

## Mentorship Program Application

Thank you for your interest in the ***Academy of Orthopaedic Physical Therapy Mentorship Program***. As the inaugural year of the 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 New Orleans 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 **Wednesday, November 29th, 2018**

In addition to this application, please send your **RESUME** to [meganpoll@gmail.com](mailto:meganpoll@gmail.com)

### Contact Information

Name	
Street Address	
City, ST, ZIP Code	
Cell Phone	
E-Mail Address	
APTA Membership Number	
PT School/Year	

### Availability

Will you be attending CSM 2019?

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):

## 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 (printed)	
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 to:**  
Academy of Orthopaedic Physical Therapy  
2920 East Avenue South, Suite 200  
La Crosse, WI 54601  
800/444-3982 \* 608/788-3965 (FAX)  
tfred@orthopt.org