



**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, and/or biophysical agents 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 to [ClinElectroWM@apta.org](mailto:ClinElectroWM@apta.org). Thank you!

**Name:** \_\_\_\_\_

**Address (Please include City and State):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**In which of the following areas would you feel comfortable being a mentor?**

\_\_\_ **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: \_\_\_\_\_

*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](mailto:ClinElectroWM@apta.org)*