

**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 Houston, TX, in February. Over the 6 months following CSM, the mentees will be required to communicate monthly with their mentor over the phone, by email, over Teams/Zoom/Skype/Webex, or any other convenient communication method. Student mentees will also participate in one virtual journal club over the 6-month period to discuss a current research article related to orthopedic physical therapy practice.

Please read the requirements carefully. Answer the questions below so that we may select mentees and pair them with mentors who have similar clinical interests for the best success of the program.

Participants must be:

1. In his or her final year of an accredited DPT 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 students and mentors unable to attend CSM in person.

Applications must be received by **Monday, December 16th, 2024**

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 2025 in Houston? 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: Chrissy.Mansfield17@gmail.com