

| Application to NCUS Mentoring Program Due March 1 | | |
|--|------------|-----------|
| Name | | |
| Contact Information (Phone & Email) | | |
| College | | |
| Program Director's Name | | |
| Program Director Contact Information (Phone & Email) | | |
| Eligibility Criteria | | |
| Student Member of NCUS | YES | NO |
| Program Director is member of NCUS | YES | NO |
| Second Year Student with minimum GPA of 3.0 | YES | NO |

COMPLETE THE FOLLOWING ESSAY QUESTIONS:

- 1) Which of your personal qualities support your desire to be in the NCUS Mentoring Program?
- 2) What professional goals do you have after graduation?
- 3) Why is it important to be active in the state and national professional sonography organizations?
- 4) What do you hope to learn from your experience as a NCUS Mentee?

By completing this application, I _____ understand that if selected, I:

- Must attend the required NCUS Board Meetings, committee meetings, Spring Symposium and Fall Symposium meeting
- Perform mentees duties at the symposiums
- Be responsible for expenses incurred for travel, hotel, and subsistence (symposium registrations are waived)
- Prepare a case study for the NCUS newsletter and a Case of the Day for the Annual Symposium
- Remain in good standing with the NCUS
- Maintain a minimal GPA of 3.0

Signature: _____ Date: _____

Program Director: _____ Date: _____

If you have any questions, please call or write the North Carolina Ultrasound Society Central Office at **NC Ultrasound Society** ATTN: Laura Currie 4138 Appleton Way Wilmington, NC 28412 ncus.centraloffice@gmail.com 910-550-9025. Please return the completed application to the North Carolina Ultrasound Society Central Office at fax # 919-763-1365.