**Mentee Application**

***Please select your area in which you are seeking mentoring:***

* Professional Development
* Career Development
* AANN/ABNN/AMWF Leadership
* CNRN or SCRN Certification
* Abstract/Speaker/Presentation Development
* Research
* CV Review or Development

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| **Name:** | **Gender:** |
| **City:** | **State:** |
| **AANN Chapter (if applicable):** | |
| **Credentials:** | |
| **Phone:** | **Email:** |
| **Preferred method of contact with mentor:** 🞎 Phone 🞎 Email 🞎 Face-to-face 🞎 Virtual Meeting | |
| **Education (Check Highest Degree Achieved):**   * Pre-License * ADN * BSN * BS (in other field) * MSN * MS (in another field) * PhD * DNP * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Years in nursing:** | **Years in neuro nursing:** |
| **Current Title:** | |
| **Years in current position:** | |
| **Primary Specialty:**   * Epilepsy * Geriatric * Movement disorders * Neuromuscular * Neuro-oncology * Neurotrauma * Pediatrics * Spine * Stroke * Mixed * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Primary Position:**   * Administrator * Case Manager * Clinical Educator * Clinical Nurse Specialist * Consultant * Faculty * Instructor * Nurse Practitioner * Researcher * Staff Nurse * Student * None of the above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Have you participated in a mentorship program before?** 🞎 Yes 🞎 No | |
| **If yes, with what organization?** | |

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| **What are 3 goals that you would like to accomplish from this mentorship program?** |
| **What is your expected timeline to achieve these goals?** (ex. 3-months, 6-months, 1 year, ongoing) |

*Please send your completed,* ***typed****, application*

***and*** *a copy of your current CV/Resume to* [*info@aann.org*](mailto:info@aann.org)*.*

*Please note that depending on mentor availability, it may take a few months to*

*connect you with a mentor.*