

# NOMAct

## MENTORSHIP PROGRAM

Name:

Email:

Organization:

Work Title / Year in School:

Are you a licensed professional?    Yes    No

Have you been a part of a mentorship program before?    Yes    No

I want to be a:    Mentor    Mentee

Do you prefer a mentor or mentee of the same gender, opposite, or does not matter?

Please indicate two-three areas of focus regarding your mentorship interests / goals:

- Portfolio Review
- Licensure process / ARE Accountability
- General questions about transition to the profession
- Career Trajectory / Next steps
- Networking
- Develop communication skills
- Develop leadership skills
- Strategies to improve your Workplace

Please indicate how you envision your mentoring relationship:

Select One:

- In-person meetings
  - How far would you travel (in minutes) to meet in-person:
- Virtual meetings
- Informal: No meetings—correspondence via email or phone.

Select One:

- Working professional to student
- Working professional to working professional

Please email this NOMAct Mentorship Program application to [mentorship@nomact.org](mailto:mentorship@nomact.org)