

NOSSCR MENTORSHIP PROGRAM

MENTOR QUESTIONNAIRE – ATTORNEY

NAME:

Preferred e-mail:

Preferred phone number:

I certify that I am a NOSSCR member in good standing, and will remain so during the duration of this program.

I certify that I have been practicing Social Security law as at least 50% of my caseload for more than 10 years.

My firm has offices in OR I practice in the following states (list ALL):

1. Please describe your work environment, providing as much detail as possible
(specifying small/large firm; urban/rural; hearings/litigation).

2. What are the individual characteristics you'd like our placement committee to consider?

3. What are you looking for in a mentee?

4. What are your subject matter area strengths?