APSSLH Mentorship Program Application Form

We would love to help a mentor-mentee pair establish a healthy partnership and engage in opportunities that promote their professional growth. Please let us know more about you so that we can successfully get you matched with a mentor/mentee. Please fill out the application form below and send it to the Mentorship Program Committee (info@apsslh.net). Once your application is processed, the Mentoring Program officers will follow up with necessary resources and materials.

1. I am a:

- o student
- o professional (Speech-language pathologist)
- o professional (Audiologist)
- o academic faculty/researcher
- o If you are a working professional, which of the following best describes your work setting?
  - ● medical setting
  - ● school setting
  - ● private practice
  - ● others (please specify) _____

2. I am interested in:

- o being mentored
- o serving as a mentor

3. Applicant contact information

- o Name:
- o Address:
- o Email:
- o Phone:

4. Years in the profession: _____ years

5. Briefly state what motivated you to participate in our mentorship program.

[What do you want to accomplish through your participation in this mentorship program? What's your expected time contribution to this program? etc.]

6. [Only for mentees] Please specify your matching preferences.

(Country)

o I prefer to be mentored by a professional who is from the same country and/or works in the same country.

o I do not have any preference.

(Language)

o I prefer to be mentored by a professional who speaks the same language as I do

(specify your language _____).

o I do not have any preference.

7. Applicant acknowledgements:

By signing this form,

   o (membership requirement) I acknowledge and agree that I will be required to obtain and retain
      an APSSLH membership in order to be eligible for participating in the mentorship program.
   o (mentorship commitment) I agree that I will participate in the mentorship program for 12
      months.

X _____

Applicant Name and Signature