

Mentorship Program Application

Thank you for your interest in the Academy of Orthopaedic Physical Therapy Mentorship Program. We will be matching 15 protégés to mentors for a 6-month formal mentorship period and hopefully a connection that lasts for years to come.

Selected protégés will meet their mentors during CSM in San Antonio, TX, in February. Over the next 6 months, the protégés will be required to speak with their mentors over the phone monthly and communicate as desired for mentorship by email and other communication options.

At the end of the formal mentorship, each protégé will be expected to complete a survey focusing on the strengths and weaknesses of the program.

Please read the requirements carefully. Also, answer the questions below so that we may best select protégés and mentors and pair them for the best potential success of this program in its inaugural year.

Participants must be:

1. In his or her final year of an accredited PT program
2. An Academy of Orthopaedic Physical Therapy Member
3. Planning to attend CSM (if a selected participant is unable to attend CSM, they will forfeit their spot in the program)

Applications must be received by **Monday, December 20th, 2021**

In addition to this application, please send your RESUME to Chrissy.mansfield17@gmail.com

Contact Information:

Name: _____ APTA ID #: _____

Address: _____

Cell Phone: _____ Email: _____

PT School: _____ Year: _____

Will you be attending CSM 2022 in San Antonio? _____ Yes _____ No

Interests: Tell us in which area you are interested to receive mentoring (choose 2 only)

Research in Orthopedics _____

Academics/Teaching _____

Manual Therapy _____

Professional Organization involvement/ Leadership _____

Private Practice _____

Other (please describe): _____

Special Interest Groups: Are you interested in mentorship through a specific SIG? (choose 1 only)

- Animal PT SIG _____
- Foot and Ankle SIG _____
- Occupational Health SIG _____
- Pain SIG _____
- Performing Arts SIG _____
- Imaging SIG _____
- Residency/Fellowship SIG _____
- Not Applicable _____

Short essay and Goals

In 500 words or less, please summarize why you would like to be part of this program and what you expect to accomplish at the completion of the 6 month membership program.

Please list 3 specific goals of your mentorship:

1.

2.

3.

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a protégé, I will complete the program including all communication and projects required.

Name (please print): _____

Signature: _____

Date: _____

Our Policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in receiving mentorship by one of the mentors of the Academy of Orthopaedic Physical Therapy, APTA, Inc.

Return this form and your resume to: Chrissy.mansfield17@gmail.com