



## SMART Mentor Nomination Form

Thank you for taking the time to nominate an associate whom you feel would be beneficial to the SMART Mentoring Matters Program.

Effective mentors serve as advisors, coaches, teachers, sounding boards, and cheerleaders. They give those with less experience (the Mentee) an opportunity to learn about a different department or role, improve their understanding of practices, and discuss issues in an atmosphere that is collaborative and constructive.

Mentors should have at least three (3) years of non-student work experience and a minimum of twelve (12) months of continued employment with the University of Louisville School of Medicine or UofL Physicians.

<b>Your Name</b>	<b>Your Title / Current Position and Department</b>
<b>Name of Nominee</b>	<b>Relationship to Nominee</b>
<b>Nominee Phone Number</b>	<b>Nominee E-Mail Address</b>
<b>Why are you nominating this person to be a Mentor? Please list specific qualities and characteristics.</b>	

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

*To submit this nomination, please print and save a copy of the form to your desktop (for your records), and then email the signed document to [Smart@louisville.edu](mailto:Smart@louisville.edu).*