

STUDENT MENTORSHIP EXPERIENCE EVALUATION FORM

Form Number: EF-4 | Revised: 13-June-2019

Student Name: _____ Date: _____

Preceptor Name: _____ Location: _____

Please check which of the following applies to your current status:

U of A Medical Student

U of C Medical Student

Evaluation Questions

	Strongly Disagree				Strongly Agree
1. My mentorship experience helped me to consider a career in rural medicine.	1	2	3	4	5
2. I learned what the general expectations are for rural physicians.	1	2	3	4	5
3. I enjoyed my mentorship experience.	1	2	3	4	5
4. I would recommend a rural medical practice mentorship experience to other students.	1	2	3	4	5
5. The arrangements for my mentorship experience were well handled.	1	2	3	4	5

Additional Comments:

Thank you in advance for completing this evaluation form and submitting it to RhPAP via the address below or Scan & Email to: mentorship@rhpap.ca

The personal information requested on this form is collected for the purpose of payment processing, program administration, and evaluation. If you have any questions about the collection, use, or disposal of the information requested, please contact: Manager of Corporate Services, Alberta's Rural Health Professions Action Plan (RhPAP), Suite #416, 9707-110 Street NW, Ledgeview Business Centre, Edmonton, AB T5K 2L9 Phone: 780-423-9911 Fax: 780-423-9917 Email: info@rhpap.ca Website: www.rhpap.ca

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