



MENTEE APPLICATION FORM

The information that you provide below will be used to facilitate the best possible mentor/mentee match and to ensure that the prerequisites for becoming a mentee have been met. The information that you provide will not be shared with your mentor.

Name \_\_\_\_\_ Degree \_\_\_\_\_
First Name Last Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail(s) \_\_\_\_\_

Best Contact Method [ ] Primary Phone [ ] Other Phone [ ] E-Mail

Are you currently licensed in GA? [ ] Yes [ ] No License Number \_\_\_\_\_

Any history of licensure suspension/sanctions? [ ] Yes [ ] No

Are you currently a GPA or GPAGS member? [ ] Yes [ ] No

Current Work Location \_\_\_\_\_

Experience Level [ ] Graduate student, Program \_\_\_\_\_
[ ] Early career (obtained doctorate less than 10 years ago)
[ ] Midcareer (obtained doctorate 10-15 years ago)
[ ] Senior psychologist (obtained doctorate more than 15 years ago)

Areas of Experience or Interest (Check all that apply)

- Activity Setting Theoretical Orientation
[ ] Adult Therapy [ ] Private Practice [ ] Behavioral
[ ] Child Therapy [ ] Inpatient [ ] Cognitive
[ ] Family Therapy [ ] Academia [ ] Cognitive-Behavioral
[ ] Couples Therapy [ ] Community MH [ ] Humanistic
[ ] RxP [ ] Forensic [ ] Psychodynamic
[ ] Neuropsychology [ ] Industrial [ ] Systems

- Assessment
- School
- Acceptance/Mindfulness
- Research
- Other \_\_\_\_\_
- Not Relevant
- Administration
- Other \_\_\_\_\_
- Teaching
- Industrial/Organizational
- Other \_\_\_\_\_

If would you like to be matched based on gender, ethnicity, sexual orientation, spiritual/religious background or other aspects of culture/identity, then please provide the information below. Note: This information is not required and matches based on this information are not always possible.

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Sexual Orientation \_\_\_\_\_ Spiritual/Religious Background \_\_\_\_\_

Other \_\_\_\_\_

Are you interested in receiving mentoring regarding the following topics? (Check all that apply)

- Exploring career options & Applying for jobs
- Small business (e.g., private practice) issues
- Reimbursement (e.g., insurance and billing)
- Interdisciplinary treatment teams
- Group practice issues
- Teaching, areas: \_\_\_\_\_
- Research, areas: \_\_\_\_\_
- Program development
- Supervision
- Consutation
- Involvement with APA/GPA & Networking
- Work life balance
- Diversity issues
- Practical application of ethics
- Retirement
- Other: \_\_\_\_\_

\_\_\_\_\_  
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By signing below, I attest that I have answered the above questions honestly and consent to the use of this information for purposes of participating in The Georgia Psychological Association Mentoring Program. I understand that GPA cannot guarantee a perfect match for every individual need. I understand that, once matched, I will make a one-year commitment to the program, including contacting my mentor within one month of being matched and completing the yearly program evaluation.

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Signature

Date

Please email your application to Dr. Michelle Casimir at:  
michellegcasimir@gmail.com with the subject line:  
GPA Mentoring Program Application

Deadline to Submit: March 2, 2019