

MENTOR & STUDENT AGREEMENT
DEPARTMENT OF HEALTH POLICY & MANAGEMENT
GRADUATE SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF PITTSBURGH

Overview

The Department of Health Policy & Management attempts to match students in one-on-one relationships with mentors. The program is intended to provide students with an opportunity to act with successful healthcare leaders while giving mentors an opportunity to remain connected with students, the Department of Health Policy & Management and the Graduate School of Public Health and to “give back.”

Students are matched in a one-on-one relationship with a mentor based on areas of professional goals and interests, experience, availability, and other relevant criteria. The goals of the program are to:

- Enhance students’ knowledge of healthcare issues and hot topics through the view of the mentor and his/her expertise.
- Allow mentors to serve as “professional advisors” in a variety of areas, including project work, resume preparation, interviewing and networking skills, identification of career paths, etc.
- Enhance professional linkages with the mentors and the Department of Health Policy & Management.
- Strengthen the reputation and promote awareness of the Department of Health Policy & Management in the Graduate School of Public Health.

Agreement

Students and mentors are expected to establish parameters for their relationship within the first few weeks of being matched. The purpose of this agreement is to ensure students and mentors have a mutually rewarding experience and clearly understand agreed upon roles and responsibilities. While the intent of this agreement is not to be overly restrictive or inflexible, it is helpful up front to develop a common understanding of each other’s expectations before entering such agreement.

Goals for the Relationship:

- 1.
- 2.
- 3.
- 4.
- 5.

Preferred communication vehicle:

In person: _____ Phone: _____ E-mail: _____ Other: _____

I agree to the parameters outlined above and, barring any unusual circumstances, agree to commit to this relationship for the length of the student’s tenure in HPM. If I find, that after a reasonable amount of time, that I am unable to maintain this commitment, I will notify (in writing or via email) Samuel A. Friede, FACHE, of my intent to end participation in this program.

The student agrees to treat any patient or proprietary information from the mentor’s organization confidentially.

Signatures & dates :

_____ Student _____ Mentor

Please return this form with the Mentor’s bio, resume or CV to Samuel A. Friede, FACHE, friede@pitt.edu; Fax: 412/624-7747. Please call 412-624-3675 with any questions or comments.