**Demographic Information**

Name: Date:

Address:

University: Student ID #

Expected Date of Graduation:

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?

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

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

☐General ☐Pediatric ☐Mental Health ☐Physical Dysfunction ☐Research ☐Anatomy and Physiology ☐Pathology ☐Fieldwork ☐NBCOT Board Prep ☐Competencies ☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. https://www.aota.org/-/media/corporate/files/practice/ethics/code-of-ethics.pdf

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_