

Mentoring Program MENTOR FORM

Mentor's Goal: To create a nurturing relationship with your mentee in order to encourage development of his/her full potential within the field of clinical electrophysiology, wound management, biophysical agents, and neuromusculoskeletal ultrasonography as well as students pursuing a career in physical therapy. This could be accomplished by developing a vision, establishing personal goals, and providing information and guidance for your mentee's career path. Send your completed form info@acewm.org Thank you!

Address (Please include City and State):	
Address (Please include City and State):	
Email:	
Phone number:	
In which of the following areas would you f	eel comfortable being a mentor?
Clinical management of physical therapy □ Clinical Electrophysiology (CE) □ Neuromusculoskeletal Ultrasonography	■ Wound Management (WM) ■ Biophysical Agents (BA)
Administration, policies and procedures of ☐ Residency ☐ Specialty Certification ☐ Resume Developmentation ☐ Resume Development ☐ Documentation	cation
Education in CE, WM, BA, NU: Clinical Education PT School Education	ration PTA School <i>Education</i>
<i>Research in CE, WM, BA, NU:</i> ☐ Clinical Research ☐ Case Report	☐ Literature Review
Other: Please Describe:	
In which <i>CE, WM, BA</i> physical therapy setting	ng(s) do you or have you worked, and for how long?
	atient Acute Care Home Health Outpatient tice_ Other
Are you a member of other APTA sections, so, which ones?	chapters, special interest groups, or other professional organizations?
What is your typical availability?	What is your preferred method of communication?
☐ AM (7-11) ☐ Afternoons (12-5)	☐ Face-to-Face ☐ Phone
□ PM (6-9)	☐ Email
☐ Weekdays	□ Skype
☐ Weekends	☐ Other:

Thank you! Your responses will be added to our "mentor bank" and may be published on the Academy website for access by those seeking mentoring. Send your completed form to ClinElectroWM@apta.org