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|  | **A black and white logo  Description automatically generatedCCN-RCC Mentor Registry****Application** |

**Mentor Information**

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| Name | Institute/Organization |
| Mailing Address |
| Email | Phone |
| Title; Faculty/Department | CCN-RCC Member?[ ]  Yes [ ]  No [ ] Unknown |
| Years at current appointment | Early Career Investigator (<5 years from primary academic appointment?) [ ]  Yes [ ]  No [ ] Unknown |

**Application Information**

Please provide us with a 150-word biography to be provided on the registry to prospective mentees.

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Please submit the completed application form or any associated questions to info@ccn-rcc.ca

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| Signature | Date |