



American Spinal Injury Association MENTORSHIP APPLICATION

MENTORSHIP APPLICATION

Please print or type

Please choose one: Mentor or Mentee

Last Name: _____ First Name: _____ MI: _____ Degree/Title: _____

Hospital/Institution/Practice _____

Department _____

Address: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Primary Phone: _____ Secondary (private) Phone: _____

E-Mail: _____ Date of Birth (mm/dd/yyyy): ____/____/____

Are you a current member of ASIA? Yes No What is your interest or involvement in Spinal Cord Injury? _____

EDUCATION

Discipline/Degree: (check all that apply) PhD MD/DO/MBBS Nursing PT/DPT SLP SW Psych

ACP (PA/NP) RCSP CTRS Administration Researcher OT Other _____

Highest Degree Obtained: (check all that apply) MD/DO PhD Other Doctorate degree _____

Master's Degree Bachelor's Degree

What is your area of interest and role related to the field of Spinal Cord Injury? (check all that apply)

Acute Care (Emergent/Critical Care) Advocacy Aging/Geriatrics Autonomic Systems Basic Science

Biomedical Research/Biomedical Engineering Clinical Trials/Research Health and Wellness/Prevention

Health Care Administration/Health Care Policy Medical-Legal Mental Health Pain Management Pediatrics

Primary care Public Health Rehabilitation Rehabilitation Counseling Respiratory Therapy/Pulmonary Care

Social Media Social Work/Community Based Practice/Care Management Technology Translational Science

Vocational Rehabilitation Life Care Planning

SPECIALTIES

Advocacy

Biology

Biomedical

Kinesiology

Medical-Legal

Neurobiology

Neurology

Neuroscience

Neurosurgeon

Nursing

Occupational Therapy

Orthopedic Surgery

Osteopathic

Pediatric

Physical Therapy

Physiology

PM&R

Postdoc Fellow

Psychology

Rehabilitation

Research

Respiratory

SCI

Social work

Speech

Urology

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