# 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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

**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
- [ ] 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?
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 upload your completed, typed, application and a copy of your current CV/Resume to the AANN Volunteer Portal. Please note that depending on mentor availability, it may take a few months to connect you with a mentor.