



MENTOR 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 mentor have been met. Generally the information that you provide will not be shared with your mentee; however, following a match they will be given your name and contact information (i.e., phone number, email address).

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 member? Yes No

Current Work Location _____

Experience Level 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 (Check all that apply)

Activity

Adult Therapy

Child Therapy

Family Therapy

Couples Therapy

RxP

Setting

Private Practice

Inpatient

Academia

Community MH

Forensic

Theoretical Orientation

Behavioral

Cognitive

Cognitive-Behavioral

Humanistic

Psychodynamic

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Industrial | <input type="checkbox"/> Systems |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> School | <input type="checkbox"/> Acceptance/Mindfulness |
| <input type="checkbox"/> Research | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Not Relevant |
| <input type="checkbox"/> Administration | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Teaching | | |
| <input type="checkbox"/> Industrial/Organizational | | |
| <input type="checkbox"/> Other _____ | | |

If you are open to being 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 will only be used for matching purposes if a mentee has requested a match based on these variables.

Gender _____ Ethnicity _____

Sexual Orientation _____ Spiritual/Religious Background _____

Other _____

Are you able to provide 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
- Consultation
- Involvement with APA/GPA & Networking
- Work life balance
- Retirement
- Diversity issues
- Practical application of ethics
- Other: _____

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, once matched, I will make a **one-year commitment** to the program, including completing the yearly program evaluation.

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