



**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 shelleyt@nata.org no later than March 1st.

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 Tuesday, June 27, 2017 from 12:30 pm – 1:30 pm in Houston?

- 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

Dr. Sara Nottingham nottingh@chapman.edu



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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)
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