



MENTEE APPLICATION

Name: _____ Credentials: _____

Member ID Number: _____

Institution: _____

Title: _____

Preferred Address: _____

City/State/ZIP: _____

Please indicate whether the above is a work or home address: _____

Work Telephone: _____ Home Telephone: _____

Fax Number: _____ E-mail Address: _____

Biographical Information

Please submit an abbreviated CV or résumé that includes your education, professional experience, and other relevant professional accomplishments with your application.

Project Information

Suggested areas for mentoring: leadership, clinical, research, education, professional writing, teaching and learning, project development and management, career development

With which types of activities would you like a mentor to provide guidance?

What are two goals you would like to accomplish?

What steps, if any, have you already taken?

To participate as a mentee, you agree to have your work telephone and fax numbers and e-mail address included in the Mentorship Taskforce file.

I understand all communication shared in my mentoring relationship is strictly confidential and will not be shared.

I, _____, agree to have my work telephone number, fax number, and e-mail address included in the Mentorship Taskforce file.

Signature _____ Date _____



Please e-mail your application and accompanying documents to Nicole Wallace at nwallace@aphon.org or fax them to 847.375.6436.