

MHPG Mentoring Program Application: Mentee

PLEASE READ THE DESCRIPTION OF THE MHPG MENTORING PROGRAM PRIOR TO COMPLETING THIS APPLICATION

Mentoring Program Description

In order to participate as a Mentee in the Mentorship program, you will need to have the following qualifications:

- _____ Minimum of one year as an ASRM and MHPG member, prior to the Mentee class beginning in April
- _____ Current membership in ASRM and MHPG and maintenance of these memberships throughout the year you participate in the Mentoring Program
- _____ State licensure as a mental health professional (LCSW, Ph.D., PsyD, MD, APN/APRN/NP, or LMHC/LPC); your license must allow you to practice independently, without the oversight of supervision
- _____ Certificates of completion for **all three** MHPG training modules

Please attach copies of all three certificates of completion, proof of licensure, and screenshots demonstrating current membership in MHPG/ASRM.

Please print this application, complete questions 1-14, below, scan, and email the completed application with all attachments to: mhpgmentoring@gmail.com.

Applications will only be accepted between December 15th and January 15th of each year. No incomplete applications will be processed or considered.

1. **Name:**
2. **Name of Practice or Affiliation:**
3. **Address of Practice or Affiliation:**
4. **Phone Numbers:**
 - a. **Office:**
 - b. **Cell:**
5. **Email:**
6. **Degree and Discipline (e.g, Ph.D. in Social Work):**
7. **State(s) Licensed:**
8. **Do you have your own liability insurance or are you covered by your professional affiliation?**
9. **Years in Practice:** **Years practicing in fertility field:**
10. **Have you ever attended/participated in an ASRM Scientific Congress or Postgraduate Course?**
 If so, which years?
11. **Please list any other fertility counseling courses/conferences you participated in and year(s) attended:**
12. **Are you currently working in the field of fertility counseling ie., does your practice presently include clients coping with infertility, miscarriage, fertility treatment, or other reproductive health issues?**

13. Please tell us why you are interested in participating as a Mentee in the ASRM/MHPG Mentorship Program. *(Approximately one to two paragraphs)*

14. I have read the description of the MHPG Mentoring Program on the MHPG website:

[Mentoring Program Description](#)

(Check response below)

_____YES

_____NO