



## Oregon Psychological Association Mentoring Program

This is for either the Mentor or the Mentee Volunteer to fill out. Please complete and return to OPA.

A Mentor is defined as an individual with expertise who can help develop the career of a Mentee. A Mentee is a learner regardless of age or position of the Mentor or Mentee. OPA will help manage the matching process for both. Once matched, the goal setting can be developed between the two parties. A Mentor must be licensed in the state of Oregon. Both Mentor and Mentee agree to review the "APA Task Force on Mentoring, 2006", which is easily available online. They also agree to sign an informed consent regarding the limits to confidentiality and reporting. Mentoring is not supervision or psychotherapy. Psychotherapy or legal counsel is encouraged where privileged, confidential information is protected.

### Please Check All That Apply

I am new to OPA\_\_\_\_ I am an OPA Member\_\_\_\_ I am a Non-Member\_\_\_\_

**Practice Setting:** Private Practice\_\_\_\_ Medical Clinic Setting\_\_\_\_ Academic Setting\_\_\_\_  
Business Setting\_\_\_\_ Other\_\_ (Please Specify) \_\_\_\_\_

**I have training or experience in:** Individual Therapy\_\_\_\_ Couples/Martial Therapy\_\_\_\_  
Group Therapy\_\_\_\_ Family Therapy\_\_\_\_ Organizational Work\_\_\_\_  
Addiction\_\_\_\_ Testing\_\_\_\_ Coaching\_\_\_\_  
DBT\_\_\_\_ CBT\_\_\_\_ EMDR\_\_\_\_  
Neuropsychology\_\_\_\_ School Evaluations\_\_\_\_ Applied Behavior Analysis\_\_\_\_  
Gender Transitioning\_\_\_\_ End of Life Evaluations\_\_\_\_ Forensic Work\_\_\_\_  
Medicare Expertise\_\_\_\_ Insurance Billing\_\_\_\_ Practice Building\_\_\_\_  
Practice Finances\_\_\_\_ Other \_\_ (Please Specify) \_\_\_\_\_

**I am interested in meeting in person or by phone:** One time\_\_\_\_ Monthly/Twice Monthly\_\_\_\_

**The following matter to me:** Gender\_\_ Race\_\_ Religion\_\_ Theoretical Orientation\_\_  
Please Specify: \_\_\_\_\_

**Location Preferred:** Portland (Central)\_\_\_\_ Greater Portland Area\_\_\_\_ Greater Eugene\_\_\_\_  
Bend\_\_\_\_ Phone sessions or telehealth within the State of Oregon\_\_\_\_

**Name and interest (as Mentor or Mentee):** \_\_\_\_\_

**Specify Interest:** \_\_\_\_\_

**Contact e-mail and phone:** \_\_\_\_\_

**Feedback to:** [Bethwestbrook@comcast.net](mailto:Bethwestbrook@comcast.net)

Return form to OPA at 503.2503-9172 or email at [info@opa.org](mailto:info@opa.org)