**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](mailto:floeffler@IHTC.org) or PTWG Chair, Lora Joyner @ [joynerlor16@ecu.edu](mailto:joynerlor16@ecu.edu)