

Mentorship Program Application

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

Selected student mentees will meet their mentors during CSM in Boston, MA, in February. Over the 6 months following CSM, the mentees 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 mentee 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 mentees 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 for in person mentorship program option, *or*:
4. Virtual option: The AOPT will be offering a virtual option for the mentorship program this year for students and mentors unable to attend CSM in person.

Applications must be received by **Monday, December 18th, 2023**

In addition to this application, please send your RESUME to Christine.Mansfield@nationwidechildrens.org

Contact Information:

Name: _____ APTA ID #: _____

Address: _____

Cell Phone: _____ Email: _____

PT School: _____ Year: _____

Will you be attending CSM 2024 in Boston? _____ Yes _____ No

Would you prefer to participate in the virtual option of the program due to being unable to attend CSM?

_____ 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 mentee, 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: Christine.Mansfield@nationwidechildrens.org