**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**.*

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

*connect you with a mentor.*