

Mentor Application
Indiana Psychological Association's
Mentoring Program

The information that you will provide below will be used to facilitate the best possible mentor/mentee match and to ensure the prerequisites for becoming a mentor have been met.

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Degree: PhD PsyD EdD Graduation Year: _____

Graduate School: _____

License #: _____ Number of years licensed: _____

Do you have any history of licensure suspension? Yes No

Gender (optional): Female Male

Ethnicity (optional): _____ Sexual Orientation (optional): _____

Your goals for the mentoring relationship:

Practice Setting(s): _____

Broad Specialty:

- Child & Adolescent Adult Geropsychology
 Neuropsychology Family Couples Forensic Health

Training Program Type:

- Clinical Counseling Industrial-Organizational School
 Other _____

List other areas of interest or expertise (e.g., biofeedback, geropsychology, sport, etc):

Please indicate whether you prefer to be matched with a mentee based on personal demographic variables vs. interest/background. We will attempt to meet your match preferences as we are best able.

Match preference is: Demographic variables Interest/Background

List top 3 match variables in order of importance:

1 = _____

2 = _____

3 = _____

How many mentees are you willing to accept:

1 2 3 Other (Specify number) _____

By signing below, I attest questions were answered honestly and consent to the use of this information for purposes of participating in the IPA Mentoring Program.

Signature

Date