

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.

Name: _____

Address: _____

Email: _____

Phone number: _____

In which of the following areas would you prefer being mentored?

 Clinical management of physical therapy patients:

- Clinical Electrophysiology (CE)
 Wound Management (WM)
 Biophysical Agents (BA)
 Neuromusculoskeletal Ultrasonography (NU)
 Student

 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
 Literature Review

 Other: Please Describe: _____

In which CE, WM, BA, NU physical therapy setting(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, chapters, special interest groups, or other professional organizations? If so, which ones? _____

What is your typical availability?

- AM (7-11)
 Afternoons (12-5)
 PM (6-9)
 Weekdays
 Weekends

What is your preferred method of communication?

- Face-to-Face
 Phone
 Email
 Skype
 Other: _____

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