



Mentor Application

Please select your topic of expertise:

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|--|--|
| <input type="checkbox"/> Professional/Career Development (i.e. CV Review or Development) | <input type="checkbox"/> Project dissemination (i.e. 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 | |

Name:		Gender:	
City:		State:	
AANN Chapter (if applicable):			
Credentials:			
Phone:		Email:	
Preferred method of contact with mentee: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Face-to-face <input type="checkbox"/> Virtual Meeting			
Education (Check Highest Degree Achieved):			
<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: _____			
Years in nursing:		Years in neuroscience nursing:	
Current Title:			
Years in current position:			
Primary Specialty:		Primary Position:	
<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: _____	
Have you been a mentor before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, with what organization?			
Are you willing to mentor multiple mentees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How long are you willing to serve as a mentor? (ex. 3-months, 6-months, 1 year, ongoing)			

If your time is limited, are you willing to present a webinar on your mentoring topic of expertise? Yes No

*Please submit your completed, **typed**, application
and a copy of your current CV/Resume to info@aann.org.
Please note that depending on mentee availability, it may take a few months to
connect you with a mentee.*