



DCOTA Student Mentorship Program Application

DEMOGRAPHIC INFORMATION

Name:

Address:

Date:

University:

Expected Date of Graduation:

Student ID #:

Are you an: OTA student OTR student

MENTORSHIP (1 paragraph maximum for each question)

1. Why do you love OT?

2. Why you are interested in this mentorship program and what do you want to get out of this program?

3. What is your strongest area of interest?



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4. What do you look for the most in a mentor?

5. What is the area of most concern needing mentorship? (Check box)

- | | |
|---|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Fieldwork |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> NBCOT Board Prep |
| <input type="checkbox"/> Physical Dysfunction | <input type="checkbox"/> Competencies |
| <input type="checkbox"/> Research | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Anatomy and Physiology | |

How many hours/month are you able to commit to the mentorship program?

- 1-2 hours 2-4 hours 4-6 hours

OT Dept. Contact: Name: _____

Email/Phone _____

DCOTA is governed by [AOTA Code of Ethics](#) which is strictly enforced. You will be given a copy and will be required to sign prior to review of your application.

Print: _____

Date: _____

Sign: _____