		Medication Therapy Management
	Diabetes Education		Specialty Medications
	Durable Medical Equipment		Transitions of Care/Meds to Beds
	Immunizations		Other:

Please check all that apply	I am interested in connecting to pharmacists
	To learn all about the business side of pharmacy, and explore ownership as a career path
	To partner with pharmacist in holding student chapter health and wellness events and programs
	To have Mentor as a guest speaker at our school of pharmacy/NCPA student chapter/PSSNY student chapter meeting
	For potential Junior Partnerships down the road
	As a potential purchaser of his/her pharmacy

Please Initial	Statements of Understanding
	I agree that I am interested in being part of the Mentorship Program in order to receive guidance along with personal and professional development from Mentor pharmacists.
	I understand that being matched in the Mentorship Program is a year-long commitment of at least one hour in person or on the phone, or video call per month with my Mentor.
	I understand that I can choose to renew my one year commitment to my Mentor in the Mentorship Program, or decide to be re-matched for a new year-long commitment.
	I understand that being part of the Mentorship Program is a privilege which can be revoked at any time, if I do not comply with the minimum requirements or standards set forth by the Mentorship Program.
	I understand that this is not a job interview for a future employment
	I understand that the Mentorship Program does not require me to work in the Mentor's pharmacy

Contact Information	
<b>Name</b>	
<b>School/College of Pharmacy Name*</b>	
<b>Email address</b>	
<b>Phone</b>	
<b>Mailing Address</b>	
<b>Current student member of (please circle)</b>	<b>NCPA                      PSSNY                      Both</b> <b>Mentors must be a member of at least one of the associations in order to be part of program. Membership information can be found at <a href="http://www.ncpanet.org">www.ncpanet.org</a> or <a href="http://www.pssny.org">www.pssny.org</a>.</b>
<b>Signature</b>	

\*Students at St. Johns' University will have additional program requirements and information sent.

Please contact Diana Courtney, Director Student and Professional Affairs and Committees at (703) 600-1171 or [diana.courtney@ncpanet.org](mailto:diana.courtney@ncpanet.org), OR [pharmacist@pssny.org](mailto:pharmacist@pssny.org) with any questions. *Completion of application does not guarantee enrollment in the Mentorship Program. Additional information may be required. NCPA and PSSNY expressly reserve the right to revoke an individual's status as a Mentor upon written notice to Mentor. You will receive an email confirmation once your application has been approved.*

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