

Mentee Survey Certified



Demographics

Name:

NPI Number:

Education History

Years certified:

Email:

Phone:

Work, Leadership, and professional Involvement

Please describe your past and current employment role (if certified).

Please describe your past and current leadership roles.

Please describe your past and current involvement in professional organizations.

Please describe your past and current volunteer experience within athletic training.

Please describe your past and current volunteer experience outside the field of athletic training.

Career goals and Interests

What are some of you career interest?

Settings: High school

College

Professional

Clinic

Operating Room

Topics: Teaching

Surgery

Prevention

Rehab

Manual Therapies

Concussion

Heat Illness

BFR

Body Part: Foot/ankle

Knee

Hip

Shoulder

Elbow

Hand/fingers

Neck/head

What are some of your career goals?

What do you want to accomplish in your career?

Mentorship Relationship

Preferred mode of communication? Please rank from 1 (most preferred) to 4 (least preferred)

Phone

Email

In Person

Via video (i.e. Skype, Facetime)

If in person, where do you live?

How frequently would you like to communicate with your mentor?

As needed

Once a month

Twice a month

Every other month

Few times per year

What do you want to get out of a relationship with your mentor?

What are you looking for in a mentor?

Additional Information

What are some of your hobbies/outside interests?

What are your top three strengths?

1.

2.

3.

What are your top three weaknesses?

1.

2.

3.