

Hawaii Psychological Association Early Career Psychologist Mentoring Program

Mentee Interest Form

Thank you for your interest in participating in the HPA Early Career Psychologist Mentoring Program. Please complete the following information form. Upon submitting this form, please allow approximately one month for the ECP Committee to provide you with the contact information of a mentor.

Name: _____

Phone: _____

Address: _____

Email: _____

Work Setting/Institution: _____

Please indicate your category of HPA membership:

_____ Academic _____ Affiliate _____ Associate _____ Life Member _____ Member

_____ Not a member _____ Unknown

Are you interested in participating in the HPA Early Career Psychologist committee?

_____ Yes _____ No _____ I'm not sure, please tell me more about it

Please indicate your professional status (e.g., on internship, licensed, 1st year of practice):

Please describe your area(s) of professional interest:

Please describe any personal areas of interest that may be relevant in matching you with a mentor:

Please describe why you are interested in working with a mentor:

Please provide any additional information you feel may be helpful in matching you with a mentor:

Please return this interest form to an ECP committee member or email to Nicole Masukawa at nicolekanani@hotmail.com.