



Mentor Request Form

College student Young CPA

___ Yes, I am interested in the ASCPA Mentoring Program

___ No, I am not interested in the ASCPA Mentoring Program

Mentoring Topics:

- CPA Exam
- Professional Issues
- Practice Management
- Workplace Dynamics
- Client Relations/Business Development
- Leadership/Career Development
- Work Life Balance

Preferred Relationship:

- Telephone
- In-Person
- Email/Online

I am seeking knowledge in these areas: (mark all that apply)

- | | |
|------------------------------|---------------------------------|
| ___ Accounting (General) | ___ Industry |
| ___ Accounting Consultation | ___ Information Systems |
| ___ Accounting/Auditing | ___ International Tax |
| ___ Audit/Compilation/Review | ___ Litigation Support |
| ___ Bankruptcy | ___ Not-for-Profit |
| ___ Benefits | ___ Pension/Profit Sharing |
| ___ Business Valuation | ___ Personal Development |
| ___ Capital Gains Tax | ___ Practice Management |
| ___ Cash Management | ___ Public Accounting (General) |
| ___ Corporate/Partnership | ___ Real Estate Tax |
| ___ Income Tax | ___ Real Estate/Construction |
| ___ Education | ___ Retirement Planning |
| ___ Estate/Gift Tax | ___ Small Business |
| ___ Financial Institutions | ___ Specialized Industry |
| ___ General Conferences | ___ Staff Training |
| ___ Government (General) | ___ Taxation |
| ___ Health Care | ___ Other (Please Specify) |
| ___ Individual Income Tax | _____ |

Name: _____ Email: _____

Address: _____

Current Position/Job duties: _____

Phone: _____ Date you would like to begin: _____

Comments or requests: _____

Please send completed form to:
 ASCPA, 11300 Executive Center Drive, Little Rock, AR 72211
 Phone (501) 664-8739 Fax (501) 664-8320
 Email to carly@arcpa.org