



ROAAOMS Women in OMS Mentorship Program

Mentee Application Form

I. Mentorship Program Overview and Purpose

The ROAAOMS Women in OMS Mentorship Program is inspired by female dental students expressing the desire to connect with female residents and gain their perspective on the OMS specialty. Women make up 18 percent of OMS residents, despite dental schools consistently enrolling approximately 50 percent women. The program aspires to:

- Increase knowledge of the specialty.
- Provide a female perspective on the application process and residency to female dental students interested in OMS.
- Offer mentorship and create long-term networking opportunities.
- Improve the percentages of qualified women in oral and maxillofacial surgery.

II. Roles and Responsibilities of Mentee

- Complete mentee application form.
- Email mentor with short introduction and any questions.
- Communicate initially by email with an option to privately arrange other methods of contact.
- Ask questions.
- Be respectful of mentor's time.
- Contact advancededucation@aaoms.org if you haven't heard from your mentor in two weeks after sending a polite check-in, or if for whatever reason you are unsatisfied with your relationship.

III. Roles and Responsibilities of Mentor

- Timely communication (within two weeks) is expected.
- Give advice and answer questions related (but not limited) to:
 - CBSE studying
 - Externships
 - Application process
 - Personal statement, CV, letters of recommendation
 - Advice or perspectives on schools
 - Interview tips – how to portray and sell yourself as a strong candidate
 - What to do if low CBSE, do not get in, internship/alternative options, etc.
 - Life as female resident
 - Special interests, such as those who are foreign-trained, LGBTQ, a racial minority, pregnant during residency, require childcare, in a long-distance relationship, or hope to match as a couple

IV. Distribution Process

- Applications will be accepted and reviewed three times a year (April, August and December), and assignments will be announced within one month from the due date.
- Mentors will be capped at four mentees maximum.
- Info of matched mentor to be sent to mentee, such that they can initiate contact.

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Mentee Application Form

First Name

Middle Initial

Last Name

Email

School

Anticipated Year of Dental School Completion

I am interested in applying to (check all that apply):

- Four-year programs
- Six-year programs
- Unsure

I am interested in the following practice model after graduation:

- Academic/research
- Private/corporate
- Unsure
- Other: _____

I am interested in the following scope/subspecialty:

- Anesthesia
- Dentoalveolar Surgery
- Dental Implants
- Surgical Correction of Maxillofacial Skeletal Deformities
- Orthognathic Surgery
- Cleft and Craniofacial Surgery
- Maxillofacial Trauma
- Temporomandibular Joint
- Pathologic Conditions
- Reconstructive and Cosmetic Surgery
- Unsure

I would like to be connected to a mentor:

- Anywhere nationwide
- Within driving distance
- At my home institution

I am particularly interested in being paired with someone with the following special area of expertise:

- Pregnancy
- Childcare
- Being a racial minority
- LGBTQ issues
- Foreign-dental trained
- Applying post-dental school
- Couples match
- Other: _____

Please complete and return form to:

Advanced Education and Resident Affairs Manager

advancededucation@aaoms.org

Fax: 847-678-6286