

SMART

Mentor Information Form

SECTION ON MANAGEMENT OF INFORMATION RESOURCES AND TECHNOLOGY OF THE NEW YORK LIBRARY ASSOCIATION

Name: _____ Date: _____

Job title: _____

Institution: _____

Mailing address: _____

Telephone number: _____ Fax: _____

E-mail address: _____

Are you able to offer advice via: telephone e-mail fax other: _____

Areas in which you feel qualified to share your expertise:

Acquisitions
Authority control
Binding
Cataloging
 Monographs
 Serials
Circulation
Collection development
Documents control
Digitization
Electronic serials

Database
 Analysis
 Loads
 Maintenance
 Migration
 Security
 Standards
Inter-library loan
Hardware
HTML/XML
ILS

Microfilming/reformatting
Networking protocols
Open source software
Outsourcing
Preservation
Retrocon
Serials control
Telecommunications
Union listing
Web page design

For those areas you circled, list specific software, systems, etc. with which you are familiar:

Other areas of expertise (please describe):

On the back give a brief description of your background, or attach a brief resume of experience.

Send to: Leigh Mihlrad, SMART Mentoring Co-chair
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Schaffer Library of Health Sciences
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