

FLORIDA BAR HEALTH LAW SECTION
MENTORSHIP PROGRAM
MENTOR QUESTIONNAIRE

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 health law that your practice entails (attach additional pages if necessary or include a link to a bio).

(2) What type of guidance are you most interested in providing? (e.g., career development, networking, health law specialization, work-life balance)

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