

Name:

Mentoring Program MENTEE FORM

Mentee's Goal: Mentees play an active role in their relationship with their mentor by identifying specific needs/goals, soliciting mentor assistance, and incorporating new perspectives into their professional activities and responsibilities. Mentees exhibit a commitment to self-development as well as the development and maintenance of the mentor-mentee partnership.

Address:	
Phone number:	
Administration, policies and procedures of CE, WM, BA, NU: □ Residency □ Specialty Certification □ Inpatient Management □ Documentation □ Resume Development □ Outpatient Management	
Education in CE, WM, BA, NU: ☐ Clinical Education ☐ PT School Education ☐ PTA School Education	
Research in CE, WM, BA, NU: ☐ Clinical Research ☐ Case Report ☐ L	iterature Review
Other: Please Describe:	
In which CE, WM, BA, NU physical therapy setting	ng(s) do you or have you worked and for how long?
☐ Research ☐ Academic ☐ Inpatient ☐ Acute Care ☐ Home Health ☐ Outpatient ☐ Long Term Care ☐ Private Practice ☐ Other	
Are you a member of other APTA sections, chap so, which ones?	eters, special interest groups, or other professional organizations? I
What is your typical availability?	What is your preferred method of communication?
☐ AM (7-11)	☐ Face-to-Face
☐ Afternoons (12-5)	☐ Phone
☐ PM (6-9)	☐ Email
Weekdays	☐ Skype
Weekends	Other:

Please send the completed form to Nichole Walleen, Executive Director, at info@acewm.org. Thank you!!