**NHF Physical Therapy Mentorship Application for Mentor**

**Application Due Date: \_\_\_\_\_\_\_\_\_\_\_\_ Notification of Mentee Match: \_\_\_\_\_\_\_\_\_\_**

Name (Last, First, Middle, Degree) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hemophilia Treatment Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ❏ Active Employee ❏ Retired ❏ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL LICENSE**:

|  |  |  |
| --- | --- | --- |
| **Type (PT or PTA)** | **State** | **License #:** |
|  |  |  |
|  |  |  |

**CLINICAL EXPERIENCE:**

|  |  |  |
| --- | --- | --- |
| **Type** | **Check all that apply** | **Describe** |
| **Previous Experience as Mentor** | ❏ No❏ Yes | **Provide feedback on process** |
| **Bleeding Disorder Clinical Experience** | ❏ None❏ < 1 yr❏ 1-5 yrs❏ > 5 yrs❏ < 20 hrs/mo❏ > 20 hrs/mo❏ Non-HTC❏ HTC: \_\_\_\_\_\_\_ | **Clinical Responsibilities within HTC:** **Non-Clinical HTC Responsibilities:**  |
| **Clinical Experience - other than Bleeding Disorders** | ❏ None❏ < 1 yr❏ 1-5 yrs❏ > 5 yrs❏ < 20 hrs/mo❏ > 20 hrs/mo |  |
| **Research** | ❏ No❏ Yes  |  |
| **Advocacy** | ❏ No❏ Yes |  |
| **Other** | ❏ No❏ Yes |  |

**TEACHING STYLE:**  Check all that apply

❏ Visual

 ❏ Verbal

 ❏ Kinesthetic

 ❏ Social

 ❏ Individual

 ❏ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BEST METHOD OF CONTACT**

❏ Email

❏ Virtual

❏ Phone

**Please submit a current CV**

Thank you for investing your time and talent into the bleeding disorders community. It is greatly appreciated by those you serve!

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 Applicant Signature/Date

**Return completed application to:**

PTWG Mentorship Committee, Fred Loeffler @ floeffler@IHTC.org or PTWG Chair, Lora Joyner @ joynerlor16@ecu.edu