



## Mentee Application Form

The information you provide will facilitate the best possible mentor/mentee match. Following a match, the mentor will be provided with the name and contact information you provide.

Name and Highest Degree: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best Contact Method: \_\_\_\_\_

Are you currently licensed to practice in Maine (Y/N)? \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_ If No, are you retired? (Y/N) \_\_\_\_\_

Are you currently an Active MePA Member? (Y/N) \_\_\_\_\_

Experience Level (check your level):

- Graduate Student Program: \_\_\_\_\_
- Early Career (obtained doctorate less than ten years ago)
- Midcareer (obtained doctorate 10-15 years ago)
- Senior Psychologist (obtained doctorate more than 15 years ago)

Areas of Experience (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adult Therapy   | <input type="checkbox"/> Child Therapy    | <input type="checkbox"/> Family Therapy |
| <input type="checkbox"/> Couples Therapy | <input type="checkbox"/> Neuropsychology  | <input type="checkbox"/> Assessment     |
| <input type="checkbox"/> Research        | <input type="checkbox"/> Administration   | <input type="checkbox"/> Teaching       |
| <input type="checkbox"/> Organizational  | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Inpatient      |
| <input type="checkbox"/> University      | <input type="checkbox"/> Community MH     | <input type="checkbox"/> Forensic       |
| <input type="checkbox"/> School          | <input type="checkbox"/> Other _____      |   |

Please list any additional areas of experience or expertise (for example, multiculturalism, spiritual/religion, LGBTQA+, etc.): \_\_\_\_\_

Please check your commitment level:

1 or 2 Consultations  Year Commitment (meeting/talking once or twice a month)

Other \_\_\_\_\_

Please email your finished application to Amy Safford at [asafford@mepa.org](mailto:asafford@mepa.org). Thank you!