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
Return form to OPA at 503.2503-9172 or email at info@opa.org