



State, Provincial & Territorial Affairs
Division 31
Mentorship Program

Name: _____ **Degree:** _____

SPTA Affiliation: _____

Email Address: _____

Preferred Phone: _____

Years Licensed: _____

Current & Past Leadership Positions: _____

Areas in which you are comfortable mentoring:

- ☐ Political Advocacy
- ☐ Practice Issues
- ☐ Artificial Intelligence
- ☐ EDI
- ☐ LGBTQIA+
- ☐ Disability
- ☐ Applied Psychology
- ☐ Organizational Strategies
- ☐ Integrated Care
- ☐ Rural Communities
- ☐ Substance Abuse
- ☐ Chronic Illness
- ☐ Child & Adolescents
- ☐ Adults
- ☐ Geriatric
- ☐ Marriage & Family Counseling
- ☐ Prescriptive Authority for Psychologists (Rx P)
- ☐ Other

Please provide us with more information about your area of expertise:

Research interest and/or additional comments:

How many mentees are you willing to mentor? _____