Academic Progression in Nursing (APIN II) MENTOR APPLICATION

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHAT UNIVERSITIES HAVE YOU ATTENDED AND LIST DEGREE RECEIVED:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did attend an ADN program? Yes No If yes, how long did you wait to acquire your BSN?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: (INCLUDE AREA CODE) HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
CELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OTHER PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYER AND POSITION:**

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**HAVE YOU PREVIOUSLY BEEN INVOLVED AS A MENTOR IN A FORMAL CAPACITY? Yes No If yes, describe this situation briefly.**

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**DO YOU REALIZE THAT THE MENTOR ROLE WILL INVOLVE A TIME COMMITMENT OF 2-4 HOURS EACH QUARTER? Yes No  
Do you have any questions or concerns about the mentor program that you want to express at this time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Please return the application to** [Cteas@Texasnurses.org](mailto:Cteas@Texasnurses.org) or **mail to: Texas Nurses Association** 8501 N. MoPac Expy, Ste 400 Austin, TX 78759   
ATTN: Cyndy Teas, BSN, RN