

FLORIDA BAR HEALTH LAW SECTION
MENTORSHIP PROGRAM
MENTEE QUESTIONNAIRE
(FOR YOUNG LAWYERS)

General Questions

Name: _____

Current City: _____

Current Place of Employment: _____

Job Title (e.g., Associate, Partner): _____

Florida Bar Admission Year: _____

Law School Attended: _____

Preferred Email Address: _____

Preferred Phone Number: _____

Additional Questions

(1) Please describe the specific areas of law that your practice currently entails (attach additional pages if necessary).

(2) Please describe the specific area(s) of health law that you are interested in.

(3) Please state whether you have desire to practice health law in a law firm, for a non-profit, or for the government.

(4) Are you currently a Florida Bar Health Law Section Member?

(5) Are you currently a member of any other Florida Bar Section? If so, please list below.
