



**Mentee Application**

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

- |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Professional/Career Development ( <i>i.e.</i> CV Review or Development) | <input type="checkbox"/> Project dissemination ( <i>i.e.</i> abstract/oral or poster presentation, manuscript development) |
| <input type="checkbox"/> AANN/ABNN/AMWF Leadership                                               | <input type="checkbox"/> Research                                                                                          |
| <input type="checkbox"/> CNRN or SCRN Certification                                              | <input type="checkbox"/> Quality Improvement                                                                               |
| <input type="checkbox"/> Stroke Coordinator Support                                              |                                                                                                                            |

<b>Name:</b>		<b>Gender:</b>	
<b>City:</b>		<b>State:</b>	
<b>AANN Chapter (if applicable):</b>			
<b>Credentials:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Preferred method of contact with mentor:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Face-to-face <input type="checkbox"/> Virtual Meeting			
<b>Education (Check Highest Degree Achieved):</b>			
<input type="checkbox"/> Pre-License <input type="checkbox"/> ADN <input type="checkbox"/> BSN <input type="checkbox"/> BS (in other field) <input type="checkbox"/> MSN <input type="checkbox"/> MS (in another field) <input type="checkbox"/> PhD <input type="checkbox"/> DNP <input type="checkbox"/> Other: _____			
<b>Years in nursing:</b>		<b>Years in neuroscience nursing:</b>	
<b>Current Title:</b>			
<b>Years in current position:</b>			
<b>Primary Specialty:</b>		<b>Primary Position:</b>	
<input type="checkbox"/> Epilepsy <input type="checkbox"/> General Neuroscience <input type="checkbox"/> Geriatric <input type="checkbox"/> Movement disorders <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Neuro-oncology <input type="checkbox"/> Neurology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Neurotrauma <input type="checkbox"/> Pediatrics <input type="checkbox"/> Spine <input type="checkbox"/> Stroke <input type="checkbox"/> Other: _____		<input type="checkbox"/> Administrator, Director, Manager <input type="checkbox"/> Case Manager <input type="checkbox"/> Clinical Instructor <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Consultant <input type="checkbox"/> Faculty <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse Scientist <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Student <input type="checkbox"/> Unit-Based/Service Line/Systems Educator <input type="checkbox"/> None of the above: _____	
<b>Have you participated in a mentorship program before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, with what organization?</b>			

**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.*