



## Resource/Mentor Application Form

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

Name and 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):

\_\_\_\_\_ 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):

\_\_\_\_\_ Adult Therapy      \_\_\_\_\_ Child Therapy      \_\_\_\_\_ Family Therapy

\_\_\_\_\_ Couples Therapy      \_\_\_\_\_ Neuropsychology      \_\_\_\_\_ Assessment

\_\_\_\_\_ Research      \_\_\_\_\_ Administration      \_\_\_\_\_ Teaching

\_\_\_\_\_ Organizational      \_\_\_\_\_ Private Practice      \_\_\_\_\_ Inpatient

\_\_\_\_\_ University      \_\_\_\_\_ Community MH      \_\_\_\_\_ Forensic

\_\_\_\_\_ School      \_\_\_\_\_ 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!