

**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 Christie Krueger, Executive Director, at [info@acewm.org](mailto:info@acewm.org). Thank you!!**