Mentor Application

Please submit applications to mhpgmentoring@gmail.com

1.	Name:	
2.	Name of Practice or Affiliation:	
3.	Address of Practice or Affiliation:	
4.	Phone Number	
5.	Email:	
6.	Degree and Discipline (e.g, Ph.D. in Social Work):	
7.	Title of Professional License (e.g. Licensed Mental Health Counselor, Psychologist, etc.):	
8.	State(s) Licensed	
9.	Do you have your own liability insurance or are you covered by your professional affiliation?	
10. Number of years practicing in the field of fertility counseling:		
11. ASRM Member Since:		
12. Have you attended/participated in the ASRM Scientific Conference or Pre-Congress courses? If so, how many?		
13.	Please note topic(s)/title(s) of mentoring group you are interested in leading (each group runs for one hour, once per month, for 3 consecutive months i.e., total of 3 one-hour sessions): (see below for suggested topics or create your own).	
14.	If you are planning to lead the mentoring group with another MHPG member, please put their name here:	
15.	Please check all time periods during which you are willing to mentor a group. You	

choose to write TBD:

may select as many as you wish. Please note day, date and time (include time zone) for each meeting. If you are volunteering for a time period later in the year, you may

a `April, May, June		
b September, October, Novemb	ber	
c January, February, March		
use the MHPG Zoom account if you wish	•	
a I will use my own account	I would like to use the MHPG Zoom	

Examples of mentoring group topics:

Leading fertility support groups Individual counseling for infertility **Couples counseling for infertility** Sex therapy Practice building and marketing Counseling issues for parents considering gestational carriers Single parents or heterosexual families **Counseling issues for parents considering donor gametes** Single parents or heterosexual families Counseling LGBTQ patients about family building Legal issues in third-party reproduction **Creating hope Reproductive Trauma Telemental health** Perinatal Mood and Anxiety Disorders following infertility **Deciding when to stop treatment** Counseling for BIPOC or ethnic minority family building **Counseling about disclosure Fertility preservation**