

**ISPN Mentoring Initiative Navigator (IMIN) Program**

Mentorship Application

**Name and Credentials:**

**Position/Title:**

**Address (physical/mailing):**

**Phone number:**

**Email:**

**ISPN membership number and year joined:**

**Are you applying to be a Mentor or Mentee? (Please circle one) Mentor Mentee**

**Preferred Method of Communication (Please circle one) Telephone In person Email Skype**

**Professional Interests: (circle what applies) Specialty Area: (circle what applies)**

 **Clinical practice Child/Adolescent**

**Education Adult/Geriatrics**

**Research Psychopharmacology**

 **Health Care Reform Psychotherapy**

**Other Other**

**Professional Goals for Mentorship Relationship**

**Thank you for your interest. We will be in touch with you!**