

International Society of Psychiatric-Mental Health Nurses

2424 American Lane * Madison, WI 53704-3102 USA * Phone: I-608-443-2463 * Fax: I-608-443-2474 E-Mail: Info@ispn-psych.org * Wbsite: www.ispn-psych.org

ISPN Mentoring Initiative Navigator (IMIN) Program Mentorship Application

Position/Title:

Address (physical/mailing):

Phone number:

Email:

ISPN membership number and year joined:

Are you applying to be a Mentor or Mentee? (Plea	ase circle one) Mentor	Ment	ee
Preferred Method of Communication (Please circ	cle one) Telephone In person	Email	Skype
<u>Professional Interests:</u> (circle what applies)	Specialty Area: (circle what ap)	plies)	
Clinical practice	Child/Adolescent		
Education	Adult/Geriatrics		
Research	Psychopharmacology		
Health Care Reform	Psychotherapy		
Other	Other		

Professional Goals for Mentorship Relationship

Please turn your application in at the Registration Desk Thank you for your interest. We will be in touch with you!