



Mentoring Program
MENTEE FORM

Mentee's Goal: Mentees play an active role in their relationship with their mentor by identifying their needs, making their needs specific, soliciting mentor assistance, and making effective use of the help to increase their effectiveness and productivity. Mentees exhibit a commitment to self-development as well as the development and maintenance of the mentor-mentee partnership.

Name: _____

Address (Please include City and State): _____

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)

___ ***Administration, policies and procedures of CE, WM, BA:***

- Residency Specialty Certification Inpatient Management
 Documentation Resume Development Outpatient Management

___ ***Education in CE, WM, BA:***

- Clinical ***Education*** PT School ***Education*** PTA School ***Education***

___ ***Research in CE, WM, BA:***

- Clinical Research Case Report Literature Review

___ ***Other: Please Describe:*** _____

In which CE, WM, BA 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: _____