



**NATA Foundation Faculty Mentor Program  
Mentee Application**

Thank you for your interest in the Mentor Program! Please complete the following information and save the document to your computer as a .pdf. The completed application and a copy of your CV should be sent to [skylarg@nata.org](mailto:skylarg@nata.org) no later than March 15th.

**PERSONAL INFORMATION-Mentee**

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

NATA District: \_\_\_\_\_ NATA Member Number: \_\_\_\_\_

College/University: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Current Job Title: \_\_\_\_\_ Number of years in current position: \_\_\_\_\_

Number of years of BOC certification: \_\_\_\_\_ Do you meet the minimum requirements for participation? Y N

**Please describe your interest in the mentor program (e.g. research, teaching, networking):**

**Please describe your research area(s) of expertise and 3-5 current projects you are working on:**

**Please describe your reasons for participation and needs/goals:**

Please identify (if known) a current athletic training faculty member(s) who may be a good mentor for you, given your interests. Please provide contact information (institution, email, phone number) if available.

**PROGRAM EXPECTATIONS**

**Requested level of involvement with mentor (check all that apply):**

- Advice (phone calls/email)
- Grant review or assistance (confidential review)
- Manuscript review or assistance (confidential review)
- Technical assistance
- Visiting mentor at his/her facility for learning opportunities, etc.
- Research or other Fellowship
- Active collaboration on a project or grant (co-investigator)
- Teaching and Advising
- Other

Please elaborate:

**Are you available to attend the Mentor Program luncheon Wednesday, June 27, 2018 from 11:00 am – 12:30 pm in New Orleans?**

- Yes
- No
- Unsure

**OTHER**

**Provide us with any additional information regarding your application and needs for the program:**

**Questions:** Please contact the program Co-Chairs:

Dr. Stephanie M. Mazerolle at [Stephanie.mazerolle@uconn.edu](mailto:Stephanie.mazerolle@uconn.edu)

Dr. Sara Nottingham [nottingh@chapman.edu](mailto:nottingh@chapman.edu)



## NATA Foundation Faculty Mentor Program Mentor Application

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### PERSONAL INFORMATION-Mentor

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

NATA District: \_\_\_\_\_ NATA Member Number: \_\_\_\_\_

College/University: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Current Job Title: \_\_\_\_\_ Number of years in current position: \_\_\_\_\_

Number of years of BOC certification: \_\_\_\_\_ Do you meet the minimum requirements for participation? Y N

Please describe your interest in the mentor program (e.g. research, teaching, networking):

Please describe your research area(s) of expertise:

Please describe your current roles and responsibilities as a faculty member:

## **PROGRAM EXPECTATIONS**

### **Areas you feel competent providing mentorship:**

- Advice (phone calls/email)
- Grant review or assistance (confidential review)
- Manuscript review or assistance (confidential review)
- Technical assistance
- Visiting mentee at his/her facility for learning opportunities, etc.
- Research or other Fellowship
- Active collaboration on a project or grant (co-investigator)
- Teaching and Advising
- Other

Please elaborate:

**Are you available to attend the Mentor Program luncheon Wednesday, June 27, 2018 from 11:00 am – 12:30 pm in New Orleans?**

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Dr. Sara Nottingham [nottingh@chapman.edu](mailto:nottingh@chapman.edu)